

Self-deception as a mechanism for the maintenance of drug addiction.

[Martínez-González JM¹](#), [Vilar López R](#), [Becoña Iglesias E](#), [Verdejo-García A](#).

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Abstract

BACKGROUND:

This study was aimed at: (i) examining levels of self-deception in substance dependent individuals following addiction treatment, and (ii) examining the association between participants' levels of self-deception and (a) personality disorders, (b) addiction-related beliefs, (c) duration of abstinence, and (d) estimates of craving.

METHOD:

We administered self-report questionnaires of self-deception and mixtification, and core beliefs related to addiction and craving. The sample comprised 79 outpatients who were consecutively recruited at the Centro Provincial de Drogodependencias in Granada: 87.3% were males and the mean age was 37.68 years old. Thirty-four percent of participants were diagnosed with comorbid personality disorders.

RESULTS:

Results showed that individuals with substance dependence exhibit elevated scores of self-deception, particularly in the domains of active denial, selective amnesia, projection, and confabulation. Individuals with comorbid personality disorders display greater levels of self-deception compared to individuals without dual diagnosis.

CONCLUSIONS:

Moreover, there is a significant association between levels of self-deception and addiction-related beliefs and craving. In addition, there is a negative association between levels of self-deception and duration of abstinence.

PMID: 26820418 [PubMed - in process]

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2. Rev Neurosci. 2016 Jan 14. pii: /j/revneuro.ahead-of-print/revneuro-2015-0045/revneuro-2015-0045.xml. doi: 10.1515/revneuro-2015-0045. [Epub ahead of print]

Emotion regulation strategies in trauma-related disorders: pathways linking neurobiology and clinical manifestations.

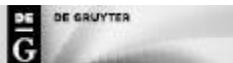
[Del Río-Casanova L](#), [González A](#), [Páramo M](#), [Van Dijke A](#), [Brenlla J](#).

Abstract

Emotion regulation impairments with traumatic origins have mainly been studied from posttraumatic stress disorder (PTSD) models by studying cases of adult onset and single-incident trauma exposure. The effects of adverse traumatic experiences, however, go beyond the PTSD. Different authors have proposed that PTSD, borderline personality, dissociative, conversive and somatoform disorders constitute a full spectrum of trauma-related conditions. Therefore, a comprehensive review of the neurobiological findings covering this posttraumatic spectrum is needed in order to develop an all-encompassing model for trauma-related disorders with emotion regulation at its center. The present review has sought to link neurobiology findings concerning cortico-limbic function to the field of emotion regulation. In so doing, trauma-related disorders have been placed in a continuum between under- and over-regulation of affect strategies. Under-regulation of affect was predominant in borderline personality disorder, PTSD with re-experiencing symptoms and positive psychoform and somatoform dissociative symptoms. Over-regulation of affect was more prevalent in somatoform disorders and pathologies characterized by negative psychoform and somatoform symptoms. Throughout this continuum, different combinations between under- and over-regulation of affect strategies were also found.

PMID: 26812780 [PubMed - as supplied by publisher]

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3. Attach Hum Dev. 2016 Jan 26:1-23. [Epub ahead of print]

Attachment insecurity, mentalization and their relation to symptoms in eating disorder patients.

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Abstract

OBJECTIVE:

To investigate the relationships of attachment security and mentalization with core and co-morbid symptoms in eating disorder patients.

METHOD:

We compared 51 eating disorder patients at the start of intensive treatment and 20 healthy controls on attachment, mentalization, eating disorder symptoms, depression, anxiety, personality disorders, psycho-neuroticism, autonomy problems and self-injurious behavior, using the Adult Attachment Interview, the SCID-I and II and several questionnaires.

RESULTS:

Compared with the controls, the eating disorder patients showed a higher prevalence of insecure attachment; eating disorder patients more often than controls received the AAI classification Unresolved for loss or abuse. They also had a lower level of mentalization and more autonomy problems. In the patient group eating disorder symptoms, depression, anxiety, psycho-neuroticism and autonomy problems were neither related to attachment security nor to mentalization; self-injurious behavior was associated with lesser attachment security and lower mentalization; borderline personality disorder was related to lower mentalization. In the control group no relations were found between attachment, mentalization and psychopathologic variables.

DISCUSSION:

Eating disorder patients' low level of mentalization suggests the usefulness of Mentalization Based Treatment techniques for eating disorder treatment, especially in case of self-injurious behavior and/or co-morbid borderline personality disorder.

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Atypical parkinsonism in C9orf72 expansions: a case report and systematic review of 45 cases from the literature.

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Abstract

While C9orf72 repeat expansions usually present with frontotemporal dementia (FTD) and/or amyotrophic lateral sclerosis (ALS), an increasing number of reports suggests that the primary phenotype of C9orf72 patients may also include movement disorders. We here provide the first systematic clinical characterisation of C9orf72-associated parkinsonism. We report a C9orf72 expansion carrier presenting with a clinical syndrome of progressive supranuclear palsy (PSP), pronounced mesencephalic atrophy on MRI and PSP-characteristic electrooculography findings. Moreover, we systematically review all previous reports on C9orf72 patients with parkinsonian features. Review of 28 reports revealed 45 C9orf72-positive patients with hypokinesia, rigidity and/or resting tremor. C9orf72-associated parkinsonism predominantly consisted in a hypokinetic-rigid syndrome without resting tremor (61 %), with both asymmetric (59 %) and symmetric (41 %) distributions. Additional features included upper motor neuron signs (60 %), lower motor neuron signs (36 %), cognitive

dysfunction (85 %), behaviour and/or personality change (55 %) and psychiatric symptoms (29 %). Vertical supranuclear gaze palsy was reported in three further cases and cerebellar dysfunction in four cases. Family history frequently yielded evidence of ALS (31 %) and FTD (21 %). Atypical parkinsonism is a recurrent phenotypic manifestation of C9orf72 expansions. It occurs as part of a broad spectrum of C9orf72-related multi-system neurodegeneration, which can include basal ganglia, mesencephalic and cerebellar dysfunction. C9orf72 genotyping should be considered in those patients with atypical parkinsonism who present with a family history of ALS or FTD, upper or lower motor neuron signs and/or cognitive dysfunction with pronounced frontotemporal impairment.

PMID: 26810719 [PubMed - as supplied by publisher]

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5. Mol Psychiatry. 2016 Jan 26. doi: 10.1038/mp.2015.224. [Epub ahead of print]

[Changing relationships between smoking and psychiatric disorders across twentieth century birth cohorts: clinical and research implications.](#)

[Talati A](#)^{1,2}, [Keyes KM](#)³, [Hasin DS](#)^{1,3,4}.

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Abstract

As the risks of tobacco use become recognized and smoking becomes stigmatized, new smokers may be increasingly driven to smoke by biological or genetic vulnerabilities rather than social desirability. Given that genetic risk for deviant proneness is shared across other psychiatric and addictive disorders, we predicted that as rates of smoking decreased through the latter half of the twentieth century, associations between smoking and psychopathology would increase. Participants (N=25 412) from a large US study-the National Epidemiologic Survey on Alcohol and Related Conditions, NESARC-were interviewed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule - DSM-IV Version (AUDADIS-

IV) and classified into one of five birth cohort decades (1940s to 1980s) and three smoking history (nonsmokers, never-dependent smokers and ever-dependent smokers) groups. We found that the prevalence of smoking decreased across the five birth cohorts, but associations of smoking with drug and AUDs, attention-deficit hyperactivity disorder, bipolar disorder and antisocial personality disorder, each increased monotonically in more recently born cohorts, even after adjusting for concurrent demographic and socioeconomic changes. For drug and AUDs, increases were observed among smokers both with and without a history of nicotine dependence; for other outcomes, increases were entirely driven by nicotine-dependent smokers. Findings suggest that smokers in more recent cohorts have disproportionately high psychiatric vulnerability, and may benefit from greater mental health screenings. Differentiating between casual and dependent smokers may further help prioritize those at greatest risk. Researchers should also be aware of potential variation in psychiatric comorbidity based on cohort of birth when defining groups of smokers, to minimize confounding. *Molecular Psychiatry* advance online publication, 26 January 2016; doi:10.1038/mp.2015.224.

PMID: 26809837 [PubMed - as supplied by publisher]

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6. *Psychother Psychosom.* 2016;85(2):71-80. doi: 10.1159/000441731. Epub 2016 Jan 26.

[Psychoanalytic-Interactional Therapy versus Psychodynamic Therapy by Experts for Personality Disorders: A Randomized Controlled Efficacy-Effectiveness Study in Cluster B Personality Disorders.](#)

[Leichsenring F](#)¹, [Masuhr O](#), [Jaeger U](#), [Rabung S](#), [Dally A](#), [Dümpelmann M](#), [Fricke-Neef C](#), [Steinert C](#), [Streeck U](#).

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Abstract

BACKGROUND:

With regard to cluster B personality disorders, most psychotherapeutic treatments focus on borderline personality disorder. Evidence-based treatments for patients with other cluster B personality disorders are not yet available. Psychoanalytic-interactional therapy (PIT) represents a transdiagnostic treatment for severe personality disorders. PIT has been applied in clinical practice for many years and has proven effective in open studies. In a randomized controlled trial, we compared manual-guided PIT to nonmanualized psychodynamic therapy by experts in personality disorders (E-PDT) in patients with cluster B personality disorders.

METHODS:

In an inpatient setting, patients with cluster B personality disorders were randomly assigned to manual-guided PIT (n = 64) or nonmanualized E-PDT (n = 58). In addition, a quasi-experimental control condition was used (n = 46) including both patients receiving treatment as usual and patients waiting for treatment. Primary outcomes were level of personality organization and overall psychological distress. As secondary outcomes, depression, anxiety and interpersonal problems were examined.

RESULTS:

No significant improvements were found in the control patients. Both PIT and E-PDT achieved significant improvements in all outcome measures and were superior to the control condition. No differences were found between PIT and E-PDT in any outcome measure at the end of treatment. The type of cluster B personality disorder had no impact on the results.

CONCLUSIONS:

In an inpatient setting, both PIT and E-PDT proved to be superior to a control condition in cluster B personality disorders. In a head-to-head comparison, both treatments appeared to be equally effective. Further research on the treatment of cluster B personality disorders is required.

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7. J Voice. 2016 Jan 21. pii: S0892-1997(15)00292-1. doi: 10.1016/j.jvoice.2015.12.008. [Epub ahead of print]

Personal and Professional Characteristics of Music Educators: One Size Does Not Fit All.

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Abstract

OBJECTIVES/HYPOTHESIS:

The prevalence of voice disorders among various educator groups is well known, and voice disorders among music educators are higher than the general classroom educators. Music educators vary with respect to behavioral and personality factors, personal characteristics, type of music taught, job-specific environment, and governmental professional expectations. This study aims to identify risk factors for voice disorders in a heterogeneous population of music educators.

STUDY DESIGN:

An online survey was conducted with 213 respondents.

METHODS:

Survey questions addressed demographics, level of education, years of music teaching experience, specialty training, primary teaching assignments and instrument, vocal health behaviors, and diagnoses of voice disorders. Summary statistics and group comparisons are reported.

RESULTS:

Those whose primary instrument was voice reported a greater frequency of voice disorders. Female and older music educators also had a higher prevalence of voice disorders.

CONCLUSIONS:

Music educators are a heterogeneous group of individuals who require more careful consideration in the prevention and treatment of occupational voice problems.

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Assessment of Sexual Fantasies in Psychiatric Inpatients With Mood and Psychotic Disorders and Comorbid Personality Disorder Traits.

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Abstract

INTRODUCTION:

Sexuality is an important aspect of quality of life and sexual fantasies comprise a normal part of human sexuality. However, the nature of sexuality and sexual fantasies of patients with mental illness remains an understudied area.

AIM:

To investigate the nature and frequency of sexual fantasies in psychiatric patients, the present study compared the frequency of four types of sexual fantasies across four different mood and psychotic diagnoses and three personality disorder clusters.

METHODS:

Study participants included 133 psychiatric inpatients recruited from an urban hospital. Sexual fantasies were compared across patients with schizophrenia, bipolar disorder, schizoaffective disorder, major depressive disorder and three nonclinical samples from the literature and then correlated with personality cluster scores.

MAIN OUTCOME MEASURES:

Subjects were administered the Structured Clinical Interview for DSM-IV for Axis I and for Axis II Disorders. Sexual fantasies were assessed by the Wilson Sexual Fantasies

Questionnaire, which measures four types of sexual fantasies (exploratory, intimate, impersonal, and sadomasochistic).

RESULTS:

Within the entire sample, there were significant differences across sexual fantasy types, with subjects scoring highest on intimate sexual fantasies and then exploratory, impersonal, and sadomasochistic. There were no significant differences across mood and psychotic diagnostic groups for any of the sexual fantasy scales and the scores were within the normative range of nonclinical samples. Patients with high cluster B scores scored significantly higher on all four fantasy scales than those without. Patients with high cluster A scores scored lower on intimate fantasies, but there was no association between cluster C scores and sexual fantasies. The association between cluster B and sexual fantasies remained consistent across Structured Clinical Interview for DSM-IV for Axis I diagnoses (no interaction effect).

CONCLUSION:

Patients with severe mental illness report sexual fantasies that are largely affiliative in nature and consistent with normative patterns. This suggests that assessment and treatment of sexual issues in the mentally ill should be part of the clinical routine as it is in healthy individuals.

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PMID: 26803456 [PubMed - as supplied by publisher]

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9. J Am Acad Child Adolesc Psychiatry. 2016 Feb;55(2):130-6. doi: 10.1016/j.jaac.2015.11.008. Epub 2015 Nov 26.

[Severity of Cortical Thinning Correlates With Schizophrenia Spectrum Symptoms.](#)

[Watsky RE](#)¹, [Ludovici Pollard K](#)², [Greenstein D](#)², [Shora L](#)², [Dillard-Broadnax D](#)², [Gochman P](#)², [Clasen LS](#)², [Berman RA](#)², [Rapoport JL](#)², [Gogtay N](#)², [Ordóñez AE](#)².

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Abstract

OBJECTIVE:

This study investigated the relationship between regional cortical gray matter thinning and symptoms of schizophrenia spectrum personality disorders (PDs) in siblings of patients with childhood-onset schizophrenia (COS).

METHOD:

A total of 66 siblings of patients with COS were assessed for symptoms of schizophrenia spectrum PDs (avoidant, paranoid, schizoid, schizotypal). Structural magnetic resonance images were obtained at approximately 2-year intervals from the siblings and from 62 healthy volunteers matched for age, sex, ethnicity, and handedness. Cortical thickness measures were extracted. Mixed effect regression models were used to test the relationship between symptoms and cortical gray matter thickness in siblings. Cortical thinning was also tested longitudinally in healthy volunteers and siblings.

RESULTS:

Cortical thinning was found to correlate with symptoms of schizotypal and, to a lesser extent, schizoid PDs. Thinning was most pronounced in the left temporal and parietal lobes and right frontal and parietal regions. Gray matter loss was found to be continuous with that measured in COS. Longitudinal thinning trajectories were found not to differ between siblings and healthy volunteers.

CONCLUSION:

The present investigation of cortical thinning in siblings of patients with COS indicates that symptoms of schizophrenia spectrum PDs correlate with regional gray matter loss. This finding supports the idea of cortical thinning as a schizophrenia endophenotype.

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PMCID: PMC4724380 [Available on 2017-02-01]

PMID: 26802780 [PubMed - in process]

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Motor imagery in spinal cord injured people is modulated by somatotopic coding, perspective taking, and post-lesional chronic pain.

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Abstract

Motor imagery (MI) allows one to mentally represent an action without necessarily performing it. Importantly, however, MI is profoundly influenced by the ability to actually execute actions, as demonstrated by the impairment of this ability as a consequence of lesions in motor cortices, limb amputations, movement limiting chronic pain, and spinal cord injury. Understanding MI and its deficits in patients with motor limitations is fundamentally important as development of some brain-computer interfaces and daily life strategies for coping with motor disorders are based on this ability. We explored MI in a large sample of patients with spinal cord injury (SCI) using a comprehensive battery of questionnaires to assess the ability to imagine actions from a first-person or a third-person perspective and also imagine the proprioceptive components of actions. Moreover, we correlated MI skills with personality measures and clinical variables such as the level and completeness of the lesion and the presence of chronic pain. We found that the MI deficits (1) concerned the body parts affected by deafferentation and deafferentation, (2) were present in first- but not in third-person perspectives, and (3) were more altered in the presence of chronic pain. MI is thus closely related to bodily perceptions and representations. Every attempt to devise tools and trainings aimed at improving autonomy needs to consider the cognitive changes due to the body-brain disconnection.

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PMID: 26800319 [PubMed - as supplied by publisher]



11. J Clin Psychiatry. 2016 Jan 5. [Epub ahead of print]

Temperament, character and suicide attempts in unipolar and bipolar mood disorders.

[Jylhä PJ](#)¹, [Rosenström T](#), [Mantere O](#), [Suominen K](#), [Melartin TK](#), [Vuorilehto MS](#), [Holma MK](#), [Riihimäki KA](#), [Oquendo MA](#), [Keltikangas-Järvinen L](#), [Isometsä ET](#).

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Abstract

OBJECTIVE:

Personality features may indicate risk for both mood disorders and suicidal acts. How dimensions of temperament and character predispose to suicide attempts remains unclear.

METHOD:

Patients (n = 597) from 3 prospective cohort studies (Vantaa Depression Study [VDS], Jorvi Bipolar Study [JoBS], and Vantaa Primary Care Depression Study [PC-VDS]) were interviewed at baseline, at 18 months, and, in VDS and PC-VDS, at 5 years (1997-2003). Personality was measured with the Temperament and Character Inventory-Revised (TCI-R), and follow-up time spent in major depressive episodes (MDEs) as well as lifetime (total) and prospectively ascertained suicide attempts during the follow-up were documented.

RESULTS:

Overall, 219 patients had 718 lifetime suicide attempts; 88 patients had 242 suicide attempts during the prospective follow-up. The numbers of both the total and prospective suicide attempts were associated with low self-directedness ($\beta = -0.266$, $P = .004$, and $\beta = -0.294$, $P < .001$, respectively) and high self-transcendence ($\beta = 0.287$, $P = .002$, and $\beta = 0.233$, $P = .002$, respectively). Total suicide attempts were linked to high novelty seeking ($\beta = 0.195$, $P = .05$). Prospective, but not total, suicide attempts were associated with high harm avoidance

($\beta = 0.322$, $P < .001$, and $\beta = 0.184$, $P = .062$, respectively) and low reward dependence ($\beta = -0.274$, $P < .001$, and $\beta = -0.134$, $P = .196$, respectively), cooperativeness ($\beta = -0.181$, $P = .005$, and $\beta = -0.096$, $P = .326$, respectively), and novelty seeking ($\beta = -0.137$, $P = .047$). No association remained significant when only prospective suicide attempts during MDEs were included. After adjustment was made for total time spent in MDEs, only high persistence predicted suicide attempts ($\beta = 0.190$, $P < .05$). Formal mediation analyses of harm avoidance and self-directedness on prospectively ascertained suicide attempts indicated significant mediated effect through time at risk in MDEs, but no significant direct effect.

CONCLUSIONS:

Among mood disorder patients, suicide attempt risk is associated with temperament and character dimensions. However, their influence on predisposition to suicide attempts is likely to be mainly indirect, mediated by more time spent in depressive episodes.

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PMID: 26797163 [PubMed - as supplied by publisher]

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12. Psychiatry Res. 2016 Jan 7. pii: S0165-1781(16)30022-1. doi: 10.1016/j.psychres.2016.01.012. [Epub ahead of print]

[Incompleteness and not just right experiences in the explanation of Obsessive-Compulsive Disorder.](#)

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Abstract

In the past decade, not just right experiences (NJRE) and incompleteness (INC) have attracted renewed interest as putative motivators of symptoms in obsessive-compulsive disorder (OCD), beyond harm avoidance (HA). This study examines, in 267 non-clinical undergraduates and 47 OCD patients, the differential contributions of HA, INC, and NJRE to the different OCD symptom dimensions and the propensity to have the disorder. The results indicate that although both the NJRE and INC range from normality to OCD, their number and intensity significantly increase as the obsessional tendencies increase, which suggests that they are vulnerability markers for OCD. Although they cannot be considered fully specific to OCD, they are more important in explaining OCD symptoms than general distress and harm-related beliefs, and they are also better indicators of OCD severity than HA. In light of the operationalization of both NJRE and INC across the items on their respective questionnaires, the two constructs seem to capture different aspects of the same complex underlying construct: whereas INC might refer to a relatively stable disposition or trait of engaging in compulsive rituals, NJRE resemble obsessions more, and the appraisals that individuals ascribe to the experience would motivate the compulsions.

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PMID: 26795870 [PubMed - as supplied by publisher]

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13. Clin Psychol Psychother. 2016 Jan 21. doi: 10.1002/cpp.2004. [Epub ahead of print]

[How to Train Experienced Therapists in a New Method: A Qualitative Study into Therapists' Views.](#)

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Abstract

BACKGROUND:

Implementation of new effective treatments involves training, supervision and quality control of therapists, who are used to utilize other methods. Not much is known about therapists' views on how new psychotherapy methods should be taught.

OBJECTIVE:

The purpose of this study is to get insight in how experienced therapists experience the training in a new method so that training methods for experienced therapists can be improved.

METHOD:

Qualitative research using focus groups. For an RCT on the effectiveness of schema therapy (ST) for six personality disorders more than 80 therapists were trained in ST. They applied the ST-protocol after 4-day training, with peer supervision and limited expert supervision. Sixteen of these trained ST therapists from seven health institutions participated in the focus groups. The transcripts and records of the focus groups were analyzed on repeating themes and subthemes and in terms of higher order categories.

RESULTS:

Therapists appreciated didactical learning methods but particularly valued experiential learning. Especially, novice ST therapists missed role plays, feedback to learn required skills and attitudes, and attention to their resistance to new techniques (e.g., empathic confrontation and imagery). Peer supervision gave emotional recognition, but therapists lacked regular advice from an ST-expert.

CONCLUSIONS:

In teaching a new therapeutic method didactic teaching is necessary, but experiential learning is decisive. Experiential learning includes practicing the new therapy and reflecting on one's experiences, including resistance against new methods. Emphatic confrontation,

case conceptualization, role play, peer supervision and opportunities to ask an expert supervisor during peer supervision are found to be helpful. Copyright © 2016 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGE:

Especially by Experiential learning besides didactic learning. By practicing with many role plays including feedback. By reflecting on one's experiences including resistance against ingredients of the new method. By peer supervision with opportunities to ask an expert supervisor.

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PMID: 26791440 [PubMed - as supplied by publisher]

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14. Nurs Stand. 2016 Jan 20;30(21):17. doi: 10.7748/ns.30.21.17.s20.

ADHD and medication.

[No authors listed]

Abstract

Essential facts Attention deficit hyperactivity disorder (ADHD) is a condition characterised by inattentiveness, hyperactivity and impulsivity, according to the ADHD Foundation. Most young people with a sustained diagnosis will go on to have significant difficulties in adulthood, which may include continued ADHD, personality disorders, emotional and social difficulties, substance misuse, unemployment and involvement in crime (NICE 2008). Some people tend to be mainly hyperactive and impulsive, while others are principally inattentive. Symptoms of ADHD are distributed throughout the population and vary in severity. Only those with significant impairment meet criteria for a diagnosis of ADHD. Research suggests it affects about 5% of children.

PMID: 26786437 [PubMed - in process]

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15. J Gerontol B Psychol Sci Soc Sci. 2016 Jan 18. pii: gbv161. [Epub ahead of print]

Personality and Lung Function in Older Adults.

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Abstract

OBJECTIVES:

Lung disease is a leading cause of disability and death among older adults. We examine whether personality traits are associated with lung function and shortness of breath (dyspnea) in a national cohort with and without chronic obstructive pulmonary disease (COPD).

METHOD:

Participants (N = 12,670) from the Health and Retirement Study were tested for peak expiratory flow (PEF) and completed measures of personality, health behaviors, and a medical history.

RESULTS:

High neuroticism and low extraversion, openness, agreeableness, and conscientiousness were associated with lower PEF, and higher likelihood of COPD and dyspnea. Conscientiousness had the strongest and most consistent associations, including lower risk of PEF less than 80% of the predicted value (OR = 0.67; 0.62-0.73) and dyspnea (OR = 0.52; 0.47-0.57). Although attenuated, the associations remained significant when accounting for smoking, physical activity, and chronic diseases including cardiovascular and psychiatric disorders. The associations between personality and PEF or dyspnea were similar among those with or without COPD, suggesting that psychological links to lung function are not disease dependent. In longitudinal analyses, high neuroticism ($\beta = -0.019$) and low conscientiousness ($\beta = 0.027$) predicted steeper declines in PEF.

DISCUSSION:

A vulnerable personality profile is common among individuals with limited lung function and COPD, predicts shortness of breath and worsening lung function.

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16. PLoS One. 2016 Jan 19;11(1):e0146591. doi: 10.1371/journal.pone.0146591. eCollection 2016.

Family Aggregation and Risk Factors in Phobic Disorders over Three-Generations in a Nation-Wide Study.

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Abstract

OBJECTIVE:

This nation-wide register-based study investigated how often phobic disorders (PHO) and co-morbid disorders occur in affected families compared to control families. Furthermore, the study addressed the impact of sex, year of birth, and degree of urbanization in terms of risk factors.

METHOD:

A total of N = 746 child and adolescent psychiatric participants born between 1969 and 1986 and registered in the Danish Psychiatric Central Research Register (DPCRR) with a diagnosis of a mental disorder before the age of 18, and developed PHO at some point during their life-time until a maximum age of 40 years were included. In addition, N = 2229 controls without any diagnosis of mental disorders before age 18 and that were matched for age, sex, and residential region were included. Diagnoses of mental disorders were also

obtained from the first- degree relatives as a part of the Danish Three Generation Study (3GS). A family load component was obtained by using various mixed regression models.

RESULTS:

PHO occurred significantly more often in case than in control families, in particular, in mothers and siblings. Substance use disorders (SUD), Depressive disorders (DEP), anxiety disorders (ANX) and personality disorders (PERS) in the family were significantly associated with specific phobia in the case-probands. After controlling for various mental disorders comorbid to PHO it was found that some of the family transmission could be caused by various other mental disorders in family members rather than the PHO itself. Female sex and more recent year of birth were further risk factors while region of residence was not related to the manifestation of PHO. Case-relatives did not develop PHO earlier than control relatives. After adjusting for various additional explanatory variables, the family load explained only 0.0013% of the variance in the manifestation of PHO in the case-probands.

DISCUSSION:

These findings, based on a very large and representative dataset, provide evidence for the family aggregation and further risk factors in PHO. In contrast to anxiety disorders and other major mental disorders the family load of PHO in this nation-wide study was rather low.

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PMID: 26785257 [PubMed - in process]

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17. J Nerv Ment Dis. 2016 Jan 16. [Epub ahead of print]

[The Relationship Between Schizotypy and Reactive Aggression in Western Adults Is Mediated by Victimization.](#)

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Abstract

A large body of literature suggests that schizophrenia and nonclinical schizotypal personality traits, or "schizotypy," are associated with increased aggression. However, recent studies focused on school-aged Asian samples have examined the relationship between schizotypal personality and 2 distinct forms of aggression: reactive and proactive aggression. This study aimed to investigate whether schizotypal personality traits would be associated more strongly with reactive, compared with proactive, aggression in an adult Western sample and whether victimization experiences mediated the schizotypy-reactive aggression relation. One hundred twenty-one Australian university undergraduates completed self-report inventories measuring levels of schizotypal personality, reactive and proactive aggression, and victimization. Results showed that, as hypothesized, schizotypal personality traits were more strongly associated with reactive than proactive aggression and that victimization experiences mediated the schizotypy-reactive aggression relationship. While acknowledging the limitations of nonclinical schizotypy research, the findings are discussed with regard to possible implications for the treatment of aggression in schizophrenia.

PMID: 26785057 [PubMed - as supplied by publisher]

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18. Transl Psychiatry. 2016 Jan 19;6:e714. doi: 10.1038/tp.2015.216.

[Conduct disorder in females is associated with reduced corpus callosum structural integrity independent of comorbid disorders and exposure to maltreatment.](#)

[Lindner P](#)^{1,2}, [Savic I](#)^{3,4}, [Sitnikov R](#)¹, [Budhiraja M](#)^{1,2}, [Liu Y](#)^{5,6}, [Jokinen J](#)^{1,2,7}, [Tiihonen J](#)^{1,2,8,9}, [Hodgins S](#)^{1,10}.

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Abstract

The behavioral phenotype and genotype of conduct disorder (CD) differ in males and females. Abnormalities of white matter integrity have been reported among males with CD and antisocial personality disorder (ASPD). Little is known about white matter integrity in females with CD. The present study aimed to determine whether abnormalities of white matter are present among young women who presented CD before the age of 15, and whether abnormalities are independent of the multiple comorbid disorders and experiences of maltreatment characterizing females with CD that may each in themselves be associated with alterations of the white matter. Three groups of women, aged on average 24 years, were scanned using diffusion tensor imaging and compared: 28 with prior CD, three of whom presented ASPD; a clinical comparison (CC) group of 15 women with no history of CD but with similar proportions who presented alcohol dependence, drug dependence, anxiety disorders, depression disorders and physical and sexual abuse as the CD group; and 24 healthy women. Whole-brain, tract-based spatial statistics were computed to investigate differences in fractional anisotropy, axial diffusivity and radial diffusivity. Compared with healthy women, women with prior CD showed widespread reductions in axial diffusivity primarily in frontotemporal regions. After statistically adjusting for comorbid disorders and maltreatment, group differences in the corpus callosum body and genu (including forceps minor) remained significant. Compared with the CC group, women with CD showed reduced fractional anisotropy in the body and genu of the corpus callosum. No differences were detected between the CD and healthy women in the uncinate fasciculus.

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19. Personal Disord. 2016 Jan 18. [Epub ahead of print]

[Convergent, Discriminant, and Criterion Validity of DSM-5 Traits.](#)

[Yalch MM](#), [Hopwood CJ](#).

Abstract

Section III of the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) contains a system for diagnosing personality disorder based in part on assessing 25 maladaptive traits. Initial research suggests that this aspect of the system improves the validity and clinical utility of the Section II Model. The Computer Adaptive Test of Personality Disorder (CAT-PD; Simms et al., 2011) contains many similar traits as the DSM-5, as well as several additional traits seemingly not covered in the DSM-5. In this study we evaluate the convergent and discriminant validity between the DSM-5 traits, as assessed by the Personality Inventory for DSM-5 (PID-5; Krueger et al., 2012), and CAT-PD in an undergraduate sample, and test whether traits included in the CAT-PD but not the DSM-5 provide incremental validity in association with clinically relevant criterion variables. Results supported the convergent and discriminant validity of the PID-5 and CAT-PD scales in their assessment of 23 out of 25 DSM-5 traits. DSM-5 traits were consistently associated with 11 criterion variables, despite our having intentionally selected clinically relevant criterion constructs not directly assessed by DSM-5 traits. However, the additional CAT-PD traits provided incremental information above and beyond the DSM-5 traits for all criterion variables examined. These findings support the validity of pathological trait models in general and the DSM-5 and CAT-PD models in particular, while also suggesting that the CAT-PD may include additional traits for consideration in future iterations of the DSM-5 system. (PsycINFO Database Record

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20. Personal Disord. 2016 Jan 18. [Epub ahead of print]

[Continuity Between Interview-Rated Personality Disorders and Self-Reported DSM-5 Traits in a Danish Psychiatric Sample.](#)

[Bach B](#), [Anderson J](#), [Simonsen E](#).

Abstract

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) Section III offers an alternative model for the diagnosis of personality disorders (PDs), including 25 pathological personality trait facets organized into 5 trait domains. To maintain continuity with the categorical PD diagnoses found in DSM-5 Section II, specified sets of facets are configured into familiar PD types. The current study aimed to evaluate the continuity across the Section II and III models of PDs. A sample of 142 psychiatric outpatients were administered the Personality Inventory for DSM-5 and rated with the Structured Clinical Interview for the DSM-IV Axis II disorders. We investigated whether the DSM-5 Section III

facet-profiles would be associated with their respective Section II counterparts, as well as determining whether additional facets could augment the prediction of the Section II disorders. Results showed that, overall, the interview-rated DSM-5 Section II disorders were most strongly associated with expected self-reported Section III traits. Results also supported the addition of facets not included in the proposed Section III PD criteria. These findings partly underscore the continuity between the Section II and III models of PDs and suggest how it may be enhanced; however, additional research is needed to further evaluate where continuity exists, where it does not exist, and how the traits system could be improved. (PsycINFO Database Record

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PMID: 26784892 [PubMed - as supplied by publisher]

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21. PLoS One. 2016 Jan 19;11(1):e0146130. doi: 10.1371/journal.pone.0146130. eCollection 2016.

[Medical and Social Determinants of Subsequent Labour Market Marginalization in Young Hospitalized Suicide Attempters.](#)

[Niederkrotenthaler T](#)¹, [Tinghög P](#)^{2,3}, [Goldman-Mellor S](#)⁴, [Wilcox HC](#)⁵, [Gould M](#)⁶, [Mittendorfer-Rutz E](#)².

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Abstract

BACKGROUND:

Individuals with a history of suicide attempt have a high risk for subsequent labour market marginalization. This study aimed at assessing the effect of individual and parental factors on different measures of marginalization.

METHODS:

Prospective cohort study based on register linkage of 5 649 individuals who in 1994 were 16-30 years old, lived in Sweden and were treated in inpatient care for suicide attempt during 1992-1994. Hazard ratios (HRs) for labour market marginalization defined as long-term unemployment (>180 days), sickness absence (>90 days), or disability pension in 1995-2010 were calculated with Cox regression.

RESULTS:

Medical risk factors, particularly any earlier diagnosed specific mental disorders (e.g., schizophrenia: HR 5.4 (95% CI: 4.2, 7.0), personality disorders: HR 3.9, 95% CI: 3.1, 4.9), repetitive suicide attempts (HR 1.6, 95% CI: 1.4, 1.9) were associated with a higher relative risk of disability pension. Individual medical factors were of smaller importance for long-term sickness absence, and of only marginal relevance to long-term unemployment. Country of birth outside Europe had an opposite effect on disability pension (HR 0.6, 95% CI: 0.4, 0.8) and long-term unemployment (HR 1.5, 95% CI: 1.3, 1.8). Female sex was positively correlated with long-term sickness absence (HR 1.6, 95% CI: 1.4, 1.7), and negatively associated with long-term unemployment (HR: 0.8, 95% CI: 0.7, 0.9).

CONCLUSIONS:

As compared to disability pension, long-term sickness absence and unemployment was more strongly related to socio-economic variables. Marginalization pathways seemed to vary with migration status and sex. These findings may contribute to the development of intervention strategies which take the individual risk for marginalization into account.

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22. Curr Psychiatry Rep. 2016 Feb;18(2):15. doi: 10.1007/s11920-015-0653-2.

Dreams and Nightmares in Personality Disorders.

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Abstract

Although the relationship between dreaming and psychopathology has been studied quite extensively, research on dreaming in patients with personality disorders has been very scarce. In patients with borderline personality disorder, negatively toned dreams and heightened nightmare frequency have been found-characteristics not determined by co-morbid depression or posttraumatic stress disorder. The review includes suggestions for future studies as the existing results clearly indicate that this line of research is most interesting. Lastly, clinical recommendations especially regarding the treatment of the often found co-morbid nightmare disorder will be given.

PMID: 26781553 [PubMed - in process]

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23. J Appl Res Intellect Disabil. 2016 Jan 18. doi: 10.1111/jar.12234. [Epub ahead of print]

Intellectual Disabilities Among Prisoners: Prevalence and Mental and Physical Health Comorbidities.

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Abstract

BACKGROUND:

Limited evidence suggests that people with ID (ID) are overrepresented in prisons although prevalence rates of ID among prisoners vary significantly across studies, making it difficult to identify prevalence and assess existing need.

METHOD:

A systematic review of relevant literature was conducted, and results were organized and compared in relation to study aims, design, measures used to screen for ID, sample, limitations and key findings.

RESULTS:

Existing international data suggest a prevalence of prisoners with ID between 7 and 10%. Most frequent coexisting health issues among this population are hearing and vision impairments, obesity, diabetes and a range of mental health disorders, notably anxiety and personality and conduct disorders.

CONCLUSION:

More research is required on prevalence rates and associated comorbidities of ID within prison settings, taking into account the heterogeneity of the population with ID.

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24. Acta Psychiatr Scand. 2016 Jan 17. doi: 10.1111/acps.12545. [Epub ahead of print]

Factors associated with disallowance of compulsory mental healthcare referrals.

[Fuglseth NL](#)¹, [Gjestad R](#)², [Mellesdal L](#)², [Hunskaar S](#)¹, [Oedegaard KJ](#)^{2,3}, [Johansen IH](#)¹.

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Abstract

OBJECTIVE:

Norwegian studies report that a substantial amount of referrals for compulsory mental health care are disallowed at specialist assessment, at a rate that varies with referring agent. Knowledge on factors associated with disallowance could improve the practice of compulsory mental health care. This study aims to examine such factors, placing particular emphasis on the impact of referring agents.

METHOD:

This study utilized data from the prospective, longitudinal cohort study 'Suicidality in Psychiatric Emergency Admissions' conducted at a Norwegian psychiatric emergency unit which served approximately 400 000 inhabitants. Data on referral, admission and patient characteristics were retrieved on compulsory admissions conducted between 1 May 2005 and 30 April 2008. Bivariate and logistic regression analyses and structural multilevel modelling were performed.

RESULTS:

Among 2813 compulsory admissions, 764 were disallowed. Low competence in the referring agent, high GAF S score, observed alcohol or drug intoxication, reported suicide risk, and the presence of neurotic, stress-related and somatoform disorders, personality disorders and other non-specified diagnoses were associated with above average disallowance frequency. Non-Norwegian ethnicity and schizophrenia spectrum disorders were associated with below average disallowance rates.

CONCLUSION:

Among several factors associated with disallowance, low symptom load was the strongest, whilst referring agent competence modestly affected disallowance rate.

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PMID: 26774865 [PubMed - as supplied by publisher]

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25. J Affect Disord. 2016 Jan 5;193:318-330. doi: 10.1016/j.jad.2015.12.033. [Epub ahead of print]

Differences and similarities of risk factors for suicidal ideation and attempts among patients with depressive or bipolar disorders.

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Abstract

BACKGROUND:

Substantial literature exists on risk factors for suicidal behaviour. However, their comparative strength, independence and specificity for either suicidal ideation or suicide attempt(s) remain unclear.

METHODS:

The Helsinki University Psychiatric Consortium (HUPC) Study surveyed 287 psychiatric care patients with ICD-10-DCR depressive or bipolar disorders about lifetime suicidal behaviour, developmental history and attachment style, personality and psychological traits, current and lifetime symptom profiles, and life events. Psychiatric records were used to

confirm diagnosis and complement information on suicide attempts. Multinomial regression models predicting lifetime suicidal ideation and single or repeated suicide attempts were generated.

RESULTS:

Overall, 21.6% patients had no lifetime suicidal behaviour, 33.8% had lifetime suicide ideation without attempts, and 17.1% had a single and 27.5% repeated suicide attempts. In univariate analyses, lifetime suicidal behaviour was associated with numerous factors. In multivariate models, suicidal ideation was independently predicted by younger age, severe depressive disorder, bipolar disorder type II/nos, hopelessness, and childhood physical abuse. Repeated suicide attempts were independently predicted by younger age, female sex, severe depressive disorder with or without psychotic symptoms, bipolar disorder type II/nos, alcohol use disorder, borderline personality disorder traits, and childhood physical abuse.

LIMITATIONS:

Cross-sectional and retrospective study design, utilization of clinical diagnoses, and relatively low response rate.

CONCLUSIONS:

Risk factors for suicidal ideation and attempts may diverge both qualitatively and in terms of dose response. When effects of risk factors from multiple domains are concurrently examined, proximal clinical characteristics remain the most robust. All risk factors cluster into the group of repeated attempters.

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PMID: 26774520 [PubMed - as supplied by publisher]

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26. BMC Psychiatry. 2016 Jan 14;16(1):6. doi: 10.1186/s12888-016-0709-9.

[Internet-based treatment for Romanian adults with panic disorder: protocol of a randomized controlled trial comparing a Skype-guided with an unguided self-help intervention \(the PAXPD study\).](#)

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Abstract

BACKGROUND:

Efficacy of self-help internet-based cognitive behavior therapy (ICBT) for anxiety disorders has been confirmed in several randomized controlled trials. However, the amount and type of therapist guidance needed in ICBT are still under debate. Previous studies have shown divergent results regarding the role of therapist guidance and its impact on treatment outcome. This issue is central to the development of ICBT programs and needs to be addressed directly. The present study aims to compare the benefits of regular therapist guidance via online real-time audio-video communication (i.e. Skype) to no therapist guidance during a 12-week Romanian self-help ICBT program for Panic Disorder. Both treatments are compared to a waiting-list control group.

METHODS/DESIGN:

A parallel group randomized controlled trial is proposed. The participants, 192 Romanian adults fulfilling diagnostic criteria for panic disorder according to a diagnostic interview, conducted via secured Skype or telephone, are randomly assigned to one of the three conditions: independent use of the internet-based self-help program PAXonline, the same self-help treatment with regular therapist support via secured Skype, and waiting-list control group. The primary outcomes are severity of self-report panic symptoms (PDSS-SR) and diagnostic status (assessors are blind to group assignment), at the end of the intervention (12 weeks) and at follow-up (months 3 and 6). The secondary measures address symptoms of comorbid anxiety disorders, depression, quality of life, adherence and satisfaction with ICBT. Additional measures of socio-demographic characteristics, personality traits, treatment expectancies, catastrophic cognitions, body vigilance and working alliance are considered as potential moderators and/ or mediators of treatment outcome.

DISCUSSION:

To the best of our knowledge, the present study is the first effort to investigate the efficacy of a self-help internet-based intervention with therapist guidance via real-time video communication. A direct comparison between therapist guided versus unguided self-directed intervention for panic disorder will also be addressed for the first time. Findings from this study will inform researchers and practitioners about the added value of online video-therapy guidance sessions and the type of patients who may benefit the most from guided and unguided ICBT for Panic disorder.

TRIAL REGISTRATION:

ACTRN12614000547640 (Australian New Zealand Clinical Trials Registry). Registered 22/05/2014.

PMCID: PMC4714451 **Free PMC Article**

PMID: 26769021 [PubMed - in process]

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27. Aust N Z J Psychiatry. 2016 Feb;50(2):154-66. doi: 10.1177/0004867415621391. Epub 2016 Jan 12.

Risk factors for repetition of a deliberate self-harm episode within seven days in adolescents and young adults: A population-level record linkage study in Western Australia.

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Abstract

OBJECTIVE:

The risk of repetition of deliberate self-harm peaks in the first 7 days after a deliberate self-harm episode. However, thus far no studies have examined the risk factors for repeating deliberate self-harm during this short-term period. We aimed to investigate the effects of socio-demographic factors, self-harm method and mental health factors in adolescents (10-19 years old) and young adults (20-29 years old).

METHODS:

We used data linkage of population-wide administrative records from hospital inpatients and emergency departments to identify all the deliberate self-harm-related episodes that occurred in adolescents and young adults in Western Australia from 2000 to 2011. Logistic regression with generalised estimating equations was used for the analyses.

RESULTS:

The incidence of repeating deliberate self-harm within the first 7 days after an index episode was 6% (403/6,768) in adolescents and 8% (842/10,198) in young adults. Socio-demographic risk factors included female gender and socioeconomic disadvantage. Compared with non-poisoning, self-poisoning predicted increased risk of having a repeated deliberate self-harm episode in males, but not in females. Borderline personality, impulse-control and substance use disorders diagnosed within one week before and one week after an index deliberate self-harm episode conferred the highest risk, followed by depressive and anxiety disorders. Having a preceding deliberate self-harm episode up to 7 days before an index episode was a strong predictor for the future repetition of a deliberate self-harm episode.

CONCLUSION:

Having a repeated deliberate self-harm episode within the first 7 days was related to a wide range of factors present at an index deliberate self-harm episode including socio-demographic characteristics, deliberate self-harm method and co-existing psychiatric conditions. These factors can inform risk assessments tailored to adolescents and young adults respectively to reduce the repetition of deliberate self-harm within a short but critical period, potentially contributing to reduce the repetition of deliberate self-harm in the long term.

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PMID: 26764370 [PubMed - in process]

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Blood-injection-injury phobia in older adults.

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Abstract

BACKGROUND:

This study aims to (i) estimate the prevalence of blood-injection-injury phobia (BIIP) diagnosed as present at any time during the life prior to the interview, with or without another Specific Phobia diagnosed as present during the 12 months prior to the interview, (ii) characterize types and frequencies of co-occurring fears, (iii) evaluate the association with chronic medical conditions and lifetime psychiatric comorbidity, and (iv) explore medical service use associations in a nationally representative sample of older adults.

METHODS:

A sample of 8,205 older adults, aged 65 years or older, was derived from Wave 1 of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC).

RESULTS:

The weighted lifetime prevalence of BIIP with and without 12-month Specific Phobia was 0.6% (95% CI: 0.4-0.8) and 4.2% (95% CI: 3.7-4.8), respectively, and these two groups ranked similarly in terms of sociodemographic, health, and psychiatric characteristics. BIIP most frequently co-occurred with other lifetime fears, and was positively associated with hypertension and lifetime history of anxiety and personality disorders after controlling for sociodemographic and psychiatric confounders.

CONCLUSIONS:

Our findings suggest that lifetime BIIP may bear mental and physical health significance in older adults.

PMID: 26754035 [PubMed - as supplied by publisher]

[Similar articles](#)



29. Personal Ment Health. 2016 Jan 11. doi: 10.1002/pmh.1324. [Epub ahead of print]

[Long-term impact of temporary and persistent personality disorder on anxiety and depressive disorders.](#)

[Tyrer P](#)¹, [Tyrer H](#)¹, [Yang M](#)², [Guo B](#)³.

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Abstract

BACKGROUND:

It is of interest to know if temporary and persistent personality disorders are associated with different outcomes.

METHOD:

A cohort of 210 people with anxiety and depressive disorders was followed up on nine occasions over 12 years. During this study, personality status was assessed at baseline and after 2 years using two methods, one linked to the new International Classification of Diseases 11th Revision (ICD-11) severity codes. The impact on the symptomatic outcome and social function of temporary (i.e. personality disorder on one occasion only) and persistent personality disorder (personality disorder present on both occasions) was compared.

RESULTS:

Of the 162 patients studied we identified four groups (no personality disorder at any time (n = 46), two with temporary personality disorder (baseline only (n = 33) and 2 years only (n = 28), and persistent personality disorder (n = 55). Those with persistent personality disorder had significantly worse outcomes than other groups for self-rated anxiety symptoms (p = 0.02) and overall social function (p < 0.001), 81% had a current DSM diagnosis at

12 years compared with 52-65% in the other groups ($p < 0.03$). Significantly, more patients with ICD-11 moderate or severe personality disorder at baseline had persistent personality disorder than had temporary disorders ($p = 0.017$).

CONCLUSION:

Persistent personality disorder is associated with more severe personality dysfunction and has a negative impact on the outcome of common mental disorder and particularly on long-term social functioning. Copyright © 2016 John Wiley & Sons, Ltd.

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PMID: 26754031 [PubMed - as supplied by publisher]

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30. Personal Disord. 2016 Jan 11. [Epub ahead of print]

[The Impact of Psychopathology, Race, and Environmental Context on Violent Offending in a Male Adolescent Sample.](#)

[Baskin-Sommers AR](#), [Baskin DR](#), [Sommers I](#), [Casados AT](#), [Crossman MK](#), [Javdani S](#).

Abstract

Research has identified a multitude of demographic, psychological, and contextual factors that are associated with violent offending among youth. However, much of the previous research has focused on single factors, and little is known about the effects of these various factors in tandem. The present study examines whether certain community factors impact the effects of race and psychopathology on violent crime. Multivariate analyses were used to investigate race-psychopathology combinations and the moderating influence of exposure to community violence in a sample of youth ($N = 1,116$). Youth without antisocial personality disorder (APD) or psychopathy were less violent than the other diagnostic groups, and Black youth were less likely to have psychopathy compared with Whites and Hispanics. However, Black youth with APD and psychopathy were twice as likely to exhibit violent crime versatility. Furthermore, Black and Hispanic youth demonstrating aggressive conduct problems committed a greater number of violent crime types than Whites. This relationship was further qualified, such that Black and Hispanic youth with APD and psychopathy, who were more exposed to community violence, committed a greater number of violent crime types compared with Whites. These results suggest that prevention and intervention strategies should consider individual and community-level factors. (PsycINFO Database Record

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31. Personal Disord. 2016 Jan 11. [Epub ahead of print]

Five-Year Prospective Investigation of Self-Harm/Suicide-Related Behaviors in the Development of Borderline Personality Disorder.

[Homan KJ](#), [Sim LA](#), [Fargo JD](#), [Twohig MP](#).

Abstract

Although borderline personality disorder (BPD) is frequently characterized by nonsuicidal self-injurious behavior (NSSI), suicide attempts (SA), suicidal ideation (SI), and/or suicide threats (ST), it is unclear whether these behaviors are precursors of BPD in adolescence. This study examined self-harm/suicide-related behaviors in the development of BPD from adolescence to adulthood in psychiatrically hospitalized adolescents. Participants were 116 adolescents consecutively admitted for a psychiatric hospitalization for self-harm/suicide-related behaviors. Adolescents completed self-report questionnaires assessing self-harm/suicide-related behaviors, maladaptive familial behavior, and peer victimization upon admission. Admission diagnoses and history of sexual/physical abuse were abstracted from medical/psychiatric records. Five years after index hospitalization, medical/psychiatric records were systematically reviewed and information on diagnoses was collected. Using multivariable logistic regression analyses, ST predicted BPD above and beyond NSSI, SA, and SI 5 years later (odds ratio = 1.31, 95% confidence interval [1.06, 1.62], $p > .01$). Traditional risk factors of BPD were not predictive of BPD at 5-year follow-up. Suicidal threats are an important risk factor in adolescents who engage in self-harm/suicide-related behaviors that may differentiate those adolescents who go on to develop BPD as adults. Implications for research and treatment are discussed. (PsycINFO Database Record

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PMID: 26751277 [PubMed - as supplied by publisher]

[Similar articles](#)

32. Epidemiol Psychiatr Sci. 2016 Jan 11:1-4. [Epub ahead of print]

The association between the serotonin and dopamine neurotransmitters and personality traits.

[Delvecchio G](#)¹, [Bellani M](#)², [Altamura AC](#)³, [Brambilla P](#)³.

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Abstract

Evidence from previous studies has reported that complex traits, including psychiatric disorders, are moderately to highly heritable. Moreover, it has also been shown that specific personality traits may increase the risk to develop mental illnesses. Therefore the focus of the research shifted towards the identification of the biological mechanisms underpinning these traits by exploring the effects of a constellation of genetic polymorphisms in healthy subjects. Indeed, studying the effect of genetic variants in normal personality provides a unique means for identifying candidate genes which may increase the risk for psychiatric disorders. In this review, we discuss the impact of two of the most frequently studied genetic polymorphisms on personality in healthy subjects, the 5-HTT polymorphism of the serotonin transporter and the DRD2/DRD4 polymorphisms of the D2/D4 dopamine's receptors. The main aims are: (a) to highlight that the study of candidate genes provides a fruitful ground for the identification of the biological underpinnings of personality without, though, reaching a general consensus about the strength of this relationship; and (b) to outline that the research in personality genetics should be expanded to provide a clearer picture of the heritability of personality traits.

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Personality Disorders in Female and Male College Students With Internet Addiction.

[Wu JY](#)¹, [Ko HC](#), [Lane HY](#).

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Abstract

A high rate of personality disorders (PDs) was found in individuals with Internet addiction (IA) in previous studies using clinical and limited sample sizes. The present study further made comparisons between sex and incorporated a control group to compare the frequencies of PD between individuals with IA and those without IA. Five hundred fifty-six college students (341 females) completed self-report surveys and were later given diagnostic interviews to assess for a PD diagnosis. Males with IA showed a higher frequency of narcissistic PD, whereas females with IA showed a higher frequency of borderline, narcissistic, avoidant, or dependent PD when compared with those without IA. The high rate of PD among Internet addicts may be associated with the core features of specific PD psychopathology. Sex differences in the PD frequencies among IA individuals provide indications for understanding the psychopathological characteristics of PDs in Internet addicts.

PMID: 26731123 [PubMed - as supplied by publisher]

[Similar articles](#)



34. High Blood Press Cardiovasc Prev. 2016 Jan 4. [Epub ahead of print]

Mood Disorders in Uncontrolled Hypertension Despite Multiple Anti-Hypertensive Medications: Searching for a Link.

[Mazza A](#)^{1,2}, [Ravenni R](#)³, [Armigliato M](#)⁴, [Rossetti C](#)⁴, [Schiavon L](#)⁴, [Fiorini F](#)⁵, [Rigatelli G](#)⁶, [Ramazzina E](#)⁴, [Casiglia E](#)⁷.

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- ⁷Department of Medicine, Unit of Vascular Medicine, University of Padova, Padua, Italy.

Abstract

INTRODUCTION:

Resistant hypertension is a clinical condition in which blood pressure (BP) control is not achieved under a pharmacological therapy including a diuretic and at least two additional antihypertensive drug classes.

AIM:

To discuss an unusual presentation of uncontrolled hypertension despite multiple anti-hypertensive medications.

METHODS AND RESULTS:

A 46-year-old woman presented with resistant hypertension (HT) and with a long history of polydipsia, polyuria, weight loss and psychiatric symptoms (sudden onset of personality disorder with free anxiety, negativism and asthenia) unsuccessfully treated with antidepressant drugs. Tests for secondary HT showed a marked increase of serum renin and aldosterone both in clinostatic (342 pg/ml and 907 pmol/l, respectively) and orthostatic posture (351 pg/ml and 2845 pmol/l, respectively), hypokalemia (2.9 mmol/l) and macroalbuminuria (431 mg/day). Diagnostic examinations also revealed a focal stenosis of approximately 70 % of the proximal right renal artery with post-stenotic dilation. After percutaneous balloon angioplasty and stent implantation, BP was normalized with 5 mg/day amlodipine and psychiatric symptoms suddenly disappeared.

CONCLUSIONS:

Psychopathological symptoms are rare at the onset of hyperaldosteronism, and their aetiology is not well defined. A proper diagnostic and therapeutic process is mandatory in order to get the recommended therapeutic targets in short-midterm improving long-term prognosis. We also suggest not considering depressed or treat with antidepressant agents a young hypertensive subject with uncontrolled hypertension despite multiple anti-hypertensive medications without having ruled out a secondary form of hypertension.

PMID: 26729327 [PubMed - as supplied by publisher]

[Similar articles](#)



35. J Consult Clin Psychol. 2016 Jan 4. [Epub ahead of print]

In Cognitive Therapy for Depression, Early Focus on Maladaptive Beliefs May Be Especially Efficacious for Patients With Personality Disorders.

[Keefe JR](#), [Webb CA](#), [DeRubeis RJ](#).

Abstract

OBJECTIVE:

Patients with major depressive disorder (MDD) and a comorbid personality disorder (PD) have been found to exhibit relatively poor outcomes in cognitive therapy (CT) and other treatments. Adaptations of CT focusing heavily on patients' core beliefs have yielded promising findings in the treatment of PD. However, there have been no investigations that have specifically tested whether increased focus on maladaptive beliefs contributes to CT's efficacy for these patients.

METHOD:

CT technique use from an early CT session was assessed for 59 patients (33 without PD, 26 with PD-predominantly Cluster C) who participated in a randomized controlled trial for moderate to severe MDD. Scores were calculated for directive CT techniques (CT-Concrete) and a set of belief-focused items (CT-Belief) as rated by the Collaborative Study Process Rating Scale. Robust regressions were conducted to estimate relations between scores on each of these measures and change in depressive and PD symptoms. A PD status by CT-Belief use interaction tested the hypothesis that therapist use of CT-Belief techniques would

exhibit a stronger association with symptom change in the PD group relative to the non-PD group.

RESULTS:

As hypothesized, a significant interaction between PD status and use of CT-Belief techniques emerged in the prediction of depressive and PD symptom change. Among PD patients, higher early CT-Belief interventions were found to predict significantly greater improvement. CT-Belief use did not predict greater symptom change among those without PD.

CONCLUSIONS:

Early focus on CT-Belief interventions may facilitate changes in depression and PD symptoms for patients with MDD-PD comorbidity. (PsycINFO Database Record

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PMID: 26727410 [PubMed - as supplied by publisher]

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36. Annu Rev Psychol. 2016 Jan 4;67:187-211. doi: 10.1146/annurev-psych-122414-033259.

Socioemotional, Personality, and Biological Development: Illustrations from a Multilevel Developmental Psychopathology Perspective on Child Maltreatment.

[Cicchetti D](#)¹.

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Abstract

Developmental theories can be affirmed, challenged, and augmented by incorporating knowledge about atypical ontogenesis. Investigations of the biological, socioemotional, and personality development in individuals with high-risk conditions and psychopathological disorders can provide an entrée into the study of system organization, disorganization, and reorganization. This article examines child maltreatment to illustrate the benefit that can be derived from the study of individuals subjected to nonnormative caregiving experiences.

Relative to an average expectable environment, which consists of a species-specific range of environmental conditions that support adaptive development among genetically normal individuals, maltreating families fail to provide many of the experiences that are required for normal development. Principles gleaned from the field of developmental psychopathology provide a framework for understanding multilevel functioning in normality and pathology. Knowledge of normative developmental processes provides the impetus to design and implement randomized control trial (RCT) interventions that can promote resilient functioning in maltreated children.

PMID: 26726964 [PubMed - in process]

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Items 1 - 51 of 51

1. Patient Prefer Adherence. 2016 Nov 15;10:2351-2356. eCollection 2016.

Validity of the Control Preferences Scale in patients with emotional disorders.

[De Las Cuevas C](#)¹, [Peñate W](#)².

Author information:

- ¹Department of Internal Medicine, Dermatology and Psychiatry.
- ²Department of Personality, Assessment and Psychological Treatments, University of La Laguna, San Cristóbal de La Laguna, Canary Islands, Spain.

Abstract

BACKGROUND:

The Control Preferences Scale (CPS) is the most frequently used measure of patients' preferred roles in treatment decisions. The aim of this study was to provide data about the validity of CPS in psychiatric care of patients with emotional disorders.

METHODS:

The original CPS was translated to Spanish using the process of cross-cultural adaptation of self-reported measures as the methodological model for Spanish translation. The final version was tested in a convenience sample of 621 consecutive psychiatric outpatients (461 depressive and 160 anxiety disorders) that also completed the Shared Decision-Making Questionnaire,

the Multidimensional Health Locus of Control Scale, the Drug Attitude Inventory, and a questionnaire including sociodemographic and clinical variables.

RESULTS:

CPS showed a moderate internal consistency and a good convergent validity. Patients with collaborative and passive preferences expressed a greater reliance on psychotropics. Patients preferring a collaborative role self-reported greater perception of involvement in decision-making about their treatment. Patients preferring a passive role showed a greater external health locus of control. The most common preferred role was the collaborative-passive. Older patients and those under longer treatments preferred a passive role, while patients with higher levels of education preferred a collaborative role.

CONCLUSION:

The CPS is a valid measure of the amount of control that psychiatric outpatients with emotional disorders want to assume in the process of making decisions about their treatment.

PMID: 27895470 [PubMed - in process]



2. Curr Drug Targets. 2016 Nov 25. [Epub ahead of print]

[New insight in improving therapeutic efficacy of antipsychotic agents: An overview of improved in vitro and in vivo performance, efficacy upgradation and future prospects.](#)

[Hussain Z](#)¹, [Thu HE](#), [Shuid AN](#).

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Abstract

Psychotic disorders are severe mental disorders that rigorously affect patient personality, critical thinking, and perceptual ability. High prevalence, global dissemination and limitations of conventional pharmacological approaches compel a significant burden to the

patient, medical professionals and the healthcare system. To date, numerous orally administered therapies are available for the management of depressive disorders, schizophrenia, anxiety, bipolar disorders and autism spectrum problems. However, poor water solubility, erratic oral absorption, extensive first-pass metabolism, low oral bioavailability and short half-lives are major factors which limit the pharmaceutical significance and therapeutic feasibility of these agents. In recent decades, nanotechnology-based delivery systems have gained remarkable attention of the researchers to mitigate the pharmaceutical issues related to the antipsychotic therapies and to optimize their oral drug delivery, therapeutic outcomes, and patient compliance. Therefore, the present review was aimed to summarize the available in vitro and in vivo evidences signifying the pharmaceutical importance of the advanced delivery systems in improving the aqueous solubility, transmembrane permeability, oral bioavailability and therapeutic outcome of the antipsychotic agents.

PMID: 27894237 [PubMed - as supplied by publisher]

3. Psychol Assess. 2016 Nov 28. [Epub ahead of print]

[Correction to Fossati et al. \(2016\).](#)

[No authors listed]

Abstract

Reports an error in "Profiling Pathological Narcissism According to DSM-5 Domains and Traits: A Study on Consecutively Admitted Italian Psychotherapy Patients" by Andrea Fossati, Antonella Somma, Serena Borroni, Aaron L. Pincus, Kristian E. Markon and Robert F. Krueger (*Psychological Assessment*, Advanced Online Publication, Jun 23, 2016, np). In the original article, several values were reversed and the mean was misreported in Table 2. The corrected Table 2 is provided in the erratum. (The following abstract of the original article appeared in record 2016-31181-001.) Pathological narcissism represents a clinically relevant, albeit controversial personality construct, with multiple conceptualizations that are operationalized by different measures. Even in the recently published Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition (DSM-5), 2 different views of narcissistic personality disorder (NPD) are formulated (i.e., Section II and Section III). The DSM-5 Section III alternative PD model diagnosis of NPD is based on self and interpersonal dysfunction (Criterion A) and a profile of maladaptive personality traits (Criterion B), specifically elevated scores on Attention Seeking and Grandiosity. Given the diversity of conceptualizations of pathological narcissism, we evaluated the convergences and divergences in DSM-5 trait profiles characterizing multiple measures of narcissism in a clinical sample of 278 consecutively admitted Italian psychotherapy patients. Patients were administered the Italian versions of the Personality Inventory for DSM-5 (PID-5) and 4 measures of NPD, (a) the Narcissistic Personality Inventory (NPI); (b) the NPD scale of the Personality Diagnostic Questionnaire-4+; (c) the Structured Clinical Interview for Axis II Personality Disorders, Version 2.0 (SCID-II) as an observer-rated measure of NPD; and (d) the Pathological Narcissism Inventory (PNI). Multiple regression analyses showed that PID-5 traits explained from 13% to more than 60% of the variance in the different NPD measures. Attention Seeking was consistently associated with all measures of NPD, whereas Grandiosity was associated

with some of the NPD measures. All measures of NPD were also significantly related to additional DSM-5 maladaptive traits. (PsycINFO Database Record

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PMID: 27893225 [PubMed - as supplied by publisher]

4. Front Psychol. 2016 Nov 10;7:1747. eCollection 2016.

Internet-Communication Disorder: It's a Matter of Social Aspects, Coping, and Internet-Use Expectancies.

[Wegmann E](#)¹, [Brand M](#)².

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Abstract

Online communication applications such as Facebook, WhatsApp, and Twitter are some of the most frequently used Internet applications. There is a growing amount of individuals suffering diminished control over their use of online communication applications which leads to diverse negative consequences in offline life. This could be referred to as Internet-communication disorder (ICD). The current study investigates the role of individual characteristics (e.g., psychopathological symptoms, feelings of loneliness) and specific cognitions. In a sample of 485 participants a structural equation model was tested to investigate predictors and mediators which may predict an excessive use. The results emphasize that a higher level of social loneliness and less perceived social support enhance the risk of a pathological use. The effects of psychopathological symptoms (depression and social anxiety) as well as individual characteristics (self-esteem, self-efficacy, and stress vulnerability) on ICD symptoms are mediated by Internet-use expectancies and dysfunctional coping mechanisms. The results illustrate mediation effects which are in line with the theoretical model by Brand et al. (2016). As suggested in the model social aspects seem to be key predictors of ICD symptoms. Further research should investigate convergent and divergent factors of other types of specific Internet-use disorders.

Free Article

PMID: 27891107 [PubMed - in process]



5. Psychiatry Res. 2016 Nov 10;247:120-124. doi: 10.1016/j.psychres.2016.11.011. [Epub ahead of print]

[The buffer role of meaning in life in hopelessness in women with borderline personality disorders.](#)

[Marco JH](#)¹, [Guillén V](#)², [Botella C](#)³.

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Abstract

Meaning in life has been found to be a protective factor against suicidal ideation. The aim of this study was to investigate whether meaning in life can moderate and buffer the association between suicide risk factors and hopelessness in women with borderline personality disorders. One hundred twenty-four women diagnosed with borderline personality disorder completed self-report measures of suicide risk factors, hopelessness, and meaning in life. The main result from this study was that meaning in life moderated the association between suicide risk factors and hopelessness. Meaning in life is an important variable in the prevention and treatment of risk of suicide in women with borderline personality disorder.

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6. Psychiatry Res. 2016 Nov 10;247:113-119. doi: 10.1016/j.psychres.2016.11.007. [Epub ahead of print]

Symptomatic and functional outcomes of substance use disorder persistence 2 years after admission to a first-episode psychosis program.

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Abstract

Substance use disorders (SUD) in first-episode psychosis (FEP) are highly prevalent and linked with poor outcomes. However, most longitudinal studies investigating their impacts in FEP have not reported proportions of patients who ceased SUD. Our aim was to examine the influence of SUD course on functional and symptomatic outcomes as well as service use in FEP. We performed a 2-year longitudinal study of 212 FEP patients, aged between 18 and 30 years, admitted to 2 early psychosis services in Montréal, Québec, Canada. We observed that cannabis was the first substance abused (42.9% at baseline), followed by alcohol (19.3%). The SUD rate decreased by approximately 30% during the first year. Patients with persistent SUD had worse functional outcomes (Quality of Life Scale, Social and Occupational Functioning Assessment Scale, employment), more symptoms (Positive and Negative Symptoms Scale) and heavier service use (emergency and hospitalization). SUD persistence was associated with illness severity, homelessness and cluster-B personality. Those living with their parents and financially supported by them were more likely to cease SUD. Our results indicate that SUD course was more significant than having SUD at admission; persistent SUD was associated with worse outcomes. SUD decreased during a general early psychosis intervention program (with no specialized SUD treatment). An integrated, specialized approach targeting FEP

patients with predictive factors of SUD persistence during the first years of treatment might increase SUD cessation and possibly improve outcomes.

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PMID: 27888680 [PubMed - as supplied by publisher]

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7. Psychiatry Res. 2016 Nov 16;247:105-112. doi: 10.1016/j.psychres.2016.11.017. [Epub ahead of print]

[Kynurenic acid and psychotic symptoms and personality traits in twins with psychiatric morbidity.](#)

[Kegel ME](#)¹, [Johansson V](#)², [Wetterberg L](#)³, [Bhat M](#)⁴, [Schwieler L](#)¹, [Cannon TD](#)⁵, [Schuppe-Koistinen I](#)⁶, [Engberg G](#)¹, [Landén M](#)⁷, [Hultman CM](#)⁸, [Erhardt S](#)¹.

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Abstract

Increased cytokines and kynurenic acid (KYNA) levels in cerebrospinal fluid (CSF) have been reported in patients with schizophrenia and bipolar disorder. The aim of the present study was to investigate cytokines and kynurenines in the CSF of twin pairs discordant for schizophrenia or bipolar disorder and to study these CSF markers in relation to psychotic

symptoms and personality traits. CSF levels of tryptophan (TRP), KYNA, quinolinic acid (QUIN), interleukin (IL)-6, IL-8 and tumor necrosis factor-alpha (TNF- α) were analyzed in 23 twins with schizophrenia or bipolar disorder, and in their not affected co-twins. Ratings of psychotic symptoms and personality traits were made using the Scales for Assessment of Negative and Positive symptoms, the Structured Clinical Interview for DSM-IV - Axis II Disorders, and the Schizotypal Personality Questionnaire - Brief. A total score for psychotic symptoms and personality traits was constructed for analysis. CSF KYNA was associated with the score for psychotic symptom and personality traits. TNF- α and IL-8 were associated, and the intra-pair differences scores of TNF- α and IL-8 were highly correlated. Intraclass correlations indicated genetic influences on CSF KYNA, TRP, IL-8 and TNF- α . The association between KYNA and psychotic symptoms further supports a role of KYNA in psychotic disorders.

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PMID: 27886578 [PubMed - as supplied by publisher]

[Similar articles](#)



8. J Ment Health. 2016 Nov 25:1-5. [Epub ahead of print]

[College students' stigmatization of people with mental illness: familiarity, implicit person theory, and attribution.](#)

[Lyndon AE](#)¹, [Crowe A](#)², [Wuensch KL](#)³, [McCammon SL](#)³, [Davis KB](#)³.

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- ³c Department of Psychology , East Carolina University , Greenville , NC , USA.

Abstract

BACKGROUND:

Stigma associated with mental illness (MI) results in underutilization of mental health care. We must understand factors contributing to stigma to shape anti-stigma campaigns.

AIMS:

To investigate the factors influencing stigma in university students.

METHOD:

Undergraduate psychology students completed measures on causal attribution, stigma, social distance, implicit person theory (IPT), and familiarity.

RESULTS:

The hypothesis was partially supported; people who felt personality traits were unchangeable (i.e. entity IPT) were more likely to stigmatize individuals with mental disorders and desired more social distance from them. Familiarity with people with a MI individually predicted less desire for social distance, yet the redundancy of the predictors made the effect of familiarity on stigma fall just short of statistical significance. Judgments of biogenetic causal attribution were related to higher stigma levels, but not so when familiarity and IPT were taken into account.

CONCLUSIONS:

Educational campaigns may be effective by focusing on aspects of MI highlighting similarity with non-diagnosed people, and that people with MI can recover.

PMID: 27885883 [PubMed - as supplied by publisher]

[Similar articles](#)



9. Br J Gen Pract. 2016 Dec;66(653):e887-e895. Epub 2016 Oct 10.

[Managing barriers to empathy in the clinical encounter: a qualitative interview study with GPs.](#)

[Derksen FA](#)¹, [Hartman TC](#)², [Bensing JM](#)³, [Lagro-Janssen AL](#)¹.

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- ³Department of Psychology, Faculty of Social and Behavioural Sciences, Utrecht University, NIVEL, Netherlands Institute for Health Services Research, the Netherlands.

Abstract

BACKGROUND:

Current daily general practice has become increasingly technical and somatically oriented (where attention to patients' feelings is decreased) due to an increase in protocol-based guidelines. Priorities in GP-patient communication have shifted from a focus on listening and empathy to task-oriented communication.

AIM:

To explore what barriers GPs experience when applying empathy in daily practice, and how these barriers are managed.

DESIGN AND SETTING:

Thirty Dutch GPs with sufficient heterogeneity in sex, age, type of practice, and rural or urban setting were interviewed.

METHOD:

The consolidated criteria for reporting qualitative research (COREQ) were applied. The verbatim transcripts were then analysed.

RESULTS:

According to participating GPs, the current emphasis on protocol-driven care can be a significant barrier to genuineness in communication. Other potential barriers mentioned were time pressures and constraints, and dealing with patients displaying 'unruly behaviour' or those with personality disorders. GPs indicated that it can be difficult to balance emotional involvement and professional distance. Longer consulting times, smaller practice populations, and efficient practice organisation were described as practical solutions. In order to focus on a patient-as-person approach, GPs strongly suggested that deviating from guidelines should be possible when necessary as an element of good-quality care. Joining intercollegiate counselling groups was also discussed.

CONCLUSION:

In addition to practical solutions for barriers to behaving empathically, GPs indicated that they needed more freedom to balance working with protocols and guidelines, as well as a patient-as-person and patient-as-partner approach. This balance is necessary to remain connected with patients and to deliver care that is truly personal.

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PMID: 27884917 [PubMed - in process]

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10. Pain Manag. 2016 Nov 24. [Epub ahead of print]

Psychological mislabeling of chronic pain: lessons from migraine in the 20th century.

[Pikoff HB](#)¹.

Author information:

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Abstract

Starting with Freud, psychoanalytically oriented practitioners described a complex of unconscious conflicts, desires and personality traits they believed to be the primary cause of a wide range of medical disorders. This was the psychogenic model. With the advance of basic research and pharmacotherapy, the psychogenic model was gradually replaced by a biopsychobehavioral model. This model treats chronic pain as a biologically based disorder that can be influenced by psychological factors and lifestyle. The present paper argues that many patients with chronic pain may not be significantly impacted by psychological factors, and that for those who are, cognitive-behavioral therapy is the treatment of choice.

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11. Pediatr Diabetes. 2016 Nov 23. doi: 10.1111/pedi.12469. [Epub ahead of print]

Psychiatric disorders during early adulthood in those with childhood onset type 1 diabetes: Rates and clinical risk factors from population-based follow-up.

[Cooper MN](#)¹, [Lin A](#)¹, [Alvares GA](#)¹, [de Klerk NH](#)^{1,2}, [Jones TW](#)^{1,2,3}, [Davis EA](#)^{1,2,3}.

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- ³Department of Endocrinology and Diabetes, Princess Margaret Hospital for Children, Perth, Australia.

Abstract

AIM:

To determine the incidence of and risk factors for psychiatric disorders in early adulthood in patients with childhood onset type 1 diabetes (T1D).

METHODS:

In this retrospective-cohort study, we identified a population-based childhood onset T1D cohort and an age and sex matched (5:1) non-diabetic comparison cohort. Data linkage was used to access inpatient hospitalization data, mental health support service data, and mortality data to follow-up both cohorts into early adulthood.

RESULTS:

The mean age of T1D diagnosis was 9.5 years (SD 4.1), with a mean age at end of follow-up of 26.4 years (SD 5.2, max 37.7). The diagnosis of any psychiatric disorder was observed for 187 of 1302 (14.3%) in the T1D cohort and 400 of 6422 (6.2%) in the comparison cohort [adjusted hazard ratio (HR) 2.3; 95% CI 1.9, 2.7]. Anxiety, eating, mood, and personality and behaviour disorders were observed at higher rates within the T1D cohort. Comorbid psychiatric disorders were more frequent, at the cohort level, within the T1D cohort (2-3 disorders 3.76% vs 1.56%) and service utilization was higher (15+ contacts 6.8% vs 2.8%); though these differences did not remain when restricted to only those individuals diagnosed during follow-up. A history of poor glycaemic control was associated with an increased risk of anxiety, mood, and 'any' disorder (HR ranging from 1.35 to 1.42 for each 1% increase in mean paediatric HbA1c).

CONCLUSION:

Our findings highlight the need for access to mental health support services as part of routine patient care for young adults with T1D, and for better predictive tools to facilitate targeting at-risk patients with early intervention programs.

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PMID: 27878933 [PubMed - as supplied by publisher]

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12. Soc Psychiatry Psychiatr Epidemiol. 2016 Nov 22. [Epub ahead of print]

Assessing needs for psychiatric treatment in prisoners: 2. Met and unmet need.

[Jakobowitz S](#)¹, [Bebbington P](#)², [McKenzie N](#)³, [Iveson R](#)⁴, [Duffield G](#)⁴, [Kerr M](#)⁵, [Killaspy H](#)¹.

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- ⁵School of Social Policy, Sociology and Social Research, Faculty of Social Sciences, Cornwallis North East, University of Kent at Canterbury, Canterbury, Kent, CT2 7NF, UK.

Abstract

BACKGROUND:

In a companion paper, we established high levels of psychiatric morbidity in prisoners (Bebbington et al. Soc Psychiatry Psychiatr Epidemiol, 2016). In the current report, we evaluate how this morbidity translates into specific needs for treatment and the consequent implications for services. Mental health treatment needs and the extent to which they had been met were assessed in a representative sample of prisoners in a male and a female prison in London (Pentonville and Holloway).

METHODS:

Prisoners were sampled at random in a sequential procedure based on the Local Inmate Data System. We targeted equal numbers of male remand, male sentenced, female remand, and female sentenced prisoners. Following structured assessment of psychosis, common mental disorders, PTSD, personality disorders and disorders of abuse, we used the MRC Needs for Care Assessment (NFCAS) to establish whether potential needs for care in ten areas of mental health functioning were met, unmet, or incapable of being met by services.

RESULTS:

Data on treatment experience were provided by 360 inmates. Eighty percent of females and 70% of males had at least one need for treatment. Over half (53.7%) of the needs of female prisoners were met, but only one third (36.5%) in males. Needs for medication were unmet in 32% of cases, while those for psychological treatment were unmet in 51%.

CONCLUSIONS:

Unmet needs for mental health treatment and care were common in the two prisons. This has adverse consequences both for individual prisoners and for the effective functioning of the criminal justice system.

PMID: 27878323 [PubMed - as supplied by publisher]

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13. Soc Psychiatry Psychiatr Epidemiol. 2016 Nov 22. [Epub ahead of print]

Assessing needs for psychiatric treatment in prisoners: 1. Prevalence of disorder.

[Bebbington P](#)¹, [Jakobowitz S](#)², [McKenzie N](#)^{2,3}, [Killaspy H](#)², [Iveson R](#)⁴, [Duffield G](#)⁴, [Kerr M](#)⁵.

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- ⁵Faculty of Social Sciences, School of Social Policy, Sociology and Social Research, Cornwallis North East, University of Kent, Canterbury, Kent, CT2 7NF, UK.

Abstract

BACKGROUND:

High levels of psychiatric morbidity in prisoners have important implications for services. Assessing Needs for Psychiatric Treatment in Prisoners is an evaluation of representative

samples of prisoners in a male and a female prison in London. This paper reports on the prevalence of mental disorders. In a companion paper, we describe how this translates into mental health treatment needs and the extent to which they have been met.

METHODS:

Prisoners were randomly sampled in a sequential procedure based on the Local Inmate Data System. We interviewed roughly equal numbers from the following groups: male remand; male sentenced prisoners (Pentonville prison); and female remand; female sentenced prisoners (Holloway prison). Structured assessments were made of psychosis, common mental disorders, PTSD, personality disorder and substance abuse.

RESULTS:

We interviewed 197 male and 171 female prisoners. Psychiatric morbidity in male and female, sentenced and remand prisoners far exceeded in prevalence and severity than in equivalent general population surveys. In particular, 12% met criteria for psychosis; 53.8% for depressive disorders; 26.8% for anxiety disorders; 33.1% were dependent on alcohol and 57.1% on illegal drugs; 34.2% had some form of personality disorder; and 69.1% had two disorders or more. Moreover, in the year before imprisonment, 25.3% had used mental health services.

CONCLUSIONS:

These rates of mental ill-health and their similarity in remand and sentenced prisoners indicate that diversion of people with mental health problems from the prison arm of the criminal justice system remains inadequate, with serious consequences for well-being and recidivism.

PMID: 27878322 [PubMed - as supplied by publisher]

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14. J Parasit Dis. 2016 Dec;40(4):1636-1639. Epub 2015 May 15.

Psychiatric aspects of toxoplasmosis: an Indian perspective.

[Mangot AG¹](#).

Author information:

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Abstract

Toxoplasma gondii is one of the well-studied parasites because of its medical and veterinary importance, and its suitability as a model for cell biology and molecular studies. Latent toxoplasmosis in an immunocompetent host was considered benign until recently. The importance of this parasite has been steadily rising in the field of psychiatry and neurology as it has been implicated in numerous neuropsychiatric disorders. Researchers in India have unfortunately restricted themselves to finding the prevalence of toxoplasma antibodies in special populations and animals. On the other hand, there has been increasing research interest worldwide in *T. gondii* for its effects on human behaviour, manifestations of which range from psychoses and neuroses to Alzheimer's and Parkinson's disease. *Toxoplasma* infected organisms may be akin to living zombies. From changing the core natural defensive behaviour in mice to changing personality & leading to neuropsychiatric disorders in humans, *Toxoplasma* brings about subtle but significant & specific changes in its host. Surprisingly there is severe dearth of such studies from India even though prevalence rates of latent *Toxoplasma* infection are comparable, or in some regions, higher to those found elsewhere in the world. The potential for identifying *Toxoplasma* induced behavioural alterations is enormous in this part of the world which could have future treatment implications. It's high time that we move beyond researching the obvious and involve ourselves in more rigorous, novel and stimulating studies in the future.

PMID: 27877000 [PubMed - in process]

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15. Drug Alcohol Depend. 2016 Nov 8;170:66-73. doi: 10.1016/j.drugalcdep.2016.10.040. [Epub ahead of print]

[Analysis of alcohol use disorders from the Nathan Kline Institute-Rockland Sample: Correlation of brain cortical thickness with neuroticism.](#)

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Abstract

BACKGROUND:

Although differences in both neuroanatomical measures and personality traits, in particular neuroticism, have been associated with alcohol use disorders (AUD), whether lifetime AUD diagnosis alters the relationship between neuroticism and neuroanatomical structures remains to be determined.

METHODS:

Data from 65 patients with lifetime AUD diagnoses and 65 healthy comparisons (HC) group-matched on age, sex and race were extracted from the Nathan Kline Institute - Rockland Sample data set. Each subject completed personality trait measures and underwent MRI scanning. Cortical thickness measures at 68 Desikan-Killiany Atlas regions were obtained using FreeSurfer 5.3.0. Regression analyses were performed to identify brain regions at which the neuroticism-cortical thickness relationship was altered by lifetime AUD status.

RESULTS:

As expected, AUDs had higher neuroticism scores than HCs. Correlations between neuroticism and cortical thickness in the left insula and right fusiform differed significantly across groups. Higher neuroticism score in AUD and the interaction between the insular cortical thickness-neuroticism correlation and AUD status were confirmed in a replication study using the Human Connectome Project data set.

CONCLUSIONS:

Results confirmed the relationship between neuroticism and AUD and suggests that specific cortical regions, particularly the left insula, represent anatomic substrates underlying this association in AUD.

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[From Asperger's Autistischen Psychopathen to DSM-5 Autism Spectrum Disorder and Beyond: A Subthreshold Autism Spectrum Model.](#)

[Dell'Osso L](#)¹, [Luche RD](#)¹, [Gesi C](#)¹, [Moroni I](#)¹, [Carmassi C](#)¹, [Maj M](#)².

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Abstract

Growing interest has recently been devoted to partial forms of autism, lying at the diagnostic boundaries of those conditions previously diagnosed as Asperger's Disorder. This latter includes an important retrieval of the European classical psychopathological concepts of adult autism to which Hans Asperger referred in his work. Based on the review of Asperger's *Autistische Psychopathie*, from first descriptions through the DSM-IV Asperger's Disorder and up to the recent DSM-5 Autism Spectrum Disorder, the paper aims to propose a Subthreshold Autism Spectrum Model that encompasses not only threshold-level manifestations but also mild/atypical symptoms, gender-specific features, behavioral manifestations and personality traits associated with Autism Spectrum Disorder. This model includes, but is not limited to, the so-called *broad autism phenotype* spanning across the general population that does not fully meet Autism Spectrum Disorder criteria. From this perspective, we propose a subthreshold autism as a unique psychological/behavioral model for research that could help to understand the neurodevelopmental trajectories leading from autistic traits to a broad range of mental disorders.

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Exploring Personality and Readiness to Change in Patients With Substance Use Disorders With and Without ADHD.

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Abstract

OBJECTIVE:

To explore personality and readiness to change among substance use disorders (SUD) patients with and without ADHD.

METHOD:

SUD + ADHD versus SUD - ADHD patients consecutively entering treatment between 2010 and 2012 were compared concerning personality (Temperament and Character Inventory) and readiness to change (Stages of Change Readiness and Treatment Eagerness Scale).

RESULTS:

Among 103 SUD patients (76 men, age $M = 43.3$, $SD = 11.1$), 16 (15.5%) were diagnosed with ADHD. SUD + ADHD patients reported significantly elevated eagerness to effort ($p = .008$) compared with SUD - ADHD patients, who reported significantly elevated fear of uncertainty ($p < .000$). SUD + ADHD patients reported higher ambition ($p = .025$), self-forgetfulness ($p = .029$), and lower recognition ($p = .022$). They were younger ($p = .019$) and showed more often amphetamine addiction ($p = .022$) compared with SUD - ADHD patients.

CONCLUSION:

The distinct characteristics found in SUD + ADHD and SUD - ADHD patients underline the need for differentiated treatment interventions.

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Risk of psychiatric disorders, self-harm behaviour and service use associated with bariatric surgery.

[Kovacs Z](#)¹, [Valentin JB](#)¹, [Nielsen RE](#)^{1,2}.

Author information:

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- ²Department of Clinical Medicine, Aalborg University, Aalborg, Denmark.

Abstract

OBJECTIVE:

To investigate psychiatric outcomes after bariatric surgery, including suicide, self-harm, psychiatric service use and substance misuse.

METHOD:

Retrospective study on a Danish nationwide register-based cohort of 22 451 patients followed for 1 029 736 person-years. Data were analysed utilizing single- and multi-event Cox regression with non-operated controls with obesity and mirror-image analyses with the operated patient serving as their own controls.

RESULTS:

We showed an increased ratio of self-harm (hazard ratio [HR] 3.23, $P < 0.001$; incidence rate ratio [IRR] 1.71, $P < 0.001$), psychiatric service use (admissions IRR 1.52, $P < 0.001$; emergency room visits IRR 1.70, $P < 0.001$), psychiatric diagnosis (organic psychiatric disorders HR 1.78, $P < 0.001$; substance use HR 2.06, $P < 0.001$; mood disorders HR 2.66, $P < 0.001$; neurotic, stress-related and somatoform disorders HR 2.48, $P < 0.001$; behavioural syndromes HR 3.15, $P < 0.001$; disorders of personality HR 2.68, $P < 0.001$; behavioural and emotional disorders HR 6.43, $P < 0.001$), as well as substance misuse utilizing Cox regression as well as mirror-image analyses, as compared to non-operated. We did not find an increased suicide rate (HR 1.35, $P = 0.658$) among operated as compared to non-operated.

CONCLUSION:

Our study shows that undergoing bariatric surgery is associated with increases in self-harm, psychiatric service use and occurrence of mental disorders.

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PMID: 27864830 [PubMed - as supplied by publisher]

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19. Int J Epidemiol. 2016 Nov 17. pii: dyw219. [Epub ahead of print]

[Molecular genetic contributions to self-rated health.](#)

[Harris SE](#)^{1,2}, [Hagenaars SP](#)^{1,3,4}, [Davies G](#)^{1,3}, [David Hill W](#)^{1,3}, [Liewald DC](#)^{1,3}, [Ritchie SJ](#)^{1,3}, [Marioni RE](#)^{1,2,5}; [METASTROKE Consortium](#), [International Consortium for Blood Pressure Genome-Wide Association Studies](#), [CHARGE Consortium Aging and Longevity Group](#), [CHARGE Consortium Cognitive Group](#), [Sudlow CL](#)^{1,2,6}, [Wardlaw JM](#)^{1,6}, [McIntosh AM](#)⁴, [Gale CR](#)^{1,3,7}, [Deary IJ](#)^{8,3}.

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Abstract

BACKGROUND:

Poorer self-rated health (SRH) predicts worse health outcomes, even when adjusted for objective measures of disease at time of rating. Twin studies indicate SRH has a heritability

of up to 60% and that its genetic architecture may overlap with that of personality and cognition.

METHODS:

We carried out a genome-wide association study (GWAS) of SRH on 111 749 members of the UK Biobank sample. Univariate genome-wide complex trait analysis (GCTA)-GREML analyses were used to estimate the proportion of variance explained by all common autosomal single nucleotide polymorphisms (SNPs) for SRH. Linkage disequilibrium (LD) score regression and polygenic risk scoring, two complementary methods, were used to investigate pleiotropy between SRH in the UK Biobank and up to 21 health-related and personality and cognitive traits from published GWAS consortia.

RESULTS:

The GWAS identified 13 independent signals associated with SRH, including several in regions previously associated with diseases or disease-related traits. The strongest signal was on chromosome 2 (rs2360675, $P = 1.77 \times 10^{-10}$) close to KLF7. A second strong peak was identified on chromosome 6 in the major histocompatibility region (rs76380179, $P = 6.15 \times 10^{-10}$). The proportion of variance in SRH that was explained by all common genetic variants was 13%. Polygenic scores for the following traits and disorders were associated with SRH: cognitive ability, education, neuroticism, body mass index (BMI), longevity, attention-deficit hyperactivity disorder (ADHD), major depressive disorder, schizophrenia, lung function, blood pressure, coronary artery disease, large vessel disease stroke and type 2 diabetes.

CONCLUSIONS:

Individual differences in how people respond to a single item on SRH are partly explained by their genetic propensity to many common psychiatric and physical disorders and psychological traits.

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20. Int J Eat Disord. 2016 Nov 12. doi: 10.1002/eat.22644. [Epub ahead of print]

Predictors of dropout in face-to-face and internet-based cognitive-behavioral

therapy for bulimia nervosa in a randomized controlled trial.

[Watson HJ](#)^{1,2,3,4}, [Levine MD](#)⁵, [Zerwas SC](#)¹, [Hamer RM](#)^{1,6}, [Crosby RD](#)^{7,8}, [Sprecher CS](#)¹, [O'Brien A](#)², [Zimmer B](#)⁹, [Hofmeier SM](#)¹, [Kordy H](#)⁹, [Moessner M](#)⁹, [Peat CM](#)¹, [Runfola CD](#)^{1,10}, [Marcus MD](#)⁵, [Bulik CM](#)^{1,11,12} .

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Abstract

OBJECTIVE:

We sought to identify predictors and moderators of failure to engage (i.e., pretreatment attrition) and dropout in both Internet-based and traditional face-to-face cognitive-behavioral therapy (CBT) for bulimia nervosa. We also sought to determine if Internet-based treatment reduced failure to engage and dropout.

METHOD:

Participants (N = 191, 98% female) were randomized to Internet-based CBT (CBT4BN) or traditional face-to-face group CBT (CBTF2F). Sociodemographics, clinical history, eating disorder severity, comorbid psychopathology, health status and quality of life, personality and temperament, and treatment-related factors were investigated as predictors.

RESULTS:

Failure to engage was associated with lower perceived treatment credibility and expectancy (odds ratio [OR] = 0.91, 95% CI: 0.82, 0.97) and body mass index (BMI) (OR = 1.10; 95% CI: 1.03, 1.18). Dropout was predicted by not having a college degree (hazard ratio [HR] = 0.55; 95% CI: 0.37, 0.81), novelty seeking (HR = 1.02; 95% CI: 1.01, 1.03), previous CBT experience (HR = 1.77; 95% CI: 1.16, 2.71), and randomization to the individual's nonpreferred treatment format (HR = 1.95, 95% CI: 1.28, 2.96).

DISCUSSION:

Those most at risk of failure to engage had a higher BMI and perceived treatment as less credible and less likely to succeed. Dropout was associated with less education, higher novelty seeking, previous CBT experience, and a mismatch between preferred and assigned treatment. Contrary to expectations, Internet-based CBT did not reduce failure to engage or dropout. © 2016 Wiley Periodicals, Inc. (Int J Eat Disord 2016).

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PMID: 27862108 [PubMed - as supplied by publisher]

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21. Personal Ment Health. 2016 Nov 16. doi: 10.1002/pmh.1362. [Epub ahead of print]

[How do mothers with borderline personality disorder mentalize when interacting with their infants?](#)

[Marcoux AA](#)¹, [Bernier A](#)¹, [Séguin JR](#)^{1,2}, [Boike Armerding J](#)³, [Lyons-Ruth K](#)³.

Author information:

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Abstract

Mothers with borderline personality disorder (BPD) have been theorized to have decreased mentalization ability, which is the capacity to perceive and interpret mental states. This could increase the risk for troubled relationships with their infants and therefore have adverse consequences for child social and emotional development. Mind-mindedness (MM), which codes the mother's references to her infant's mental states during an interaction, is one method of indexing mothers' mentalizing ability. However, research has yet to examine MM in mothers with BPD. Our objective was to assess the MM ability of 38 mothers during interactions with their 12-month-old infants, including 10 mothers with BPD and 28 mothers without a psychiatric diagnosis. Trained observers assessed maternal MM from 2 min of videotaped mother-infant free play. BPD was assessed with the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II). Mothers with and without BPD did not differ in the proportion of total comments referring to infant mental states. However, mothers in the BPD group proportionately made 3.6 times more misattuned mind-related comments than control mothers. Thus, mothers with and without BPD appear equally likely to envision mental states in their infants. However, mothers with BPD also appear more likely to misread their infants' mental states. Copyright © 2016 John Wiley & Sons, Ltd.

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PMID: 27860436 [PubMed - as supplied by publisher]

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22. J Forensic Sci. 2016 Nov 17. doi: 10.1111/1556-4029.13278. [Epub ahead of print]

[Self-Strangulation Through A Sphygmomanometer: An Uncommon Suicide.](#)

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Abstract

Suicide by asphyxia is quite a common event in forensic practice and may be implemented in different ways. The authors report a unique case of a 16-year-old youth who committed

suicide by means of a standard mercury sphygmomanometer. This manner of suicide has never been described in the literature reviewed. A complete forensic investigation led to the conclusion that the cause of death was mechanical asphyxia, ascribed to self-strangulation by means of an atypical item. The victim suffered from attention-deficit/hyperactivity disorder (ADHD) syndrome and was assisted by support teachers. He had a solitary and depressive personality. The exceptional nature of this case suggests that sphygmomanometers may be regarded as possible means of self-strangulation. The case also highlights the importance of managing patients with psychiatric or cognitive disorders; indeed, particular caution is required to keep them away from objects that, although apparently harmless, can become lethal.

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PMID: 27859329 [PubMed - as supplied by publisher]

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23. J Forensic Sci. 2016 Nov 17. doi: 10.1111/1556-4029.13234. [Epub ahead of print]

[Trait Anger, Physical Aggression, and Violent Offending in Antisocial and Borderline Personality Disorders.](#)

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Abstract

Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) are common conditions in forensic settings that present high rates of violence. Personality traits related to the five-factor model personality domains of neuroticism and agreeableness have shown a relationship with physical aggression in nonclinical and general psychiatric samples. The aim of the present investigation was to examine the association of these personality traits with violence and aggression in ASPD and BPD. Results revealed that trait

anger/hostility predicted self-reported physical aggression in 47 ASPD and BPD subjects ($\beta = 0.5$, $p = 0.03$) and number of violent convictions in a subsample of the ASPD participants ($\beta = 0.2$, $p = 0.009$). These preliminary results suggest that high anger and hostility are associated with physical aggression in BPD and ASPD. Application of validated, self-report personality measures could provide useful and easily accessible information to supplement clinical risk assessment of violence in these conditions.

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24. Trials. 2016 Nov 17;17(1):549.

The NOURISHED randomised controlled trial comparing mentalisation-based treatment for eating disorders (MBT-ED) with specialist supportive clinical management (SSCM-ED) for patients with eating disorders and symptoms of borderline personality disorder.

[Robinson P](#)^{1,2}, [Hellier J](#)³, [Barrett B](#)³, [Barzdaitiene D](#)⁴, [Bateman A](#)⁵, [Bogaardt A](#)⁶, [Clare A](#)⁶, [Somers N](#)⁶, [O'Callaghan A](#)⁶, [Goldsmith K](#)³, [Kern N](#)⁷, [Schmidt U](#)³, [Morando S](#)⁶, [Ouellet-Courtois C](#)⁶, [Roberts A](#)⁵, [Skårderud F](#)⁸, [Fonagy P](#)^{5,9}.

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- ⁸Institute for Eating Disorders, Oslo, Norway.
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Abstract

BACKGROUND:

In this multi-centre randomized controlled trial (RCT) we compared modified mentalisation-based treatment (MBT-ED) to specialist supportive clinical management (SSCM-ED) in patients with eating disorders (EDs) and borderline personality disorder symptoms (BPD). This group of patients presents complex challenges to clinical services, and a treatment which addresses their multiple problems has the potential to improve outcome. MBT has been shown to be effective in improving outcome in patients with BPD, but its use has not been reported in ED.

METHODS:

Sixty-eight eligible participants were randomised to MBT-ED or SSCM-ED. The primary outcome measure was the global score on the Eating Disorder Examination. Secondary outcomes included measures of BPD symptoms (the Zanarini Rating Scale for Borderline Personality Disorder), general psychiatric state, quality of life and service utilisation. Participants were assessed at baseline and at 6, 12 and 18 months after randomisation. Analysis was performed using linear mixed models.

RESULTS:

Only 15 participants (22 %) completed the 18 month follow-up. Early drop-out occurred significantly more in the SSCM-ED group. Drop-out did not vary with treatment model later in therapy and was sometimes attributed to participants moving away. There was higher drop-out amongst smokers and those with higher neuroticism scores. 47.1 % of participants in the MBT-ED arm and 37.1 % in the SSCM-ED arm attended at least 50 % of therapy sessions offered. Amongst those remaining in the trial, at 12 and 18 months MBT-ED was associated with a greater reduction in Shape Concern and Weight Concern in the Eating Disorder Examination compared to SSCM-ED. At 6, 12 and 18 months there was a decline of ED and BPD symptoms in both groups combined. Ten participants were reported as having had adverse events during the trial, mostly self-harm, and there was one death, attributed as 'unexplained' by the coroner.

CONCLUSIONS:

The high drop-out rate made interpretation of the results difficult. Greater involvement of research staff in clinical management might have improved compliance with both therapy and research assessment. MBT-ED may have had an impact on core body image psychopathology.

TRIAL REGISTRATION:

Current Controlled Trials: ISRCTN51304415 . Registered on 19 April 2011.

PMCID: PMC5114835 **Free PMC Article**

PMID: 27855714 [PubMed - in process]

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25. Z Kinder Jugendpsychiatr Psychother. 2016 Nov 18:1-9. [Epub ahead of print]

Psychiatric Disorders and Personality Styles in Mothers of Female Adolescent Patients with Eating Disorders.

[Rost S](#)¹, [Kappel V](#)², [Salbach H](#)², [Schneider N](#)², [Pfeiffer E](#)², [Lehmkuhl U](#)², [Winter S](#)², [Sarrar L](#)³.

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- ³ Department of Audiology and Phoniatics, Charité-University Medicine Berlin, Germany.

Abstract

OBJECTIVE:

To provide further insight into the presently poorly understood role of familial psychopathology in the development of eating disorders (ED).

METHOD:

The present study assesses psychiatric and personality disorders listed on Axis I and II of the DSM-IV in 27 mothers of adolescent patients with anorexia (AN mothers) and 14 bulimia nervosa (BN mothers) as well as 22 mentally healthy girls (CG mothers) on a categorical level. Furthermore, we conducted a dimensional diagnostic regarding personality styles and personality traits.

RESULTS:

AN and BN mothers showed increased rates of Axis I disorders, especially affective, substance use, and anxiety disorders. Differences on Axis II did not reach statistical significance. However, BN mothers showed higher occurrences of paranoid, negativistic, and schizotypal personality styles compared to the other groups. BN mothers further showed higher occurrences than CG mothers of the personality traits excitability, aggressiveness, physical complaints, openness, and emotionality. AN mothers differed significantly from CG mothers on the scale demands.

CONCLUSIONS:

Increased occurrence of psychopathology on both categorical and dimensional levels in mothers of patients with AN and BN supports the assumption of a familial accumulation of psychopathology in ED. Longitudinal studies and genetic analyses should clarify a possible cause-effect relationship and interactions between familial dynamics and adolescent ED.^[P]_[SEP]
Keywords: eating disorders, adolescent patients, mothers, psychiatric disorders, personality styles.

PMID: 27855559 [PubMed - as supplied by publisher]

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26. Cochrane Database Syst Rev. 2016 Nov 18;11:CD002779. [Epub ahead of print]

[Interventions for treating burning mouth syndrome.](#)

[McMillan R](#)¹, [Forssell H](#), [Buchanan JA](#), [Glenny AM](#), [Weldon JC](#), [Zakrzewska JM](#).

Author information:

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Abstract

BACKGROUND:

Burning mouth syndrome (BMS) is a term used for oral mucosal pain (burning pain or discomfort in the tongue, lips or entire oral cavity) without identifiable cause. General population prevalence varies from 0.1% to 3.9%. Many BMS patients indicate anxiety, depression, personality disorders and impaired quality of life (QoL). This review updates the previous versions published in 2000 and 2005.

OBJECTIVES:

To determine the effectiveness and safety of any intervention versus placebo for symptom relief and changes in QoL, taste, and feeling of dryness in people with BMS.

SEARCH METHODS:

Cochrane Oral Health's Information Specialist searched the following databases: Cochrane Oral Health's Trials Register (to 31 December 2015), the Cochrane Central Register of Controlled Trials (CENTRAL; 2015, Issue 11) in the Cochrane Library (searched 31 December 2015), MEDLINE Ovid (1946 to 31 December 2015), and Embase Ovid (1980 to 31 December 2015). We searched ClinicalTrials.gov and the World Health Organization International Clinical Trials Registry Platform for ongoing trials. We placed no restrictions on the language or date of publication when searching the electronic databases. **SELECTION CRITERIA:** Randomised controlled trials (RCTs) comparing any treatment against placebo in people with BMS. The primary outcomes were symptom relief (pain/burning) and change in QoL. Secondary outcomes included change in taste, feeling of dryness, and adverse effects.

DATA COLLECTION AND ANALYSIS:

We used standard methodological procedures expected by Cochrane. Outcome data were analysed as short-term (up to three months) or long-term (three to six months).

MAIN RESULTS:

We included 23 RCTs (1121 analysed participants; 83% female). Interventions were categorised as: antidepressants and antipsychotics, anticonvulsants, benzodiazepines, cholinergics, dietary supplements, electromagnetic radiation, physical barriers, psychological therapies, and topical treatments. Only one RCT was assessed at low risk of bias overall, four RCTs' risk of bias was unclear, and 18 studies were at high risk of bias. Overall quality of the evidence for effectiveness was very low for all interventions and all outcomes. Twenty-one RCTs assessed short-term symptom relief. There is very low-quality evidence of benefit from electromagnetic radiation (one RCT, 58 participants), topical benzodiazepines (two RCTs, 111 participants), physical barriers (one RCT, 50 participants), and anticonvulsants (one RCT, 100 participants). We found insufficient/contradictory evidence regarding the effectiveness of antidepressants, cholinergics, systemic benzodiazepines, dietary supplements or topical treatments. No RCT assessing psychological therapies evaluated short-term symptom relief. Four studies assessed long-term symptom relief. There is very low-quality evidence of a benefit from psychological therapies (one RCT, 30 participants), capsaicin oral rinse (topical treatment) (one RCT, 18 participants), and topical benzodiazepines (one RCT, 66 participants). We found no evidence of a difference for dietary supplements or lactoperoxidase oral rinse. No studies assessing antidepressants, anticonvulsants, cholinergics, electromagnetic radiation or physical barriers evaluated long-term symptom relief. Short-term change in QoL was assessed by seven studies (none long-term). The quality of evidence was very low. A benefit was found for electromagnetic

radiation (one RCT, 58 participants), however findings were inconclusive for antidepressants, benzodiazepines, dietary supplements and physical barriers. Secondary outcomes (change in taste and feeling of dryness) were only assessed short-term, and the findings for both were also inconclusive. With regard to adverse effects, there is very low-quality evidence that antidepressants increase dizziness and drowsiness (one RCT, 37 participants), and that alpha lipoic acid increased headache (two RCTs, 118 participants) and gastrointestinal complaints (3 RCTs, 138 participants). We found insufficient/contradictory evidence regarding adverse events for anticonvulsants or benzodiazepines. Adverse events were poorly reported or unreported for cholinergics, electromagnetic radiation, and psychological therapies. No adverse events occurred from physical barriers or topical therapy use.

AUTHORS' CONCLUSIONS:

Given BMS' potentially disabling nature, the need to identify effective modes of treatment for sufferers is vital. Due to the limited number of clinical trials at low risk of bias, there is insufficient evidence to support or refute the use of any interventions in managing BMS. Further clinical trials, with improved methodology and standardised outcome sets are required in order to establish which treatments are effective. Future studies are encouraged to assess the role of treatments used in other neuropathic pain conditions and psychological therapies in the treatment of BMS.

PMID: 27855478 [PubMed - as supplied by publisher]

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27. Psychiatr Danub. 2016 Dec;28(4):357-362.

Idiopathic Scoliosis from Psychopathological and Mind-Body Medicine Perspectives.

[Talić G¹](#), [Ostojić L](#), [Bursać SN](#), [Nožica-Radulović T](#), [Stevanović-Papić Đ](#).

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- ¹Institute of Physical Medicine and Rehabilitation "Dr Miroslav Zotovic", Banja Luka, Bosnia & Herzegovina, kancelarija.direktora@zotovicbl.com.

Abstract

Idiopathic scoliosis, defined as a three-dimensional spine and trunk deformity, which appears in otherwise healthy subjects, exhibits complex relations with various forms of personal

well-being and psychopathology. Most research studies have documented a higher proportion of psychological disturbances (e.g., self-criticism, negative body image, low self-esteem) and mental disorders (e.g., anxiety and depressive disorders, personality disorders) among idiopathic scoliosis patients compared to healthy controls. In addition, there are some reports, although more systematic research is warranted, on the role of mental health and personality traits in relation to the adherence to conservative treatment. Given the increasing role of surgical treatment in the management of scoliosis, as well as several reports on negative psychological outcomes of such interventions, there is a growing need for ongoing screening and mental health care in this population. It seems this also holds true for non-operative treatments, particularly bracing therapy. One should keep in mind that these scoliosis-psychopathology relations are deduced from a limited number of empirical studies, usually conducted on small sample sizes, suggesting the need for further large-scale investigations, preferably those with longitudinal research designs. Understanding the complex interplay between personality/psychopathology and spinal deformities within the framework of personalized mind-body medicine, should help clinicians tailor more individualized and specific treatments and predict therapeutic outcomes in this clinical population.

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28. J Pers Assess. 2016 Nov 16:1-14. [Epub ahead of print]

Assessment of DSM-5 Section II Personality Disorders With the MMPI-2- RF in a Nonclinical Sample.

[Sellbom M](#)¹, [Smith A](#)².

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- ²b Research School of Psychology , Australian National University , Canberra , Australia.

Abstract

The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008 / 2011) is frequently used in clinical practice. However, there has been a dearth of literature on how well this instrument can assess symptoms associated with personality disorders (PDs). This investigation examined a range of hypothesized MMPI-2-

RF scales in predicting PD symptoms. We evaluated these associations in a sample of 397 university students who had been administered the MMPI-2-RF and the Structured Clinical Interview for DSM-IV Axis II Disorders-Personality Questionnaire (First, Gibbon, Spitzer, Williams, & Benjamin, 1997). Zero-order correlation analyses and negative binomial regression models indicated that a wide range of MMPI-2-RF scale hypotheses were supported; however, the least support was available for predicting schizoid and obsessive-compulsive PDs. Implications for MMPI-2-RF interpretation and PD diagnosis are discussed.

PMID: 27849364 [PubMed - as supplied by publisher]

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29. Ethn Health. 2016 Nov 16:1-20. [Epub ahead of print]

Ethnicity, work-related stress and subjective reports of health by migrant workers: a multi-dimensional model.

[Capasso R](#)¹, [Zurlo MC](#)¹, [Smith AP](#)².

Author information:

- ¹a Department of Political Sciences , University of Naples 'Federico II' , Naples , Italy.
- ²b Centre for Occupational and Health Psychology, School of Psychology , Cardiff University , Cardiff , UK.

Abstract

OBJECTIVES:

This study integrates different aspects of ethnicity and work-related stress dimensions (based on the Demands-Resources-Individual-Effects model, DRIVE [Mark, G. M., and A. P. Smith. 2008. "Stress Models: A Review and Suggested New Direction." In Occupational Health Psychology, edited by J. Houdmont and S. Leka, 111-144. Nottingham: Nottingham University Press]) and aims to test a multi-dimensional model that combines individual differences, ethnicity dimensions, work characteristics, and perceived job satisfaction/stress as independent variables in the prediction of subjectives reports of health by workers differing in ethnicity.

DESIGN:

A questionnaire consisting of the following sections was submitted to 900 workers in Southern Italy: for individual and cultural characteristics, coping strategies, personality behaviours, and acculturation strategies; for work characteristics, perceived job demands and

job resources/rewards; for appraisals, perceived job stress/satisfaction and racial discrimination; for subjective reports of health, psychological disorders and general health. To test the reliability and construct validity of the extracted factors referred to all dimensions involved in the proposed model and logistic regression analyses to evaluate the main effects of the independent variables on the health outcomes were conducted.

RESULTS:

Principal component analysis (PCA) yielded seven factors for individual and cultural characteristics (emotional/relational coping, objective coping, Type A behaviour, negative affectivity, social inhibition, affirmation/maintenance culture, and search identity/adoption of the host culture); three factors for work characteristics (work demands, intrinsic/extrinsic rewards, and work resources); three factors for appraisals (perceived job satisfaction, perceived job stress, perceived racial discrimination) and three factors for subjective reports of health (interpersonal disorders, anxious-depressive disorders, and general health). Logistic regression analyses showed main effects of specific individual and cultural differences, work characteristics and perceived job satisfaction/stress on the risk of suffering health problems.

CONCLUSION:

The suggested model provides a strong framework that illustrates how psychosocial and individual variables can influence occupational health in multi-cultural workplaces.

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30. Psychopathology. 2016 Nov 16. [Epub ahead of print]

[The New Hamburg-Hannover Agitation Scale in Clinical Samples: Manifestation and Differences of Agitation in Depression, Anxiety, and Borderline Personality Disorder.](#)

[Jung S¹](#), [Proske M](#), [Kahl KG](#), [Krüger TH](#), [Wollmer MA](#).

Author information:

- ¹Department of Psychiatry, Social Psychiatry and Psychotherapy, Medical School Hannover, Hannover, Germany.

Abstract

BACKGROUND/AIMS:

Agitation is a burdening phenomenon that occurs in a variety of psychiatric disorders. The aim of this study was to give a first direction for agitation occurrence in depression, anxiety disorder, and borderline personality disorder (BPD) as well as in healthy controls with and without psychiatric record.

METHODS:

Using the Hamburg-Hannover Agitation Scale (H2A), an instrument that allows for the measurement of agitation independently of the presence of a specific disorder, a patient sample (n = 158) and a healthy control group (n = 685) with (n = 94) and without (n = 591) psychiatric record were examined. The data were mainly analysed using ANOVAs and post hoc tests.

RESULTS:

Patients showed significantly higher H2A agitation levels than healthy controls. Within the clinical sample, BPD patients exhibited the strongest manifestation of agitation, scoring significantly higher than the depression and the anxiety disorder sample, while these two subgroups did not significantly differ from each other. Moreover, healthy subjects with a psychiatric record experienced a significantly stronger agitation than subjects without a psychiatric record.

CONCLUSION:

Further studies are needed with larger, more balanced, and differentiated sample sizes including a wider range of clinical pictures. The results demonstrate that agitation occurs and differs in psychiatric patients as well as in healthy controls.

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Psychiatric and neurological disorders are associated with bullous pemphigoid - a nationwide Finnish Care Register study.

[Försti AK](#)¹, [Jokelainen J](#)^{2,3}, [Ansakorpi H](#)⁴, [Seppänen A](#)⁵, [Majamaa K](#)⁴, [Timonen M](#)³, [Tasanen K](#)¹.

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- ⁵Psychoses and Forensic Psychiatry, Helsinki University Hospital, Vanha Valtatie 198, 04500, Kellokoski, Finland and Vanha Vaasa Hospital, Vierinkiventie 1, 65380 Vaasa, Finland.

Abstract

Bullous pemphigoid (BP) is an autoimmune blistering skin disease with increasing incidence. BP is associated with neurological disorders, but it has not been established, what subtypes of dementia and stroke are associated with BP, and what is the temporal relation between these diseases. Also, the association between BP and psychiatric disorders is controversial. We conducted a retrospective nationwide study, using the Finnish Care Register for Health Care diagnoses between 1987 and 2013. The study population of 4524 BP patients were compared with 66138 patients with basocellular carcinoma (BCC), neurological and psychiatric comorbid disorders were evaluated for both groups, and associations were estimated by Cox regression and logistic regression analyses. The strongest risk of developing BP was found after diagnosis of multiple sclerosis (MS) (OR=5.9, 95% CI 3.9-8.5). Among psychiatric diseases, the corresponding risk was strongest in schizophrenia (OR=2.7, 95% CI 2.0-3.5), and as a novel finding, also personality disorders (OR=2.2, 95% CI 1.3-3.3) preceded BP. In conclusion, many psychiatric disorders, especially schizophrenia, carry heightened risk for BP. Furthermore, several neurological diseases which cause central nervous system inflammation or degeneration were related to BP, and the association was strongest between MS and BP.

PMCID: PMC5109264 **Free PMC Article**

PMID: 27845416 [PubMed - in process]

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32. J Youth Adolesc. 2016 Nov 14. [Epub ahead of print]

Neuroticism and Conscientiousness as Moderators of the Relation Between Social Withdrawal and Internalizing Problems in Adolescence.

[Smith KA](#)¹, [Barstead MG](#)², [Rubin KH](#)².

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Abstract

Social withdrawal, or refraining from social interaction in the presence of peers, places adolescents at risk of developing emotional problems like anxiety and depression. The personality traits of neuroticism and conscientiousness also relate to emotional difficulties. For example, high conscientiousness predicts lower incidence of anxiety disorders and depression, while high neuroticism relates to greater likelihood of these problems. Based on these associations, socially withdrawn adolescents high in conscientiousness or low in neuroticism were expected to have lower levels of anxiety and depressive symptoms. Participants included 103 adolescents (59 % female) who reported on their personality traits in 8th grade and their anxiety and depressive symptoms in 9th grade. Peer ratings of social withdrawal were collected within schools in 8th grade. A structural equation model revealed that 8th grade withdrawal positively predicted 9th grade anxiety and depressive symptoms controlling for 8th grade anxiety and depressive symptoms, but neuroticism did not. Conscientiousness moderated the relation of withdrawal with depressive symptoms but not anxiety, such that high levels of conscientiousness attenuated the association between withdrawal and depressive symptoms. This buffering effect may stem from the conceptual relation between conscientiousness and self-regulation. Conscientiousness did not, however, moderate the association between withdrawal and anxiety, which may be partly due to the

role anxiety plays in driving withdrawal. Thus, a conscientious, well-regulated personality partially protects withdrawn adolescents from the increased risk of emotional difficulties.
PMID: 27844459 [PubMed - as supplied by publisher]

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33. Attach Hum Dev. 2016 Nov 14:1-18. [Epub ahead of print]

Attachment anxiety and avoidance as mediators of the association between childhood maltreatment and adult personality dysfunction.

[Cohen LJ](#)¹, [Ardalan F](#)¹, [Tanis T](#)¹, [Halimi W](#)², [Galynker I](#)¹, [Von Wyl A](#)³, [Hengartner MP](#)³.

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- ³c Zurich University of Applied Sciences (ZHAW) , Zurich , Switzerland.

Abstract

This paper tests the hypothesis that the association between childhood maltreatment and adult personality dysfunction is at least partially attributable to insecure attachment, that is that attachment style mediates the relationship between childhood maltreatment and adult personality dysfunction. Associations between childhood trauma, as measured by the Childhood Trauma Questionnaire (CTQ), anxious and avoidant attachment in romantic relationships, as measured by the Experiences in Close Relationships-Revised (ECR-R), and five personality domains, as measured by the Severity Indices of Personality Problems (SIPP-118), were examined in a sample of 72 psychiatric inpatients. The SIPP-118 domains included relational capacities, identity integration, self-control, responsibility, and social concordance. The direct effect of childhood trauma on all SIPP-118 domains was not significant after controlling for the indirect effect of attachment. In regression modeling, a significant indirect effect of childhood trauma via adult attachment style was found for SIPP-118 relational capacities, identity integration, self-control, and social concordance. Specifically, anxious attachment was a significant mediator of the effect of childhood trauma on self-control, identity integration, and relational domains. These results suggest that childhood trauma impacts a broad range of personality domains and does so in large part through the pathway of anxious romantic attachment style.

PMID: 27842464 [PubMed - as supplied by publisher]

[Similar articles](#)



34. J Anxiety Disord. 2016 Dec;44:92-101. doi: 10.1016/j.janxdis.2016.10.011. Epub 2016 Oct 24.

[Prediction of 6-yr symptom course trajectories of anxiety disorders by diagnostic, clinical and psychological variables.](#)

[Spinhoven P](#)¹, [Batelaan N](#)², [Rhebergen D](#)³, [van Balkom A](#)⁴, [Schoevers R](#)⁵, [Penninx BW](#)⁶.

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Abstract

This study aimed to identify course trajectories of anxiety disorder using a data-driven method and to determine the incremental predictive value of clinical and psychological variables over and above diagnostic categories. 703 patients with DSM-IV panic disorder with or without agoraphobia, agoraphobia, social phobia, or generalized anxiety disorder were selected from a prospective cohort study. Latent Growth Mixture Modeling was conducted, based on symptoms of anxiety and avoidance as assessed with the Life Chart Interview covering a 6-year time period. In 44% of the participants symptoms of anxiety and avoidance improved, in 24% remained stable, in 25% slightly increased, and in 7% severely increased. Identified course trajectories were predicted by baseline DSM-IV anxiety categories, clinical variables (i.e., severity and duration and level of disability) and

psychological predictors (i.e., neuroticism, extraversion, anxiety sensitivity, worry, and rumination). Clinical variables better predicted unfavorable course trajectories than psychological predictors, over and above diagnostic categories.

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PMID: 27842240 [PubMed - in process]

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35. Eur Psychiatry. 2016 Nov 9;40:45-54. doi: 10.1016/j.eurpsy.2016.07.002. [Epub ahead of print]

Institutional abuse - Characteristics of victims, perpetrators and organisations: A systematic review.

[Kamavarapu YS](#)¹, [Ferriter M](#)², [Morton S](#)², [Völlm B](#)³.

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- ³Division of Psychiatry and Applied Psychology, University of Nottingham, UK; Enhanced Service for Personality Disorders, Rampton Hospital, UK.

Abstract

BACKGROUND:

Abuse of vulnerable adults in institutional settings has been reported from various countries; however, there has been no systematic review of the characteristics of the victims and their abusers. Our aim was to identify and synthesise the literature on victims, perpetrators and institutions where abuse occurred in order to inform interventions to prevent such abuse.

METHODS:

Searches of MEDLINE (OVID), CINHAL (EBSCO), EMBASE (OVID) and PsychINFO (OVID) databases identified 4279 references. After screening of titles and abstracts, 123 citations merited closer inspection. After applying inclusion and exclusion criteria, 22 articles were included in the review.

RESULTS:

Our review suggested that the evidence available on risk factors is not extensive but some conclusions can be drawn. Clients, staff, institutional and environmental factors appear to play a role in increasing the risk of abuse.

CONCLUSIONS:

Vulnerable clients need closer monitoring. Clients and staff may lack the awareness and knowledge to identify and report abuse. Institutions should take proactive steps to monitor clients, train staff and devise systems that allow for the identification and prevention of incidents of abuse. There is a need for further research into the associations between the individual client, staff, institutional characteristics and abuse.

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36. Personal Disord. 2016 Nov 10. [Epub ahead of print]

Identification of Mental States and Interpersonal Functioning in Borderline Personality Disorder.

[Berenson KR](#), [Dochat C](#), [Martin CG](#), [Yang X](#), [Rafaeli E](#), [Downey G](#).

Abstract

Atypical identification of mental states in the self and others has been proposed to underlie interpersonal difficulties in borderline personality disorder (BPD), yet no previous empirical research has directly examined associations between these constructs. We examine 3 mental state identification measures and their associations with experience-sampling measures of interpersonal functioning in participants with BPD relative to a healthy comparison (HC) group. We also included a clinical comparison group diagnosed with avoidant personality disorder (APD) to test the specificity of this constellation of difficulties to BPD. When categorizing blended emotional expressions, the BPD group identified anger at a lower threshold than did the HC and APD groups, but no group differences emerged in the threshold for identifying happiness. These results are consistent with enhanced social threat identification and not general negativity biases in BPD. The Reading the Mind in the Eyes Test (RMET) showed no group differences in general mental state identification abilities. Alexithymia scores were higher in both BPD and APD relative to the HC group, and

difficulty identifying one's own emotions was higher in BPD compared to APD and HC. Within the BPD group, lower RMET scores were associated with lower anger identification thresholds and higher alexithymia scores. Moreover, lower anger identification thresholds, lower RMET scores, and higher alexithymia scores were all associated with greater levels of interpersonal difficulties in daily life. Research linking measures of mental state identification with experience-sampling measures of interpersonal functioning can help clarify the role of mental state identification in BPD symptoms. (PsycINFO Database Record

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PMID: 27831693 [PubMed - as supplied by publisher]

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37. Personal Disord. 2016 Nov 10. [Epub ahead of print]

[A Quantitative and Qualitative Evaluation of Trainee Opinions of Four Methods of Personality Disorder Diagnosis.](#)

[Nelson SM](#), [Huprich SK](#), [Shankar S](#), [Sohnleitner A](#), [Paggeot AV](#).

Abstract

Four methods of how to assess and diagnose personality disorders have received much attention within the literature: the Shedler-Westen Assessment Procedure (Shedler & Westen, 1998), the *DSM-5* Section III Personality Disorders section (APA, 2011), the *DSM-5* Section III trait model (APA, 2013), and the *Psychodynamic Diagnostic Manual* (PDM; PDM Task Force, 2006) descriptions of 15 personality disorders. Given that much of the debate has been driven by clinician concerns, it is important to consider clinical utility when evaluating the usefulness of each method. The present study compares the 4 models on ratings of several dimensions of clinical utility provided by 329 graduate student clinicians and psychology interns from across the United States. Findings suggest that participants rated the *DSM-5* trait model significantly higher in most clinical utility domains. Additionally, qualitative analyses of the open-ended responses provided by participants indicated that each method had strengths and weaknesses. Most notably, participants commented positively on the PDM's level of comprehensiveness and appreciated the SWAP-II's inclusion of a health category, despite the ease of use not being as highly rated for these methods. (PsycINFO Database Record

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PMID: 27831692 [PubMed - as supplied by publisher]

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38. Rev Esp Sanid Penit. 2016 Dec;18(3):76-84.

Prevalence of Mental Health problems in sentenced men in prisons from Andalucía (Spain).

[López M](#)¹, [Saavedra FJ](#)², [López A](#)¹, [Laviana M](#)³.

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- ³Unidad de Gestión Clínica de Salud Mental, Hospital Universitario Virgen del Rocío, Sevilla.

Abstract

OBJECTIVES:

To estimate the prevalence of different mental health problems in men serving prison sentences in Andalusia.

METHODS:

Descriptive, cross-sectional study of a random sample of 472 men interned in two prisons located in Andalusia. We collected socio-demographic and general criminal and penitentiary data, and we identified mental health problems with two validated instruments for epidemiological research in mental health: the SCID-I interview to diagnose Axis I disorders of the DSM-IV and the self-applied questionnaire IPDE to estimate personality disorders. We analyzed the data (proportions and confidence intervals) with the SPSS-18 statistical package.

RESULTS:

82.6% of the sample had a history of having suffered some type of mental health problem throughout their life (prevalence-life) and 25.8 have suffered from them in the past month (month prevalence). The most common disorders of the Axis I (DSM-IV) are related to abuse of and dependence on psychoactive substances (prevalence life of 65.9% and month prevalence of 6.6%), with an important but less frequent presence of affective (31.4%-9.3%), anxiety (30.9%-10, 4%) and psychotic disorders (9.5%-3, 4%). As regards personality

disorders, the estimated probable prevalence lies between the 56.6% ("5" cutoff point) and the 79.9 ("4" cut-off point).

CONCLUSIONS:

The male inmate population in prisons in Andalucía shows a high prevalence of mental health problems, similar to that found in other Spanish and international prisons, but their care needs should take into account the different pathologies that they present.

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39. Assessment. 2016 Nov 7. pii: 1073191116676889. [Epub ahead of print]

Utility of the Personality Inventory for DSM-5-Brief Form (PID-5-BF) in the Measurement of Maladaptive Personality and Psychopathology.

[Anderson JL](#)^{1,2}, [Sellbom M](#)³, [Salekin RT](#)⁴.

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Abstract

The Diagnostic and Statistical Manual of Mental Disorders-Fifth edition (DSM-5) Personality and Personality Disorders workgroup developed the Personality Inventory for the DSM-5 (PID-5) for the assessment of the alternative trait model for DSM-5. Along with this measure, the American Psychiatric Association published an abbreviated version, the PID-5-Brief form (PID-5-BF). Although this measure is available on the DSM-5 website for use, only two studies have evaluated its psychometric properties and validity and no studies have examined the U.S. version of this measure. The current study evaluated the reliability, factor structure, and construct validity of PID-5-BF scale scores. This included an evaluation of the scales' associations with Section II PDs, a well-validated dimensional measure of personality

psychopathology, and broad externalizing and internalizing psychopathology measures. We found support for the reliability of PID-5-BF scales as well as for the factor structure of the measure. Furthermore, a series of correlation and regression analyses showed conceptually expected associations between PID-5-BF and external criterion variables. Finally, we compared the correlations with external criterion measures to those of the full-length PID-5 and PID-5-Short form. Intraclass correlation analyses revealed a comparable pattern of correlations across all three measures, thereby supporting the use of the PID-5-BF as a screening measure of dimensional maladaptive personality traits.

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PMID: 27827808 [PubMed - as supplied by publisher]

[Similar articles](#)



40. Occup Environ Med. 2016 Nov 8. pii: oemed-2016-103920. doi: 10.1136/oemed-2016-103920. [Epub ahead of print]

[Short rest between shift intervals increases the risk of sick leave: a prospective registry study.](#)

[Vedaa Ø](#)^{1,2}, [Pallesen S](#)^{1,3}, [Waage S](#)^{3,4}, [Bjorvatn B](#)^{3,4}, [Sivertsen B](#)^{2,5,6}, [Erevik E](#)¹, [Svensen E](#)⁷, [Harris A](#)¹.

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- ⁶Department of Psychiatry, Helse Fonna HF, Haugesund, Norway.
- ⁷Haukeland University Hospital, Bergen, Norway.

Abstract

OBJECTIVES:

The purpose of this study was to use objective registry data to prospectively investigate the effects of quick returns (QR, <11 hours of rest between shifts) and night shifts on sick leave.

METHODS:

A total of 1538 nurses (response rate =41.5%) answered questionnaires on demographics and personality and provided consent to link this information to registry data on shift work and sick leave from employers' records. A multilevel negative binomial model was used to investigate the predictive effect of exposure to night shifts and QR every month for 1 year, on sick leave the following month.

RESULTS:

Exposure to QR the previous month increased the risk for sick leave days (incidence rate ratio (IRR)=1.066, 95% CI 1.022 to 1.108, $p<0.01$) and sick leave spells (IRR=1.059, 95% CI 1.025 to 1.097, $p<0.001$) the following month, whereas night shifts did not. 83% per cent of the nurses experienced QR within a year, and on average they were exposed to 3.0 QR per month (SD=1.6). Personality characteristics associated with shift work tolerance (low on morningness, low on languidity and high on flexibility) were not associated with sick leave, and did not moderate the relationship between QR and sick leave.

CONCLUSIONS:

We found a positive linear relationship between QR and sick leave. Avoiding QR may help reduce workers' sick leave. The restricted recovery opportunity associated with QR may give little room for beneficial effects of individual characteristics usually associated with shift work tolerance.

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[Similar articles](#)

41. Curr Treat Options Neurol. 2016 Dec;18(12):52.

Myotonic Dystrophy Type 1 Management and Therapeutics.

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Abstract

OPINION STATEMENT:

Myotonic dystrophy (DM1) is the most common form of adult muscular dystrophy. It is a multisystem disorder with a complex pathophysiology. Although inheritance is autosomal dominant, disease variability is attributed to anticipation, a maternal expansion bias, variable penetrance, somatic mosaicism, and a multitude of aberrant pre-mRNA splicing events. Patient presentations range from asymptomatic or mild late onset adult to severe congenital forms. Multiple organ systems may be affected. Patients may experience early cataracts, myotonia, muscle weakness/atrophy, fatigue, excessive daytime sleepiness, central/obstructive apnea, respiratory failure, cardiac arrhythmia, insulin resistance, dysphagia, GI dysmotility, cognitive impairment, Cluster C personality traits, and/or mood disorders. At present, there is no curative or disease-modifying treatment, although clinical treatment trials have become more promising. Management focuses on genetic counseling, preserving function and independence, preventing cardiopulmonary complications, and symptomatic treatment (e.g., pain, myotonia, hypersomnolence, etc.). Currently, there is an increasing international consensus on monitoring and treatment options for these patients which necessitates a multidisciplinary team to provide comprehensive, coordinated clinical care.

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42. Curr Biol. 2016 Nov 21;26(22):3083-3089. doi: 10.1016/j.cub.2016.09.035. Epub 2016 Nov 3.

[Molecular Genetic Contributions to Social Deprivation and Household Income in UK Biobank.](#)

[Hill WD](#)¹, [Hagenaars SP](#)², [Marioni RE](#)³, [Harris SE](#)⁴, [Liewald DC](#)⁵, [Davies G](#)⁵, [Okbay A](#)⁶, [McIntosh AM](#)⁷, [Gale CR](#)⁸, [Deary IJ](#)⁹.

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Abstract

Individuals with lower socio-economic status (SES) are at increased risk of physical and mental illnesses and tend to die at an earlier age [1-3]. Explanations for the association between SES and health typically focus on factors that are environmental in origin [4]. However, common SNPs have been found collectively to explain around 18% of the phenotypic variance of an area-based social deprivation measure of SES [5]. Molecular genetic studies have also shown that common physical and psychiatric diseases are partly heritable [6]. It is possible that phenotypic associations between SES and health arise partly due to a shared genetic etiology. We conducted a genome-wide association study (GWAS)

on social deprivation and on household income using 112,151 participants of UK Biobank. We find that common SNPs explain 21% of the variation in social deprivation and 11% of household income. Two independent loci attained genome-wide significance for household income, with the most significant SNP in each of these loci being rs187848990 on chromosome 2 and rs8100891 on chromosome 19. Genes in the regions of these SNPs have been associated with intellectual disabilities, schizophrenia, and synaptic plasticity. Extensive genetic correlations were found between both measures of SES and illnesses, anthropometric variables, psychiatric disorders, and cognitive ability. These findings suggest that some SNPs associated with SES are involved in the brain and central nervous system. The genetic associations with SES obviously do not reflect direct causal effects and are probably mediated via other partly heritable variables, including cognitive ability, personality, and health.

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PMID: 27818178 [PubMed - in process]

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43.J Vestib Res. 2016 Nov 3;26(4):403-408.

Chronic subjective dizziness: Analysis of underlying personality factors.

[Chiarella G](#)¹, [Petrolo C](#)¹, [Riccelli R](#)², [Giofrè L](#)², [Olivadese G](#)², [Gioacchini FM](#)³, [Scarpa A](#)⁴, [Cassandro E](#)⁴, [Passamonti L](#)^{2,5}.

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- ⁴Department of Medicine and Surgery, University of Salerno, Italy.
- ⁵Department of Clinical Neurosciences, University of Cambridge, Cambridge, UK.

Abstract

BACKGROUND:

Chronic subjective dizziness (CSD) is characterized by persistent dizziness, unsteadiness, and hypersensitivity to one's own motion or exposure to complex visual stimuli. CSD may be triggered, in predisposed individuals with specific personality traits, by acute vestibular diseases. CSD is also thought to arise from failure to re-establish normal balance strategies after resolution of acute vestibular events which may be modulated by diathesis to develop anxiety and depression.

OBJECTIVE:

To confirm the role of personality traits linked to anxiety and depression (i.e., neuroticism, introversion, low openness) as predisposing factors for CSD and to evaluate how individual differences in these personality traits are associated with CSD severity.

METHODS:

We compared 19 CSD patients with 24 individuals who had suffered from periferal vestibular disorders (PVD) (i.e., Benign Paroxysmal Postural Vertigo or Vestibular Neuritis) but had not developed CSD as well as with 25 healthy controls (HC) in terms of personality traits, assessed via the NEO-PI-R questionnaire.

RESULTS:

CSD patients, relative to PVD patients and HCs, scored higher on the anxiety facet of neuroticism. Total neuroticism scores were also significantly associated with dizziness severity in CSD patients but not PVD patients.

CONCLUSIONS:

Pre-existing anxiety-related personality traits may promote and sustain the initial etiopathogenetic mechanisms linked with the development of CSD. Targeting anxiety-related mechanisms in CSD may be therefore a promising way to reduce the disability associated with CSD.

PMID: 27814314 [PubMed - in process]

[Similar articles](#)



44. J Abnorm Child Psychol. 2016 Nov 4. [Epub ahead of print]

[A Within-Person Analysis of the Association between Borderline Personality Disorder and Alcohol Use in Adolescents.](#)

[Lazarus SA](#)¹, [Beardslee J](#)², [Pedersen SL](#)², [Stepp SD](#)².

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Abstract

Many studies examining the association between borderline personality disorder (BPD) and alcohol use during adolescence have focused on between-individual differences (rank order stability), comparing whether adolescents with elevated rates of alcohol use have higher BPD symptoms than those with lower rates of alcohol use. As such, the extent to which an individual's alcohol use is associated with concurrent and future BPD symptoms has been relatively unstudied. The current study assessed year-to-year fluctuations in alcohol use and BPD symptoms in a large urban sample of girls from age 14 to age 17 (N = 2450). The primary aim was to examine whether increases in alcohol use were associated with increases in adolescent girls' BPD symptoms in the same year and in the following year. Results of fixed-effects (within-individual) models revealed that even while controlling for the time-varying impact of symptoms of both internalizing and externalizing disorders, prior and concurrent other substance use, and all time invariant, pre-existing differences between individuals, higher past-year alcohol use was associated with higher levels of BPD symptoms. Furthermore, this association did not vary by age, or by sociodemographic factors, including child race and socioeconomic status of the family. The results of this study indicate heightened risk for the exacerbation of BPD symptoms following increases in alcohol use frequency and highlight the potential utility of interventions targeting drinking behavior for preventing escalations in BPD symptoms.

PMID: 27812907 [PubMed - as supplied by publisher]

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45. *Epidemiol Psychiatr Sci.* 2016 Dec;25(6):511-514. Epub 2016 Aug 11.

[Martin Erhard - upper world and underworld. Order and perversion.](#)

[Dammann G](#)¹.

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PMID: 27510090 [PubMed - in process]

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46. J Abnorm Psychol. 2016 Nov 3. [Epub ahead of print]

[A Psychometric Investigation of Gender Differences and Common Processes Across Borderline and Antisocial Personality Disorders.](#)

[Chun S](#), [Harris A](#), [Carrion M](#), [Rojas E](#), [Stark S](#), [Lejuez C](#), [Lechner WV](#), [Bornovalova MA](#).

Abstract

The comorbidity between borderline personality disorder (BPD) and antisocial personality disorder (ASPD) is well-established, and the 2 disorders share many similarities. However, there are also differences across disorders: most notably, BPD is diagnosed more frequently in women and ASPD in men. We investigated if (a) comorbidity between BPD and ASPD is attributable to 2 discrete disorders or the expression of common underlying processes, and (b) if the model of comorbidity is true across sex. Using a clinical sample of 1,400 drug users in residential substance abuse treatment, we tested 3 competing models to explore whether the comorbidity of ASPD and BPD should be represented by a single common factor, 2 correlated factors, or a bifactor structure involving a general and disorder-specific factors. Next, we tested whether our resulting model was meaningful by examining its relationship with criterion variables previously reported to be associated with BPD and ASPD. The bifactor model provided the best fit and was invariant across sex. Overall, the general factor of the bifactor model significantly accounted for a large percentage of the variance in criterion variables, whereas the BPD and AAB specific factors added little to the models. The association of the general and specific factor with all criterion variables was equal for men and women. Our results suggest common underlying vulnerability accounts for both the comorbidity between BPD and AAB (across sex), and this common vulnerability drives the association with other psychopathology and maladaptive behavior. This in turn has implications for diagnostic classification systems and treatment. (PsycINFO Database Record

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Enhanced visual performance in obsessive compulsive personality disorder.

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Author information:

- ¹Iran University of Medical Sciences, Tehran, Iran.
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Abstract

Visual performance is considered as commanding modality in human perception. We tested whether Obsessive-compulsive personality disorder (OCPD) people do differently in visual performance tasks than people without OCPD. One hundred ten students of Ferdowsi University of Mashhad and non-student participants were tested by Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II), among whom 18 (mean age = 29.55; SD = 5.26; 84% female) met the criteria for OCPD classification; controls were 20 persons (mean age = 27.85; SD = 5.26; female = 84%), who did not meet the OCPD criteria. Both groups were tested on a modified Flicker task for two dimensions of visual performance (i.e., visual acuity: detecting the location of change, complexity, and size; and visual contrast sensitivity). The OCPD group had responded more accurately on pairs related to size, complexity, and contrast, but spent more time to detect a change on pairs related to complexity and contrast. The OCPD individuals seem to have more accurate visual performance than non-OCPD controls. The findings support the relationship between personality characteristics and visual performance within the framework of top-down processing model.

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The higher you climb: Dark side personality and job level.

[Gøtzsche-Astrup O](#)¹, [Jakobsen J](#)², [Furnham A](#)^{3,4}.

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Abstract

The purpose of this study was to explore the idea that there are dark side personality differences in the profiles of people at different levels in organizations. This study replicates and extends existing leadership research by focusing on self-defeating behavioral tendencies. A Danish consultancy provided data on 264 adults based on assessment reports. This paper explored linear and quadratic relationships between personality and de facto job level. More senior managers scored high on Cluster B/Moving Against Others scales of Bold, Colorful and Imaginative, and low on Cautious and Dutiful. These Danish data are compared to data from Great Britain and New Zealand which show very similar findings. Practice should take into account that dark side personality traits associated with an assertive, sometimes hostile, interpersonal orientation, predict leadership level up to a point.

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PMID: 27414997 [PubMed - in process]

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49. J Atten Disord. 2016 Dec;20(12):1056-1065. Epub 2014 Feb 7.

Sex- and Subtype-Related Differences of Personality Disorders (Axis II) and Personality Traits in Persistent ADHD.

[Jacob CP](#)¹, [Gross-Lesch S](#)², [Reichert S](#)², [Geissler J](#)², [Jans T](#)², [Kittel-Schneider S](#)², [Nguyen TT](#)³, [Romanos M](#)³, [Reif A](#)², [Dempfle A](#)³, [Lesch KP](#)².

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Abstract

OBJECTIVE:

Despite growing awareness of adult ADHD and its comorbidity with personality disorders (PDs), little is known about sex- and subtype-related differences.

METHOD:

In all, 910 patients (452 females, 458 males) affected with persistent adult ADHD were assessed for comorbid PDs with the Structured Clinical Interview of DSM-IV and for personality traits with the revised NEO personality inventory, and the Tridimensional Personality Questionnaire.

RESULTS:

The most prevalent PDs were narcissistic PD in males and histrionic PD in females. Affected females showed higher Neuroticism, Openness to Experience, and Agreeableness scores as well as Harm Avoidance and Reward Dependence scores. Narcissistic PD and antisocial PD have the highest prevalence in the H-type, while Borderline PD is more frequent in the C-type.

CONCLUSION:

Sex- and subtype-related differences in Axis II disorder comorbidity as well as impairment-modifying personality traits have to be taken into account in epidemiological studies of persistent ADHD.

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PMID: 24510476 [PubMed - in process]

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50. Psychiatr Q. 2016 Nov 2. [Epub ahead of print]

General Overview of Psychotherapeutic Practice in Poland. Results from a Nationwide Survey.

[Suszek H](#)¹, [Grzesiuk L](#)², [Styła R](#)², [Krawczyk K](#)².

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Abstract

A total of 1196 persons conducting psychotherapy in Poland fully completed a nationwide online survey (or, alternatively, a paper and pencil enquiry) concerning their education, training, experience, and clinical work (professional environment, patients treated). The results are described in detail and compared with findings of similar studies from other countries. Among the primary findings were: (1) psychotherapy in Poland is conducted mostly by women (80 %); (2) almost all participants have an MA degree (91 %), including 75.2 % having graduated in psychology; (3) the therapists are well trained (mean number of training hours is above 942) and established (average experience is about 9.8 years), however, more than half of the therapists have no type of certificate; (4) 54 % of respondents identify with the integrative or eclectic orientation and, simultaneously, for 48.6 % of the therapists the most important approach is either psychodynamic or psychoanalytic; (5) the most common form of therapy is individual psychotherapy in private practice; (6) the majority of the therapists treat adult patients with anxiety or personality disorders. In sum, the results show that psychotherapeutic practice is well established in Poland and many indices are similar to those found in Western countries.

PMID: 27804007 [PubMed - as supplied by publisher]

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51. J Alzheimers Dis. 2016 Nov 19;55(2):777-785.

Rapidly Progressive Frontotemporal Dementia Associated with MAPT Mutation G389R.

[Sun L](#)¹, [Chen K](#)², [Li X](#)¹, [Xiao S](#)¹.

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Abstract

Frontotemporal dementia includes a large spectrum of neurodegenerative disorders. Here, we report the case of a young patient with MAPT mutation G389R, who was 27 years old when he progressively developed severe behavioral disturbances. Initially, he presented with slowly progressive personality change. After 1 year, he exhibited moderate dementia with extrapyramidal and pyramidal symptoms. MRI showed frontotemporal atrophy. He rapidly progressed to severe dementia 3 years after onset. Genetic testing revealed a heterozygous guanine to cytosine mutation at the first base of codon 389 (c.1165G>A) of MAPT, the tau gene, resulting in a glycine to arginine substitution in the patient and two unaffected relatives. We predicted the model of mutant tau protein through I-TASSER software, and speculated the structural change of tau protein caused by mutant site. We also detected the MAPT gene transcript and methylation of samples from peripheral blood leucocytes in an attempt to explain the possible mechanisms of incomplete penetrance, although there were not positive findings. This case is remarkable because of the early onset and rapid progression of the disease.

PMID: 27802239 [PubMed - in process]

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Items 1 - 47 of 47

1. Personal Disord. 2016 Apr;7(2):113-123. Epub 2016 Jan 25.

Ten aspects of the Big Five in the Personality Inventory for DSM-5.

[DeYoung CG](#)¹, [Carey BE](#)¹, [Krueger RF](#)¹, [Ross SR](#)².

Author information:

- ¹Psychology Department, University of Minnesota.
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Abstract

Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) includes a dimensional model of personality pathology, operationalized in the Personality Inventory for DSM-5 (PID-5), with 25 facets grouped into 5 higher order factors resembling the Big Five

personality dimensions. The present study tested how well these 25 facets could be integrated with the 10-factor structure of traits within the Big Five that is operationalized by the Big Five Aspect Scales (BFAS). In 2 healthy adult samples, 10-factor solutions largely confirmed our hypothesis that each of the 10 BFAS would be the highest loading BFAS on 1 and only 1 factor. Varying numbers of PID-5 scales were additional markers of each factor, and the overall factor structure in the first sample was well replicated in the second. Our results allow Cybernetic Big Five Theory (CB5T) to be brought to bear on manifestations of personality disorder, because CB5T offers mechanistic explanations of the 10 factors measured by the BFAS. Future research, therefore, may begin to test hypotheses derived from CB5T regarding the mechanisms that are dysfunctional in specific personality disorders. (PsycINFO Database Record

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PMID: 27032017 [PubMed - as supplied by publisher]

2. Psychiatry Res. 2016 Mar 14;239:232-238. doi: 10.1016/j.psychres.2016.03.028. [Epub ahead of print]

Gambling behaviors and psychopathology related to Attention-Deficit/Hyperactivity Disorder (ADHD) in problem and non-problem adult gamblers.

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Abstract

Previous studies showed that Pathological Gambling and Attention Deficit/Hyperactivity Disorder (ADHD) often co-occur. The aim of this study was to examine whether ADHD is associated with specific severity patterns in terms of gambling behavior, psychopathology and personality traits. 599 problem and non-problem-gamblers were recruited in addiction clinics and gambling places in France. Subjects were assessed with the Wender-Utah Rating Scale-Child, the Adult ADHD Self-Report Scale, the Mini International Neuropsychiatric Interview, the Temperament and Character Inventory, the South Oaks Gambling Screen and questionnaires assessing gambling related cognitive distortions and gambling habits. 20.7% (n=124) of gamblers were screened positive for lifetime or current ADHD. Results from the multivariate analysis showed that ADHD was associated with a higher severity of gambling-related problems and with more psychiatric comorbidity. Among problem gamblers, subjects with history of ADHD were also at higher risk for unemployment, psychiatric comorbidity and specific dysfunctional personality traits. This study supports the link between gambling related problems and ADHD in a large sample of problem and non-problem gamblers, including problem-gamblers not seeking treatment. This points out the necessity to consider this disorder in the prevention and in the treatment of pathological gambling.

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PMID: 27031593 [PubMed - as supplied by publisher]

3. Eur Eat Disord Rev. 2016 Mar 29. doi: 10.1002/erv.2446. [Epub ahead of print]

[The Influence of Personality Traits on Emotion Expression in Bulimic Spectrum Disorders: A Pilot Study.](#)

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Abstract

Facial expressions are critical in forming social bonds and in signalling one's emotional state to others. In eating disorder patients, impairments in facial emotion recognition have been associated with eating psychopathology severity. Little research however has been carried out on how bulimic spectrum disorder (BSD) patients spontaneously express emotions. Our aim was to investigate emotion expression in BSD patients and to explore the influence of personality traits. Our study comprised 28 BSD women and 15 healthy controls. Facial expressions were recorded while participants played a serious video game. Expressions of anger and joy were used as outcome measures. Overall, BSD participants displayed less facial expressiveness than controls. Among BSD women, expressions of joy were positively associated with reward dependence, novelty seeking and self-directedness, whereas expressions of anger were associated with lower self-directedness. Our findings suggest that specific personality traits are associated with altered emotion facial expression in patients with BSD. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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4. J Pers Disord. 2016 Apr;30(2):145-56. doi: 10.1521/pedi.2106.30.2.145.

What Is Personality?

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PMID: 27027422 [PubMed - in process]

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5. Asian J Psychiatr. 2016 Apr;20:3-10. doi: 10.1016/j.ajp.2016.01.006. Epub 2016 Jan 22.

Demographic, clinical and psychological characteristics of patients with self-harm behaviours attending an emergency department of a tertiary care hospital.

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Abstract

Understanding the characteristics of those with self-harm behaviour may help in identifying those at risk and providing targeted interventions to this group of patients, especially in the emergency services. The present study aimed to compare the suicidal intent, hopelessness, severity of depressive symptoms, and personality traits of those with and without psychiatric disorders, presenting with a self-harming behaviour to the emergency setting. For this, patients presenting to the emergency department of a tertiary care hospital with self-harm behaviour were evaluated for presence or absence of a psychiatric diagnosis, suicidal intent, personality traits, depressive symptoms and hopelessness by using structured instruments. The present study included 132 participants. The mean age of the sample was 28.7 years and the male: female ratio of 1.28:1. At least one psychiatric diagnosis was present in 41.7% of the sample, depression and substance use disorders being most common among them. Impulsive suicide attempt was present in 40.2% of the sample. Those with a psychiatric diagnosis were more likely to be older, males, married, have higher suicidal intent, more planned attempts and higher depressive symptoms as compared to those who did not have a psychiatric disorder. Impulsive suicide attempters had lower suicidal intent than non-impulsive attempters. Present study suggests that those presenting to the emergency with self-harm

behaviour comprises 2 interrelated groups, differing on certain demographic features, severity of depressive symptoms, suicidal intent and impulsivity.

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PMID: 27025463 [PubMed - in process]

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6. J Psychosom Res. 2016 Apr;83:57-64. doi: 10.1016/j.jpsychores.2016.03.005. Epub 2016 Mar 10.

[Psychosocial well-being in Dutch adults with disorders of sex development.](#)

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Abstract

OBJECTIVE:

Atypical sex development is associated with psychosocial vulnerability. We investigated psychosocial well-being in individuals with disorders of sex development (DSD) and hypothesized that psychosocial well-being was related to degree of genital atypicality at birth.

METHODS:

120 male (n=16) and female (n=104) persons with DSD, aged 14-60years, participated in a follow-up audit on psychosocial well-being. They were stratified in: women with 1) 46,XY and female genitalia, 2) 46,XY or 46,XX and atypical genitalia, and 3) men with 46,XY and atypical genitalia. We used the Illness Cognition Questionnaire (ICQ), Checklist Individual Strength (CIS8R), TNO-AZL Quality of Life questionnaire (TAAQOL), Adult Self-Report (ASR), and the Rosenberg Self-Esteem Scale (RSES).

RESULTS:

Data were compared to reference groups. Participants generally were coping well with DSD (ICQ). Women with DSD reported elevated levels of fatigue (CIS8R) and slightly more attention and memory problems (TAAQOL, ASR). Women with atypical genitalia reported more emotional and behavioral problems. On the ASR Rule-breaking Behavior and Antisocial Personality scales, these women had similar scores as reference men. Women with DSD reported a higher self-esteem (RSES). No differences in psychosocial well-being were found between men with DSD and reference men.

CONCLUSION:

Individuals with DSD across all diagnostic groups generally reported a good psychosocial well-being. The results further suggest involvement of prenatal androgens in the development of personality traits related to assertiveness and egocentricity. We recommend that individuals with a DSD and their families are involved in decision-making processes and have access to multidisciplinary care.

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PMID: 27020078 [PubMed - in process]

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7. Personal Disord. 2016 Mar 28. [Epub ahead of print]

Personality-Related Problems and the Five-Factor Model of Personality.

[Boudreaux MJ.](#)

Abstract

This paper examines the empirical associations of a relatively broad and inclusive list of personality-related problems with both the high and low poles of the five-factor model of personality (FFM). Several studies have documented links between impaired functioning and the FFM, but these associations have largely been confined to the socially undesirable poles.

In this study, a list of 310 personality-related problems was developed and administered to a large college student sample along with the International Personality Item Pool Representation of the Revised NEO Personality Inventory (IPIP-NEO) and an experimental manipulation of the NEO PI-R items (EXP-NEO). Numerous problems were associated with both poles of each trait domain and facet of the FFM, but both the IPIP-NEO and EXP-NEO were required to capture problems at both ends. Potential implications of emphasizing problems at one or both poles of trait continua are discussed. Future research should evaluate the structure and inclusiveness of the current list of personality-related problems against other representations of problem behavior, examine base rates of problems in other populations, and seek to understand the psychological mechanisms that might explain associations of problems across the full range of trait continua. (PsycINFO Database Record

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8. J Gambl Stud. 2016 Mar 26. [Epub ahead of print]

[An Empirical Study of Personality Disorders Among Treatment-Seeking Problem Gamblers.](#)

[Brown M](#)¹, [Oldenhof E](#)^{1,2}, [Allen JS](#)¹, [Dowling NA](#)^{3,4,5}.

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Abstract

The primary aims of this study were to examine the prevalence of personality disorders in problem gamblers, to explore the relationship between personality disorders and problem gambling severity, and to explore the degree to which the psychological symptoms highlighted in the biosocial developmental model of borderline personality disorder

(impulsivity, distress tolerance, substance use, PTSD symptoms, psychological distress and work/social adjustment) are associated with problem gambling. A secondary aim was to explore the strength of the relationships between these symptoms and problem gambling severity in problem gamblers with and without personality disorder pathology. Participants were 168 consecutively admitted problem gamblers seeking treatment from a specialist outpatient gambling service in Australia. The prevalence of personality disorders using the self-report version of the Iowa Personality Disorders Screen was 43.3 %. Cluster B personality disorders, but not Cluster A or C personality disorders, were associated with problem gambling severity. All psychological symptoms, except alcohol and drug use, were significantly higher among participants with personality disorder pathology compared to those without. Finally, psychological distress, and work and social adjustment were significantly associated with problem gambling severity for problem gamblers with personality disorder pathology, while impulsivity, psychological distress, and work and social adjustment were significantly associated with problem gambling severity for those without personality disorder pathology. High rates of comorbid personality disorders, particularly Cluster B disorders, necessitate routine screening in gambling treatment services. More complex psychological profiles may complicate treatment for problem gamblers with comorbid personality disorders. Future research should examine the applicability of the biosocial developmental model to problem gambling in community studies.

PMID: 27017487 [PubMed - as supplied by publisher]

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9. Psychiatry Res. 2016 Mar 15;239:204-211. doi: 10.1016/j.psychres.2016.03.027. [Epub ahead of print]

Impulsivity is relevant for trauma exposure and PTSD symptoms in a non-clinical population.

[Netto LR](#)¹, [Pereira JL](#)², [Nogueira JF](#)³, [Cavalcanti-Ribeiro P](#)⁴, [Santana RC](#)³, [Teles CA](#)⁵, [Koenen KC](#)⁶; [Trauma and Anxiety Disorders Study Group – UFBA](#), [Quarantini LC](#)⁷.

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Abstract

Impulsivity is a relevant construct for explaining both normal individual differences in personality and more extreme personality disorder, and is often investigated within clinical populations. This study aims to explore the college students' impulsivity patterns and to investigate the association across levels of impulsivity with trauma exposure and PTSD development in a non-clinical population. A one-phase census survey of seven college institutions assessed 2213 students in three metropolitan regions of Northeastern Brazil. All subjects anonymously completed a self-applied protocol consisting of: a socio-demographic questionnaire, Trauma History Questionnaire (THQ), PTSD Checklist (PCL-C), and Barratt Impulsiveness Scale (BIS-11). The median for frequency of trauma exposure was 4 events for people with low and normal impulsivity, and 6 for highly impulsive ones. Individuals with higher impulsivity presented earlier exposition than non-impulsive ones, and worst outcome: 12.4% with PTSD, against 8.4% and 2.3% (normal and low impulsivity). Of the three factors of impulsivity, the Attentional factor conferred the strongest association with PTSD development. Results suggest that impulsivity is also a relevant trait in a non-clinical population and is associated with trauma exposure and PTSD. Strategies to promote mental health in adolescents may be pertinent, especially with the aim of managing impulsivity.

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PMID: 27016879 [PubMed - as supplied by publisher]

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10. Clin Neuropharmacol. 2016 Mar 24. [Epub ahead of print]

[Effectiveness of Inhaled Loxapine in Dual-Diagnosis Patients: A Case Series.](#)

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Abstract

OBJECTIVES:

Episodes of psychotic agitation are frequent in patients with dual diagnosis, that is, in patients with concomitant psychiatric and substance use disorders. Rapid intervention is needed to treat the agitation at a mild stage to prevent the escalation to aggressive behavior. Inhaled loxapine has been demonstrated to rapidly improve symptoms of mild-to-moderate agitation in adults with psychiatric disorders (schizophrenia and bipolar disorder), but data on patients with dual diagnosis are scarce.

METHODS:

This study is a retrospective review of data from a case series of patients with dual diagnosis, which were attended for symptoms of agitation while at the emergency room (n = 9), in the outpatient clinic (n = 4), or during hospitalization (n = 1) at 1 center in Spain. All patients received inhaled loxapine for treating the agitation episodes.

RESULTS:

Data from 14 patients with dual diagnosis were reviewed. All patients had 1 or more psychiatric disorders (schizophrenia, bipolar I disorder, drug-induced psychotic disorder, posttraumatic stress, borderline or antisocial personality disorder, depression, or anxiety) along with a variety of substance use disorders (alcohol, cocaine, cannabis, amphetamines, hypnotics and antianxiety drugs, caffeine, or street drugs). Overall, only 1 dose of inhaled loxapine (9.1 mg) was needed to calm each patient during an acute episode of agitation.

CONCLUSIONS:

Inhaled loxapine was rapid, effective, and well accepted in all dual-pathology patients presenting with acute agitation in the emergency setting. Inhaled loxapine facilitated both patient cooperation and an adequate management of his or her disease. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially.

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Work-related stress disorders: variability in clinical expression and pitfalls in psychiatric diagnosis.

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Abstract

BACKGROUND:

Putative occupational stress-related psychiatric disorders are Adjustment Disorders (AD) and Post-Traumatic Stress Disorder (PTSD). Mood Disorders (MD) are not excluded but are unlikely to be identified as occupational diseases. The differential diagnosis between AD and MD is not easy and is based on strict categorical criteria.

OBJECTIVES:

The aim of this study was to explore differences in personality and mood spectrum symptoms among workers investigated for occupational stress suffering from AD or MD.

METHODS:

Sixty-two patients with AD and 43 with MD were recruited and evaluated by means of rating scales for psychosocial occupational risk and work-related stress (WHS, CDL, OSQ), for sleep disturbances (PSQI), for personality disorders (SCID-II) and for mood spectrum symptoms (MOODS-SR).

RESULTS:

The diagnostic groups did not differ for WHS, OSQ and PSQI scores. The duration of exposure to stressful/adversative work situations was significantly higher in the MD group

($p=0.03$). Positive family psychiatric history ($p=0.005$), personality disorders ($p=0.009$) and pathological personality traits ($p<0.0001$) were significantly more frequent in the MD group. The MOODS-SR questionnaire total score ($p=0.019$) and the manic component score ($p=0.001$) but not the depressive score were significantly higher in the MD group.

CONCLUSIONS:

The present study suggests that positive family psychiatric history, pathological personality traits and spectrum manic symptoms represent markers of vulnerability and low resilience for workers exposed to occupational stress. These characteristics could weaken the etiological relationship between work-related stress and an initial major depressive episode when it is under investigation as a possible occupational disease.

PMID: 27015025 [PubMed - in process]

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12. World J Psychiatry. 2016 Mar 22;6(1):43-53. doi: 10.5498/wjp.v6.i1.43. eCollection 2016.

Cortical and subcortical gamma amino acid butyric acid deficits in anxiety and stress disorders: Clinical implications.

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Abstract

Anxiety and stress disorders are a major public health issue. However, their pathophysiology is still unclear. The gamma amino acid butyric acid (GABA) neurochemical system has been strongly implicated in their pathogenesis and treatment by numerous preclinical and clinical studies, the most recent of which have been highlighted and critical review in this paper. Changes in cortical GABA appear related to normal personality styles and responses to stress. While there is accumulating animal and human neuroimaging evidence of cortical and subcortical GABA deficits across a number of anxiety conditions, a clear pattern of findings in specific brain regions for a given disorder is yet to emerge. Neuropsychiatric conditions with anxiety as a clinical feature may have GABA deficits as an underlying feature. Different classes of anxiolytic therapies support GABA function, and this may be an area in which newer GABA neuroimaging techniques could soon offer more personalized therapy. Novel GABAergic pharmacotherapies in development offer potential improvements over

current therapies in reducing sedative and physiologic dependency effects, while offering rapid anxiolysis.

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13.J Neurochem. 2016 Mar 24. doi: 10.1111/jnc.13622. [Epub ahead of print]

Genetics of FTLD: Overview and what else we can expect from genetic studies.

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Abstract

Frontotemporal lobar degeneration (FTLD) comprises a highly heterogeneous group of disorders clinically associated with behavioral and personality changes, language impairment and deficits in executive functioning and pathologically associated with degeneration of frontal and temporal lobes. Some patients present with motor symptoms including amyotrophic lateral sclerosis. Genetic research over the past two decades in FTLD families led to the identification of three common FTLD genes (microtubule associated protein tau, progranulin and chromosome 9 open reading frame 72) and a small number of rare FTLD genes, explaining the disease in almost all autosomal dominant FTLD families but only a minority of apparently sporadic patients or patients in whom the family history is less clear. Identification of additional FTLD (risk) genes is therefore highly anticipated, especially with the emerging use of next-generation sequencing. Common variants in the transmembrane protein 106 B were identified as a genetic risk factor of FTLD and disease modifier in patients with known mutations. This review summarizes for each FTLD gene what we know about the type and frequency of mutations, their associated clinical and pathological features and potential disease mechanisms and we provide an overview of emerging disease pathways encompassing multiple FTLD genes. We further discuss how FTLD specific issues such as disease heterogeneity, the presence of an unclear family history and the possible role of an oligogenic basis of FTLD can pose challenges for future FTLD gene identification and risk assessment of specific variants. Finally, we highlight emerging clinical, genetic and translational research opportunities that lie ahead. This article is protected by copyright. All rights reserved.

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14. Cogn Affect Behav Neurosci. 2016 Mar 23. [Epub ahead of print]

Dorsal raphe nucleus and harm avoidance: A resting-state investigation.

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Abstract

The temperament dimension of harm avoidance defines an individual's biological tendency to exhibit altering levels of anxious, inhibiting, and cautious behavior. High harm avoidance and anxiety are highly comorbid, likely due to activity in similar neural circuitries involving the dorsal raphe nucleus. Despite the many investigations that have explored personality factors and brain function, none have determined the influence of ongoing activity within dorsal raphe networks on harm avoidance. The aim of this study was to explore such a relationship. In 62 healthy subjects, a series of 180 functional magnetic resonance images covering the entire brain were collected, and each subject completed the 240-item TCI-R questionnaire. Independent component analyses were performed to define the dorsal raphe network and then to determine the regions significantly correlated with harm avoidance. The independent component analyses revealed three signal intensity fluctuation maps encompassing the dorsal raphe nucleus, showing interactions with regions of the amygdala, hippocampus, nucleus accumbens, and prefrontal, insular, and cingulate cortices. Within these systems, the resting signal intensity was significantly coupled to harm avoidance in the bilateral basal amygdala, bilateral ventral hippocampus, bilateral insula, bilateral nucleus accumbens, and medial prefrontal cortex. Note that we could not measure serotonergic output, but instead measured signal changes in the dorsal raphe that likely reflect synaptic activity. These data provide evidence that at rest, signal intensity fluctuations within the dorsal raphe networks are related to harm avoidance. Given the strong relationship between harm avoidance and anxiety-like behaviors, it is possible that ongoing activity within this identified neural circuitry can contribute to an individual developing anxiety disorders.

PMID: 27007610 [PubMed - as supplied by publisher]

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15. Int J Environ Res Public Health. 2016 Mar 8;13(3). pii: E294. doi: 10.3390/ijerph13030294.

Pathological Internet Use and Risk-Behaviors among European Adolescents.

[Durkee T](#)¹, [Carli V](#)², [Floderus B](#)³, [Wasserman C](#)^{4,5}, [Sarchiapone M](#)^{6,7}, [Apter A](#)⁸, [Balazs JA](#)^{9,10}, [Bobes J](#)¹¹, [Brunner R](#)¹², [Corcoran P](#)¹³, [Cosman D](#)¹⁴, [Haring C](#)¹⁵, [Hoven CW](#)^{16,17}, [Kaess M](#)¹⁸, [Kahn JP](#)¹⁹, [Nemes B](#)²⁰, [Postuvan V](#)²¹, [Saiz PA](#)²², [Värnik P](#)²³, [Wasserman D](#)²⁴.

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Abstract

Risk-behaviors are a major contributor to the leading causes of morbidity among adolescents and young people; however, their association with pathological Internet use (PIU) is relatively unexplored, particularly within the European context. The main objective of this study is to investigate the association between risk-behaviors and PIU in European adolescents. This cross-sectional study was conducted within the framework of the FP7 European Union project: Saving and Empowering Young Lives in Europe (SEYLE). Data on adolescents were collected from randomized schools within study sites across eleven European countries. PIU was measured using Young's Diagnostic Questionnaire (YDQ). Risk-behaviors were assessed using questions procured from the Global School-Based Student Health Survey (GSHS). A total of 11,931 adolescents were included in the analyses: 43.4% male and 56.6% female (M/F: 5179/6752), with a mean age of 14.89 ± 0.87 years. Adolescents reporting poor sleeping habits and risk-taking actions showed the strongest associations with PIU, followed by tobacco use, poor nutrition and physical inactivity. Among adolescents in the PIU group, 89.9% were characterized as having multiple risk-behaviors. The significant association observed between PIU and risk-behaviors, combined with a high rate of co-occurrence, underlines the importance of considering PIU when screening, treating or preventing high-risk behaviors among adolescents.

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16. Eur J Psychotraumatol. 2016 Mar 18;7:29450. doi: 10.3402/ejpt.v7.29450. eCollection 2016.

Trauma treatment across Europe: where do we stand now from a perspective of seven countries.

[Kazlauskas E](#)¹, [Javakhishvili J](#)², [Meewisse M](#)³, [Merecz-Kot D](#)⁴, [Şar V](#)⁵, [Schäfer I](#)⁶, [Schnyder U](#)⁷, [Gersons BP](#)^{8,9}.

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Abstract

There is a lack of knowledge about the state of affairs of the trauma treatments in Europe. To start to fill in this gap, key persons from seven European countries-Georgia, Germany, Lithuania, the Netherlands, Poland, Switzerland, and Turkey-accepted the invitation to give their expert opinion on the state of affairs in their country at an invited panel discussion at the XIV 2015 ESTSS Conference in Vilnius, Lithuania. Brief reports from the seven countries reveal significant diversities among different European countries in terms of awareness of health problems related to trauma, the availability of trauma treatments, and treatment approaches. Political and economic differences across the European countries contribute to the diversities in the developments of trauma treatments. European national psychotrauma societies are active in establishing training curricula and dissemination of

trauma-focused treatments. Despite the growing acknowledgment of trauma and dissemination of trauma-focused treatments, there is a lack of Europe-wide policies to ensure availability of trauma treatment in Europe for trauma survivors. The need for more detailed analysis of trauma treatment in all European countries and development of European-level trauma-informed health care policies is outlined.

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17. J Affect Disord. 2016 Mar 10;197:231-238. doi: 10.1016/j.jad.2016.03.029. [Epub ahead of print]

Developmental trajectories of self-injurious behavior, suicidal behavior and substance misuse and their association with adolescent borderline personality pathology.

[Nakar O](#)¹, [Brunner R](#)², [Schilling O](#)³, [Chanen A](#)⁴, [Fischer G](#)⁵, [Parzer P](#)⁶, [Carli V](#)⁷, [Wasserman D](#)⁸, [Sarchiapone M](#)⁹, [Wasserman C](#)¹⁰, [Hoven CW](#)¹⁰, [Resch F](#)⁶, [Kaess M](#)¹¹.

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Abstract

OBJECTIVE:

Adolescent risk-taking and self-harm behaviors are associated with affect dysregulation and impulsivity, both core features of borderline personality disorder (BPD). We hypothesized that the developmental courses of these behaviors i) tend to cluster rather than appear individually, and ii) might indicate adolescent BPD pathology. Therefore, we explored the developmental trajectories of self-injurious behavior (SIB), suicidal behavior (SB) and substance misuse (SM) in a community sample of adolescents; and we investigated the trajectories' overlap and its associations with BPD traits.

METHOD:

513 adolescents, aged 15-17 years, were followed for two years as part of the Saving and Empowering Young Lives in Europe study and its subsequent follow-up. Distinct developmental trajectories were explored using general growth mixture modeling.

RESULTS:

Three distinct classes were identified within each of the harmful behaviors SIB, SB and SM. Both the high-risk SIB trajectory and the high-risk SB trajectory demonstrated elevated initial degree of engagement, followed by a gradual decrease. The SM high-risk trajectory had a medium initial degree of engagement, which increased over time. There was a high degree of overlap (80-90%) among the high-risk trajectories for the three behaviors (SIB, SB and SM), and this overlap was significantly associated with elevated levels of BPD pathology.

LIMITATIONS:

The data collection was based on participants' self-report.

CONCLUSION:

The findings indicate a similar pattern of reduction over time between SIB and SB for the high-risk trajectories, whereas the high-risk trajectories for SM show a pattern of increase over time. The observed symptom shift is associated with borderline personality pathology in adolescents. Therefore these behaviors might represent early indicators of risk supporting potential early detection.

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18. Compr Psychiatry. 2016 Apr;66:79-86. doi: 10.1016/j.comppsy.2015.12.009. Epub 2016 Jan 6.

Eating disorders and eating pathology in young adult and adult patients with ESSENCE.

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Abstract

BACKGROUND:

Little is known about the prevalence and incidence of traditional eating disorders (EDs, e.g., anorexia nervosa (AN), bulimia nervosa and binge eating disorder (BED)) in individuals with childhood onset neuropsychiatric disorders, including attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorders (ASD). The aim of the present study was to examine the prevalence of EDs and eating pathology in young adults and adults with ADHD and/or ASD, and to investigate the relationship between EDs and associated symptoms, on the one hand, and other psychiatric disorders, intelligence, and BMI, on the other hand, in this population.

METHODS:

In an outpatient setting, 228 consecutively referred adults were neuropsychiatrically evaluated and assessed with regard to intelligence (WAIS-III), psychiatric comorbidities (SCID-I), personality disorders (SCID-II), eating disorders (SCID-I) and eating pathology (Eating Attitudes Test (EAT)).

RESULTS:

For the entire sample, a total of 18 individuals (7.9%) had a current or previous eating disorder, with AN and BED being the most frequent. The male:female ratio was 1:2.5. According to EAT, 10.1% of the individuals scored within the range of severely disturbed eating behavior, and 13% moderately disturbed eating behavior. Individuals with ADHD more often affirmed eating pathology such as focusing on thoughts of calories and body dissatisfaction compared to individuals with ASD.

CONCLUSIONS:

Eating disorder symptomatology seems to be overrepresented in adults with neuropsychiatric disorders compared with the general population. The gender ratio for EDs in adults with neuropsychiatric disorders is not nearly as skewed as in the general population.

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PMID: 26995240 [PubMed - in process]

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19. J Pediatr (Rio J). 2016 Mar 17. pii: S0021-7557(16)00050-4. doi: 10.1016/j.jpeds.2015.12.002. [Epub ahead of print]

The formation of citizens: the pediatrician's role.

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Abstract

OBJECTIVE:

This review article aims to define the fundamental role of the pediatrician in the formation of citizens in the 21st century.

SOURCE OF DATA:

Significant bibliographical contributions produced by neuroscience, ecology, and epigenetics in the early childhood scenario.

SYNTHESIS OF DATA:

Many diseases that impair the lives of adults result from severe and often uncontrollable disorders that occur in early childhood, an irreplaceable period for the safe construction of the human brain, personality, and intelligence. There is noteworthy scientific evidence that has become unquestionable, according to which abuse and neglect and other forms of violence to which children are exposed during the course of their lives, are the genesis of many physical ailments and other mental diseases, including depressive morbidity and schizophrenia. Conversely, it is also emphasized that healthy practices such as reading and listening to/playing music are able to intensively contribute to the exercise of cognitive capacity inherent to this period of life, as a prerequisite for the acquisition of learning indispensable to the high educational performance during the schooling period.

CONCLUSION:

In the light of the disclosed scientific evidence, the pediatrician emerges as the most differentiated professional to provide preventive and curative care indispensable to the skilled formation of a healthy citizen.

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20. J Health Psychol. 2016 Mar 18. pii: 1359105316636951. [Epub ahead of print]

[Attachment in eating-disordered outpatients with and without borderline personality disorder.](#)

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Abstract

This study aims at examining the attachment states of mind in 50 female outpatients with eating disorders compared with 50 matched control participants using the Adult Attachment Interview. Moreover, the differences in attachment states of mind among eating-disordered women with and without borderline personality disorders' diagnosis were explored. The results showed an over-representation of insecure-dismissing and unresolved states of mind in clinical group compared to controls. Patients with both diagnosis showed higher scores on involving anger and unresolved loss compared with those with only eating disorder. Implications for further research and clinical practice are discussed.

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21. BMC Psychiatry. 2016 Mar 15;16(1):63. doi: 10.1186/s12888-016-0766-0.

[Treatment adequacy of anxiety disorders among young adults in Finland.](#)

[Kasteenpohja T](#)^{1,2}, [Marttunen M](#)^{3,4}, [Aalto-Setälä T](#)⁵, [Perälä J](#)^{3, 6}, [Saarni SI](#)^{3,7}, [Suvisaari J](#)^{3,8}.

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Abstract

BACKGROUND:

Anxiety disorders are common in early adulthood, but general population studies concerning the treatment adequacy of anxiety disorders taking into account appropriate pharmacological and psychological treatment are scarce. The aims of this study were to examine treatments received for anxiety disorders in a Finnish general population sample of young adults, and to define factors associated with receiving minimally adequate treatment and with dropping out from treatment.

METHODS:

A questionnaire containing several mental health screens was sent to a nationally representative two-stage cluster sample of 1894 Finns aged 19 to 34 years. All screen positives and a random sample of screen negatives were invited to a mental health assessment including a SCID interview. For the final diagnostic assessment, case records from mental health treatments for the same sample were obtained. This article investigates treatment received, treatment adequacy and dropouts from treatment of 79 participants with a lifetime anxiety disorder (excluding those with a single specific phobia). Based on all available information, receiving antidepressant or buspirone medication for at least 2 months with at least four visits with any type of physician or at least eight sessions of psychotherapy within 12 months or at least 4 days of hospitalization were regarded as minimally adequate treatment for anxiety disorders. Treatment dropout was rated if the patient discontinued the visits by his own decision despite having an adequate treatment strategy according to the case records.

RESULTS:

Of participants with anxiety disorders (excluding those with a single specific phobia), 41.8 % had received minimally adequate treatment. In the multivariate analysis, comorbid substance use disorder was associated with antidepressant or buspirone medication lasting at least 2 months. Those who were currently married or cohabiting had lower odds of having at least

four visits with a physician a year. None of these factors were associated with the final outcome of minimally adequate treatment or treatment dropout. Participants with comorbid personality disorders received and misused benzodiazepines more often than others.

CONCLUSIONS:

More efforts are needed to provide adequate treatment for young adults with anxiety disorders. Attention should be paid to benzodiazepine prescribing to individuals with personality disorders.

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22. Personal Ment Health. 2016 Mar 16. doi: 10.1002/pmh.1332. [Epub ahead of print]

Likelihood and predictors of detention in patients with personality disorder compared with other mental disorders: A retrospective, quantitative study of Mental Health Act assessments.

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- ⁴Oslo and Akershus University College, Oslo, Norway.

Abstract

BACKGROUND:

The UK guidelines on the treatment of personality disorder recommend avoiding compulsory treatment except in extreme situations. Little is known about how often patients with

personality disorder are detained or how this compares with the treatment of other mental disorders.

OBJECTIVES:

Our aim is to test the hypothesis that people with personality disorder are infrequently detained under the Mental Health Act (MHA) and that risk factors associated with detention are the same as those for people with other mental disorders.

METHOD:

We used a retrospective, quantitative study of MHA assessments.

RESULTS:

Of the 2 087 assessments undertaken, 204 (9.8%) patients had a diagnosis of personality disorder; 40.7% of assessments in the personality disorder group resulted in detention, as did 69.7% of patients with other mental disorders. A higher proportion of people with personality disorder received no intervention following assessment compared with those with other mental disorders (20.6% vs. 4.7%, $p < 0.001$). Study centre and a history of admission were risk factors for detention in both groups. Risk was a predictor of detention in those with other mental disorders.

CONCLUSIONS:

Detention rates in patients with personality disorder are lower than those for other disorders but are still substantial. Risk factors for detention in patients with personality disorder differ from those with other mental disorders. Copyright © 2016 John Wiley & Sons, Ltd.

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PMID: 26992030 [PubMed - as supplied by publisher]

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23. BMC Psychol. 2016 Mar 17;4(1):12. doi: 10.1186/s40359-016-0116-5.

Validation of the Flourishing Scale in a sample of people with suboptimal levels of mental well-being.

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Abstract

BACKGROUND:

There is growing interest in measuring the eudaimonic perspective of mental well-being (social and psychological well-being) alongside existing measures of the hedonic perspective of mental well-being (subjective well-being). The Flourishing Scale (FS) assesses core aspects of social-psychological functioning and is now widely used in research in practice. However, the reliability and validity of eudaimonic measures such as the FS has not yet been tested in people with low or moderate levels of well-being. This group is at risk for developing mental disorders and, therefore, an important target group for public mental health.

METHODS:

We extensively evaluated the psychometric properties of the 8-item FS in a sample of adults with low or moderate levels of well-being in The Netherlands (N = 275) using confirmatory factor analysis (CFA), item response theory analysis and a multitrait matrix.

RESULTS:

The unidimensional structure of the scale was confirmed with CFA and an adequate fit to the Rasch model. However, our sample showed positive skewness of the scale, but lacked measurement precision at the higher end of the social-psychological continuum. In general, the multitrait matrix demonstrated the convergent validity of the scale, with strong to weak correlations between the FS and (1) overall well-being, (2) social and psychological well-being (3) positive eudaimonic states, (4) hedonic states, (5) psychopathology and (6) personality traits. Nevertheless, relatively low correlations were found, specifically in comparison with the Mental Health Continuum-Short Form (MHC-SF).

CONCLUSIONS:

The FS seems a reliable and valid instrument for measuring social-psychological functioning in adults with suboptimal well-being, but its use in intervention studies and clinical practice

might be debatable. Therefore, the FS seems most suitable to include in epidemiological studies alongside existing hedonic measures to more fully capture mental well-being. Future research should examine the temporal stability of the FS and the consequences of the positive skewness and limited external validity of the scale found in the current study.

PMCID: PMC4794907 **Free PMC Article**

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24. J Adv Nurs. 2016 Mar 14. doi: 10.1111/jan.12951. [Epub ahead of print]

Hardiness, psychosocial factors and shift work tolerance among nurses - a 2-year follow-up study.

[Saksvik-Lehouillier I](#)¹, [Bjorvatn B](#)^{2,3}, [Magerøy N](#)⁴, [Pallesen S](#)^{2,5}.

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- ⁵Department of Psychosocial Science, University of Bergen, Norway.

Abstract

AIM:

To examine the predictive power of the subfactors of hardiness (commitment, control and challenge) on shift work tolerance (measured with sleepiness, fatigue, anxiety and depression) over 2 years in nurses working shifts. We also investigated the direct effects of psychosocial variables such as role conflict, social support and fair leadership on shift work tolerance, as well as their moderating role on the relationship between hardiness and shift work tolerance.

BACKGROUND:

Several scholars have discussed the role of individual differences and psychosocial variables in predicting shift work tolerance. The conclusions are not clear.

DESIGN:

Longitudinal questionnaire study.

METHODS:

A sample of Norwegian nurses employed in shift work including nights participated in this longitudinal questionnaire study: 1877 at baseline, 1228 at 1-year follow-up and 659 nurses at 2-year follow-up. Data were collected in three waves, first wave in 2008 and third in 2011 and were analysed with a series of hierarchical multiple regression analyses.

RESULTS:

We found that the subfactor commitment could predict fatigue over 1 year and anxiety and depression over 2 years. Challenge could predict anxiety over 1 year. Control was unrelated to shift work intolerance. Hardiness did not predict sleepiness. Social support, role conflict and fair leadership were important for some aspects of shift work tolerance; however, hardiness seemed to be more eminent for shift work tolerance than the psychosocial variables. Social support moderated the relationship between hardiness and shift work tolerance to some degree, but this interaction was weak.

CONCLUSION:

Hardiness can to some degree predict shift work tolerance over 2 years among nurses.

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PMID: 26988165 [PubMed - as supplied by publisher]

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25. Personal Disord. 2016 Mar 17. [Epub ahead of print]

[Utilizing Interview and Self-Report Assessment of the Five-Factor Model to Examine Convergence With the Alternative Model for Personality Disorders.](#)

[Helle AC](#), [Trull TJ](#), [Widiger TA](#), [Mullins-Sweatt SN](#).

Abstract

An alternative model for personality disorders is included in Section III (Emerging Models and Measures) of Diagnostic and Statistical Manual of Mental Disorders, (5th ed.; DSM-5). The DSM-5 dimensional trait model is an extension of the Five-Factor Model (FFM; American Psychiatric Association, 2013). The Personality Inventory for DSM-5 (PID-5) assesses the 5 domains and 25 traits in the alternative model. The current study expands on recent research to examine the relationship of the PID-5 with an interview measure of the FFM. The Structured Interview for the Five Factor Model of Personality (SIFFM) assesses the 5 bipolar domains and 30 facets of the FFM. Research has indicated that the SIFFM captures maladaptive aspects of personality (as well as adaptive). The SIFFM, NEO PI-R, and PID-5 were administered to participants to examine their respective convergent and discriminant validity. Results provide evidence for the convergence of the 2 models using self-report and interview measures of the FFM. Clinical implications and future directions are discussed, particularly a call for the development of a structured interview for the assessment of the DSM-5 dimensional trait model. (PsycINFO Database Record

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26. Personal Disord. 2016 Mar 17. [Epub ahead of print]

Examining the Incremental and Interactive Effects of Boldness With Meanness and Disinhibition Within the Triarchic Model of Psychopathy.

[Gatner DT](#), [Douglas KS](#), [Hart SD](#).

Abstract

The triarchic model of psychopathy (Patrick, Fowles, & Krueger, 2009) comprises 3 phenotypic domains: Meanness, Disinhibition, and Boldness. Ongoing controversy surrounds the relevance of Boldness in the conceptualization and assessment of psychopathy. In the current study, undergraduate students (N = 439) completed the Triarchic Psychopathy Measure (Patrick, 2010) to examine the association between Boldness and a host of theoretically relevant external criteria. Boldness was generally unrelated to either prosocial or harmful criteria. Boldness rarely provided incremental value above or interacted with Meanness and Disinhibition with respect to external criteria. Curvilinear effects of Boldness rarely emerged. The findings suggest that Boldness might not be a central construct in the

definition of psychopathic personality disorder. Implications for the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) psychopathic specifier are discussed. (PsycINFO Database Record

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27. Personal Disord. 2016 Mar 17. [Epub ahead of print]

[Fluctuation Between Grandiose and Vulnerable Narcissism.](#)

[Gore WL](#), [Widiger TA](#).

Abstract

Current literature on narcissistic personality disorder has emphasized a distinction between grandiose and vulnerable narcissism. Some researchers have further suggested that narcissistic persons fluctuate between grandiose and vulnerable narcissism. However, this perception has been confined largely to clinical experience with no systematic research testing the hypothesis. Clinicians and clinical psychology professors in the current study identified 143 persons who fit a description of either a grandiose or a vulnerable narcissist and indicated the extent to which these persons ever demonstrated traits of the complementary variant. The results supported the fluctuation hypothesis, particularly for episodes of vulnerable narcissism in persons identified as a grandiose narcissist. Correlations of the grandiose and vulnerable narcissism traits with a brief five-factor model measure corroborated past trait descriptions of the 2 respective variants of narcissism. The results of the current study are compared with existing cross-sectional and longitudinal research, and suggestions for future research are provided. (PsycINFO Database Record

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28. Personal Disord. 2016 Mar 17. [Epub ahead of print]

[Disorganized Attachment and Personality Functioning in Adults: A Latent Class Analysis.](#)

[Beeney JE](#), [Wright AG](#), [Stepp SD](#), [Hallquist MN](#), [Lazarus SA](#), [Beeney JR](#), [Scott LN](#), [Pilkonis PA](#).

Abstract

Though researchers have attended to disorganized attachment in infants and children, they have infrequently focused on the character of disorganized attachment in adults. In this study, we aimed to identify clusters of participants based on attachment levels and styles, seeking to better delineate severity and stylistic differences in disorganized attachment than has been previously articulated. We used a new assessment approach focused on a hierarchy of attachment organization, including secure, insecure (dismissive and preoccupied), rigid-controlling (hostile control and compulsive caregiving), and disorganized (contradictory, impoverished, and unresolved) levels of attachment. Clinical evaluators used information from diagnostic and attachment-based interviews to rate participants on each of these aspects of attachment. Latent class analysis (LCA) revealed a 4-class solution, including a secure (n = 33), insecure (n = 110), and 2 disorganized classes. One disorganized class (disorganized-oscillating) was characterized by elevations on contradictory and preoccupied styles (n = 77) and another (disorganized-impoverished) showed elevations on impoverished and dismissive styles (n = 53). The disorganized-oscillating class exhibited elevated personality disorder (PD) severity and general symptom severity, borderline personality disorder (BPD), histrionic, and antisocial dimensional scores, and the most severe identity disturbance compared with the other classes. The impoverished-dismissive class exhibited the highest avoidant and schizoid PD dimensional scores of the classes, and higher PD severity compared with the insecure and secure classes. These results highlight the possibility of identifying distinct classes of attachment organization, differentiated both by aspects of severity and interpersonal style. They also shed light on the manifestation of attachment disorganization in adults. (PsycINFO Database Record

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PMID: 26986959 [PubMed - as supplied by publisher]

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29. Psychol Med. 2016 Mar 16:1-13. [Epub ahead of print]

[Relationship between personality and psychopathology in a longitudinal community study: a test of the predisposition model.](#)

[Hengartner MP](#)¹, [Ajdacic-Gross V](#)², [Wyss C](#)², [Angst J](#)², [Rössler W](#)².

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Abstract

BACKGROUND:

Mounting evidence supports the notion that personality is crucial in the aetiopathology of common mental disorders, but studies that allow for aetiological conclusions are lacking. The aim of the present study was thus to provide a test of the predisposition model.

METHOD:

We analysed data from the Zurich Cohort Study, a 30-year longitudinal epidemiological community study of an adult cohort (n = 591) from 1979 to 2008. Personality was assessed in 1988 with an established personality questionnaire, and psychopathology through seven semi-structured interviews between 1979 and 2008.

RESULTS:

On the basis of personality assessment from 1988, used as predictor of subsequent psychopathology (1993-2008), while adjusting for sex and prior mental disorders (1979-1988), neuroticism related significantly with future major depression episodes [odds ratio (OR) = 1.41], anxiety disorders (OR = 1.32) and depression treatment use (OR = 1.41). When participants with a past 10-year history (i.e. 1979-1988) of either major depression, anxiety disorder or depression treatment use were excluded, neuroticism in 1988 still significantly predicted first incidence (i.e. 1993-2008) of major depression episodes (OR = 1.53) and depression treatment use (OR = 1.84).

CONCLUSIONS:

The present study provides compelling evidence that the personality trait of neuroticism constitutes an independent risk factor for subsequent major depression episodes and use of respective professional treatments, which serves as a proxy for particularly severe and impairing depression episodes. We therefore advocate that personality traits could provide clinically useful prognostic information when considered carefully.

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Ayahuasca: Pharmacology, neuroscience and therapeutic potential.

[Domínguez-Clavé E¹](#), [Soler J²](#), [Elices M³](#), [Pascual JC⁴](#), [Álvarez E⁵](#), [de la Fuente Revenga M⁶](#), [Friedlander P⁷](#), [Feilding A⁷](#), [Riba J⁸](#).

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Abstract

Ayahuasca is the Quechua name for a tea obtained from the vine *Banisteriopsis caapi*, and used for ritual purposes by the indigenous populations of the Amazon. The use of a variation of the tea that combines *B. caapi* with the leaves of the shrub *Psychotria viridis* has experienced unprecedented expansion worldwide for its psychotropic properties. This preparation contains the psychedelic 5-HT_{2A} receptor agonist N,N-dimethyltryptamine (DMT) from *P. viridis*, plus β -carboline alkaloids with monoamine-oxidase-inhibiting properties from *B. caapi*. Acute administration induces a transient modified state of consciousness characterized by introspection, visions, enhanced emotions and recollection of personal memories. A growing body of evidence suggests that ayahuasca may be useful to treat substance use disorders, anxiety and depression. Here we review the pharmacology and neuroscience of ayahuasca, and the potential psychological mechanisms underlying its therapeutic potential. We discuss recent findings indicating that ayahuasca intake increases certain mindfulness facets related to acceptance and to the ability to take a detached view of one's own thoughts and emotions. Based on the available evidence, we conclude that ayahuasca shows promise as a therapeutic tool by enhancing self-acceptance and allowing safe exposure to emotional events. We postulate that ayahuasca could be of use in the treatment of impulse-related, personality and substance use disorders and also in the handling of trauma. More research is needed to assess the full potential of ayahuasca in the treatment of these disorders.

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PMID: 26976063 [PubMed - as supplied by publisher]

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Personality traits in patients with cluster headache: a comparison with migraine patients.

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Abstract

BACKGROUND:

Cluster headache (CH) has been associated with certain personality traits and lifestyle features, but there are few studies assessing personality profiles in CH. We aimed to analyze personality traits in patients with CH, and to compare them with those found in migraine.

METHODS:

We included all consecutive patients with CH attending 5 outpatient offices between January and December 2013. Personality traits were evaluated using the Salamanca screening test, a validated inventory assessing 11 personality traits grouped in 3 clusters. We analyzed the test results in this population, and compared them with those of a migraine population previously assessed with the same test.

RESULTS:

Eighty patients with CH (75 men, 5 women; mean age, 43.2 ± 9.9 years) were recruited. The reference population consisted of 164 migraine patients (30 men, 134 women; mean age 36.4 ± 12.7 years). In CH patients, the most frequent personality traits were anancastic (52.5 %), anxious (47.5 %), histrionic (45 %), schizoid (42.5 %), impulsive (32.5 %) and paranoid (30 %). When compared to migraine patients, paranoid ($p < 0.001$; χ^2 test), and schizoid traits ($p = 0.007$; χ^2 test) were significantly more prevalent in CH patients. In

logistic regression analysis the paranoid trait was significantly associated with CH (p = 0.001; OR: 3.27, 95 % CI [1.66-6.43]).

CONCLUSION:

According to the Salamanca screening test, personality traits included in cluster A (odd or eccentric disorders) are more prevalent in CH patients than in a population of migraineurs. Larger studies are needed to determine whether certain personality traits are related to CH. PMID: 26975362 [PubMed - in process]

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32. Arch Womens Ment Health. 2016 Mar 12. [Epub ahead of print]

[Barriers to access and utilization of eating disorder treatment among women.](#)

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Abstract

Anorexia, bulimia, and other specified feeding or eating disorders (OSFED) are psychiatric disorders recognized in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). One difference of eating disorders compared to other psychiatric disorders is the physical effects of the disease. Although anorexia is easier to physically detect than bulimia and OSFED, many women remain undiagnosed and untreated. Even if an eating disorder is recognized by the individual, barriers to clinical diagnosis and treatment persist. This study examines the barriers to treatment among women with anorexia, bulimia, and OSFED using Andersen's Behavioral Model. The physical, psychological, and personality trait differences among the eating disorder subgroups may affect treatment utilization and access.

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Sleep recordings in individuals with borderline personality disorder before and after trauma therapy.

[Weinhold SL](#)¹, [Göder R](#)², [Pabst A](#)¹, [Scharff AL](#)¹, [Schauer M](#)³, [Baier PC](#)¹, [Aldenhoff J](#)¹, [Elbert T](#)³, [Seeck-Hirschner M](#)⁴.

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Abstract

Most individuals diagnosed with borderline personality disorder (BPD) have been exposed to severe and traumatic stressors and thus frequently present with symptoms of a posttraumatic stress disorder (PTSD). Severe sleep disturbances often accompany these complex cases, but changes of sleep parameters during therapy and the impact of sleep on treatment response have barely been studied. Narrative Exposure Therapy (NET) is an evidence-based approach for the treatment of trauma-related psychological disorders. To investigate the effect of NET on sleep in patients with BPD and comorbid PTSD, we screened 45 inpatients and outpatients who met the inclusion criteria of both diagnoses according to DSM-IV and who had a minimum of 2 weeks' stable medication. Patients were allocated to NET (N = 13) or treatment as usual (TAU; N = 8) in blocks. Polysomnographies and psychological questionnaires were performed before, directly and 6 months after the last therapy session. The aim of this pilot study was to investigate the effectiveness of trauma therapy by NET on sleep quantity (total sleep time) and sleep continuity (sleep efficiency and awakenings) in patients with comorbid BPD and PTSD. Participants of the NET group compared with those who received TAU showed an increased reduction in sleep latency from baseline to the end of therapy and a reduction in arousals over time. Patients with longer pre-treatment total sleep time and pre-treatment REM sleep duration showed a better outcome of NET with respect to PTSD symptoms. NET seems not lead to a change in sleep for the worse during therapy and seems to improve sleep as good as treatment as usual. Furthermore, our results provide evidence of an influence of sleep structure at baseline on treatment success later on. PMID: 26970970 [PubMed - as supplied by publisher]

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34. Rev Psiquiatr Salud Ment. 2016 Mar 8. pii: S1888-9891(16)00038-0. doi: 10.1016/j.rpsm.2016.01.009. [Epub ahead of print]

Comorbidity of personality disorders and attention-deficit hyperactivity disorder in adults.

[Article in English, Spanish]

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Abstract

INTRODUCTION:

A high comorbidity has been observed among attention-deficit hyperactivity disorder (ADHD) and categorical personality disorders (PD). A study is conducted on the dimensional traits associated with ADHD and PD, in order to determine whether there are any differences.

METHODOLOGY:

A cross-sectional study was conducted on 78 outpatients attending a Mental Health Clinic in Arganda (Madrid) from January 2013 to June 2015. ADHD diagnosis was evaluated with the CAARS, the CAADID, and the WURS scales, and the PD with the SCID-II-DSM-IV questionnaire. None of the patients were receiving any stimulant or atomoxetine before the study, and all patients signed the informed consent before the study.

RESULTS:

A high comorbidity was found with all PD clusters, especially with hyperactive and combined type ADHD. Depressive PD was associated with inattentive ADHD.

CONCLUSIONS:

In spite of using a questionnaire to evaluate PD, some differences can be observed between specific ADHD types and PD. More studies are needed to investigate dimensional personality traits in order to improve the diagnosis and therapeutics goals.

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35. Int J Geriatr Psychiatry. 2016 Mar 10. doi: 10.1002/gps.4418. [Epub ahead of print]

[Are premorbid abnormal personality traits associated with behavioural and psychological symptoms in dementia?](#)

[Prior J](#)¹, [Abraham R](#)¹, [Nicholas H](#)², [Chan T](#)³, [Vanvlymen J](#)³, [Lovestone S](#)⁴, [Boothby H](#)¹.

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Abstract

OBJECTIVE:

The study aims to investigate associations between behavioural and psychological symptoms of dementia (BPSD) and abnormal premorbid personality traits.

METHODS:

Data were obtained from 217 patients with a diagnosis of probable Alzheimer's disease. Behavioural and psychological symptoms of late-onset dementia were assessed with the Neuropsychiatric Inventory. Premorbid personality traits were assessed using the Standardised Assessment of Personality. Abnormal premorbid personality traits were categorised with Diagnostic and Statistical Manual of Mental Disorders fourth edition and

International Statistical Classification of Diseases and Related Health Problems-10 diagnostic criteria for personality disorders.

RESULTS:

Abnormal premorbid personality traits were associated with increased behavioural and psychological symptoms in dementia. Cluster A (solitary/paranoid) premorbid personality traits were associated with anxiety, depression and hallucinations. Cluster C (anxious/dependent) traits were associated with a syndrome of depression.

CONCLUSIONS:

The presence of Clusters A (solitary/paranoid) and C (anxious/dependent) abnormal premorbid personality traits seems to affect the expression of certain behavioural and psychological symptoms in dementia, depression in particular. Copyright © 2016 John Wiley & Sons, Ltd.

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36. J Nerv Ment Dis. 2016 Mar 9. [Epub ahead of print]

Characteristics of Spirituality and Religion Among Suicide Attempters.

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Abstract

Spirituality and religiousness are associated with a lower risk of suicide. A detailed assessment of spirituality among 88 suicide attempters hospitalized after a suicide attempt was performed. Factors associated with the recurrence of suicide attempts over 18 months were looked into. Spirituality was low among most suicide attempters in comparison with the general population. Two groups were identified: those with a high score of depression who featured "low" in spirituality and those with a more heterogeneous profile, for example, involving personality disorders, characterized by a "high" spirituality. At the follow-up, the

"meaning in life" score appeared to correlate with recurrence of suicide. Clinical implications are discussed herein.

PMID: 26963748 [PubMed - as supplied by publisher]

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37. Schizophr Res. 2016 Mar 5. pii: S0920-9964(16)30086-X. doi: 10.1016/j.schres.2016.02.035. [Epub ahead of print]

[Current developments and challenges in the assessment of negative symptoms.](#)

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Abstract

Reliable and valid assessment of negative symptoms is crucial to further develop etiological models and improve treatments. Our understanding of the concept of negative symptoms has undergone significant advances since the introduction of quantitative assessments of negative symptoms in the 1980s. These include the conceptualization of cognitive dysfunction as separate from negative symptoms and the distinction of two main negative symptom factors (avolition and diminished expression). In this review we provide an overview of existing negative symptom scales, focusing on both observer-rated and self-rated measurement of negative symptoms. We also distinguish between measures that assess negative symptoms as part of a broader assessment of schizophrenia symptoms, those specifically developed for negative symptoms and those that assess specific domains of negative symptoms within and beyond the context of psychotic disorders. We critically discuss strengths and limitations of these measures in the light of some existing challenges, i.e. observed and subjective symptom experiences, the challenge of distinguishing between primary and secondary negative symptoms, and the overlap between negative symptoms and

related factors (e.g. personality traits and premorbid functioning). This review is aimed to inform the ongoing development of negative symptom scales.

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PMID: 26960948 [PubMed - as supplied by publisher]

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38. Int J Environ Res Public Health. 2016 Mar 5;13(3). pii: E290. doi: 10.3390/ijerph13030290.

[A Brief Up-Date of the Use of Sodium Oxybate for the Treatment of Alcohol Use Disorder.](#)

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Abstract

The treatment of alcohol use disorder (AUD) with sodium oxybate (SMO) or gamma-hydroxybutyric acid (GHB) was introduced in Italy and Austria more than 20 years and 15

years ago, respectively, and it is now widely employed to treat alcohol withdrawal syndrome (AWS) and to maintain alcohol abstinence. These indications derive from its similar structure to the inhibitory neurotransmitter γ -amino-butyric acid (GABA), exerting an ethanol-mimicking effect, because it binds to GABAB receptors. Craving for, and abuse of, SMO remain a controversial issue; even though these unfavorable effects are evident in poly-drug addicted patients and in those with psychiatric diagnosis of borderline personality disorder. In addition, despite cases of severe intoxication and deaths being widely documented when GHB is used as "street drug"; its clinical use remains safe. Thus, the aim of the present review is to examine the role of SMO in the treatment of AUD, its possible implications in reducing alcohol consumption, and cases of abuse, and severe intoxication due to SMO during its clinical use in the treatment of AUD.

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39. J Nerv Ment Dis. 2016 Mar 7. [Epub ahead of print]

Spiritual Meaning in Life and Values in Patients With Severe Mental Disorders.

[Huguelet P](#)¹, [Mohr SM](#), [Olié E](#), [Vidal S](#), [Hasler R](#), [Prada P](#), [Bancila M](#), [Courtet P](#), [Guillaume S](#), [Perroud N](#).

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Abstract

Spirituality and meaning in life are key dimensions of recovery in psychiatric disorders. The aim of this study was to explore spiritual meaning in life in relation to values and mental health among 175 patients with schizophrenia, borderline personality disorder, bipolar disorder, and anorexia nervosa. For 26% of the patients, spirituality was essential in providing meaning in life. Depending on the diagnosis, considering spirituality as essential in life was associated with better social functioning; self-esteem; psychological and social quality of life; fewer negative symptoms; higher endorsement of values such as universalism, tradition (humility, devoutness), and benevolence (helpfulness); and a more meaningful

perspective in life. These results highlight the importance of spirituality for recovery-oriented care.

PMID: 26955007 [PubMed - as supplied by publisher]

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40. Psychopathology. 2016;49(1):40-6. doi: 10.1159/000443900. Epub 2016 Mar 9.

The Association of Anger with Symptom Subtypes in Severe Obsessive-Compulsive Disorder Outpatients.

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Abstract

BACKGROUND:

Despite the theoretical and clinical relevance of psychopathological dimensions in obsessive-compulsive disorder (OCD), no studies to date have investigated their possible association with obsession subtypes. Thus, we aimed to examine whether, in OCD patients, anger and other psychopathological dimensions are associated with specific obsession subtypes.

METHODS:

We consecutively recruited 57 first-visit OCD patients (66.7% female, mean age 34 years) at our Psychiatric Outpatient Clinic. We used the point biserial coefficient (rpb) to measure the correlation between psychopathological dimensions and obsession subtypes.

RESULTS:

We found significant correlations ($p < 0.05$) between the following: (1) anger/aggressiveness dimension and aggressive, contamination, and sexual obsessions; (2) apprehension/fear dimension and contamination, religious, and somatic obsessions; (3) sadness/demoralization dimension and contamination and somatic obsessions; (4) impulsivity dimension and aggressive and sexual obsessions, and (5) somatic concern/somatization dimension and contamination and somatic obsessions. We also found that OCD patients with comorbid obsessive-compulsive personality disorder - but not schizotypal or histrionic disorders -

showed higher levels ($p < 0.05$) of obsessiveness/iterativity and anger/aggressiveness than OCD patients without the personality disorder.

CONCLUSIONS:

Anger and other psychopathological dimensions seem to be linked with specific obsession subtypes in OCD patients, suggesting an association between these dimensions and OCD.

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PMID: 26953572 [PubMed - in process]

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41. Int J Ment Health Nurs. 2016 Mar 7. doi: 10.1111/inm.12221. [Epub ahead of print]

[Impact of alcohol consumption on clinical aspects of gambling disorder.](#)

[Del Pino-Gutiérrez A](#)^{1,2}, [Fernández-Aranda F](#)^{2,3,4}, [Granero R](#)^{3,5}, [Tárrega S](#)⁵, [Valdepérez A](#)⁶, [Agüera Z](#)^{2,3}, [Håkansson A](#)⁷, [Sauvaget A](#)⁸, [Aymamí N](#)², [Gómez-Peña M](#)², [Moragas L](#)², [Baño M](#)², [Honrubia M](#)¹, [Menchón JM](#)^{2,4,9}, [Jiménez-Murcia S](#)^{2,3,4}.

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Abstract

Similarities between gambling disorder and substance use disorders have been extensively described. To date, however, few studies using large clinical samples have been carried out that reliably assess the relationship between different levels of alcohol consumption and

gambling disorders. The present study aimed to assess the impact of baseline alcohol consumption levels on the clinical profile in a large sample of treatment-seeking individuals. Nine hundred and fifty-one consecutive outpatients diagnosed with gambling disorder according to DSM-IV criteria were compared after being included in three alcohol consumption groups (low risk, abuse and risk of dependence) based on their total raw scores on the AUDIT questionnaire. Results showed a high prevalence of risk of alcohol dependence in GD patients who were immigrants, unemployed, and had a low level of education. A positive linear trend was also found between alcohol consumption level and the prevalence of other current and life-time comorbid mental disorders, and for the presence of drug abuse. Statistically significant differences were found between the three alcohol consumption groups in terms of the evolution and severity of the gambling disorder, self-directedness personality trait, and levels of general psychopathology, hostility and paranoid ideation. In conclusion, the results showed an association between increased alcohol consumption and greater dysfunction.

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PMID: 26952336 [PubMed - as supplied by publisher]

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42. Personal Disord. 2016 Mar 7. [Epub ahead of print]

"Do Unto Others"? Distinct Psychopathy Facets Predict Reduced Perception and Tolerance of Pain.

[Brislin SJ](#), [Buchman-Schmitt JM](#), [Joiner TE](#), [Patrick CJ](#).

Abstract

Recent research has sought to understand how individuals high in psychopathic traits perceive pain in others (Decety, Skelly, & Kiehl, 2013; Marsh et al., 2013). Perception of pain in others is presumed to act as a prosocial signal, and underreactivity to others' pain may contribute to engagement in exploitative-aggressive behaviors among individuals high in psychopathic traits (Jackson, Meltzoff, & Decety, 2005). The current study tested for associations between facets of psychopathy as defined by the triarchic model (Patrick, Fowles, & Krueger, 2009) and decreased sensitivity to pain in 105 undergraduates tested in a laboratory pain assessment. A pressure algometer was used to index pain tolerance, and participants also rated their perceptions of and reactivity to the algometer-induced pain during the assessment and again 3 days later. A unique positive relationship was found between pain tolerance and the meanness facet of psychopathy, which also predicted reduced fear of painful algometer stimulation. Other psychopathy facets (boldness, disinhibition)

showed negative relations with fear of pain stimulation during testing and at follow-up. Findings from this study extend the nomological network surrounding callousness (meanness) and suggest that increased pain tolerance may be a mechanism contributing to insensitivity to expressions of discomfort in others. (PsycINFO Database Record

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PMID: 26950545 [PubMed - as supplied by publisher]

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43. J Psychoactive Drugs. 2016 Mar 3:1-9. [Epub ahead of print]

The Relationship between Antisocial and Borderline Features and Aggression in Young Adult Men in Treatment for Substance Use Disorders.

[Shorey RC](#)¹, [Elmqvist J](#)², [Anderson S](#)³, [Stuart GL](#)⁴.

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Abstract

There is a large literature documenting that adult men in treatment for substance use disorders perpetrate more aggression than men without substance use disorders. Unfortunately, there is minimal research on aggression among young adult men (i.e., 18-25 years of age) in treatment for substance use. Moreover, although aggression is more likely to occur when individuals are acutely intoxicated by alcohol or drugs, research also suggests that antisocial (ASPD) and borderline (BPD) personality features increase the chances an individual will use aggression. The current study therefore examined the associations between ASPD and BPD features, including specific features that are reflective of impulsivity, and aggression in young adult men in treatment for substance use disorders (N = 79). Controlling for age, education, alcohol and drug use, ASPD features were positively associated with various indicators of aggression (e.g., physical, verbal, attitudinal), whereas BPD features were only associated with physical aggression. However, ASPD and

BPD features that were specific to impulsivity were robustly related to indicators of aggression. Findings suggest that substance use treatment should attempt to target ASPD and BPD features in young adult men, which may help reduce aggression after treatment.

PMID: 26941068 [PubMed - as supplied by publisher]

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44. Am J Psychiatry. 2016 Mar 4:appiajp201515070907. [Epub ahead of print]

Prevalence and Correlates of DSM-5 Cannabis Use Disorder, 2012-2013: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions-III.

[Hasin DS¹](#), [Kerridge BT¹](#), [Saha TD¹](#), [Huang B¹](#), [Pickering R¹](#), [Smith SM¹](#), [Jung J¹](#), [Zhang H¹](#), [Grant BF¹](#).

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Abstract

OBJECTIVE:

Attitudes toward marijuana are changing, the prevalence of DSM-IV cannabis use disorder has increased, and DSM-5 modified the cannabis use disorder criteria. Therefore, updated information is needed on the prevalence, demographic characteristics, psychiatric comorbidity, disability, and treatment for DSM-5 cannabis use disorder.

METHOD:

In 2012-2013, 36,309 participants ≥ 18 years old were interviewed in the National Epidemiologic Survey on Alcohol and Related Conditions-III. Psychiatric and substance use disorders were assessed with the Alcohol Use Disorders and Associated Disabilities Interview Schedule-5.

RESULTS:

The prevalences of 12-month and lifetime cannabis use disorder were 2.5% and 6.3%. Among those with 12-month and lifetime diagnoses, the mean days of marijuana use per year were 225.3 (SE=5.7) and 274.2 (SE=3.8). The odds of 12-month and lifetime cannabis use disorder were higher for men, Native Americans, unmarried individuals, those with low incomes, and young adults (e.g., among those age 18-24 years versus ≥ 45 : odds ratio for 12-month disorder, 7.2; 95% confidence interval, 5.5-9.5). Cannabis use disorder was associated with other substance use disorders, affective disorders, anxiety, and personality disorders. Twelve-month cannabis use disorder was associated with disability. As disorder severity increased, virtually all associations became stronger. Only 13.2% with lifetime cannabis use disorder participated in 12-step programs or professional treatment.

CONCLUSIONS:

DSM-5 cannabis use disorder is prevalent, associated with comorbidity and disability, and largely untreated. Findings suggest the need to improve prevention and educate the public, professionals, and policy makers about possible harms associated with cannabis use disorders and available interventions.

PMID: 26940807 [PubMed - as supplied by publisher]

[Similar articles](#)



45. PLoS One. 2016 Mar 3;11(3):e0150807. doi: 10.1371/journal.pone.0150807. eCollection 2016.

[The German Version of the Gaze Anxiety Rating Scale \(GARS\): Reliability and Validity.](#)

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- ¹Department of Psychology, Laboratory for Biological and Personality Psychology, University of Freiburg, Freiburg, Germany.

Abstract

OBJECTIVE:

Fear of eye gaze and avoidance of eye contact are core features of social anxiety disorders (SAD). To measure self-reported fear and avoidance of eye gaze, the Gaze Anxiety Rating Scale (GARS) has been developed and validated in recent years in its English version. The main objectives of the present study were to psychometrically evaluate the German translation of the GARS concerning its reliability, factorial structure, and validity.

METHODS:

Three samples of participants were enrolled in the study. (1) A non-patient sample (n = 353) completed the GARS and a set of trait questionnaires to assess internal consistency, test-retest reliability, factorial structure, and concurrent and divergent validity. (2) A sample of patients with SAD (n = 33) was compared to a healthy control group (n = 30) regarding their scores on the GARS and the trait measures.

RESULTS:

The German GARS fear and avoidance scales exhibited excellent internal consistency and high stability over 2 and 4 months, as did the original version. The English version's factorial structure was replicated, yielding two categories of situations: (1) everyday situations and (2) situations involving high evaluative threat. GARS fear and avoidance displayed convergent validity with trait measures of social anxiety and were markedly higher in patients with GSAD than in healthy controls. Fear and avoidance of eye contact in situations involving high levels of evaluative threat related more closely to social anxiety than to gaze anxiety in everyday situations.

CONCLUSIONS:

The German version of the GARS has demonstrated reliability and validity similar to the original version, and is thus well suited to capture fear and avoidance of eye contact in different social situations as a valid self-report measure of social anxiety and related disorders in the social domain for use in both clinical practice and research.

PMCID: PMC4777438 **Free PMC Article**

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Spousal resemblance in psychopathology: A comparison of parents of children with and without psychopathology.

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Abstract

BACKGROUND:

Spouses resemble each other for psychopathology, but data regarding spousal resemblance in externalizing psychopathology, and data regarding spousal resemblance across different syndromes (e.g. anxiety in wives and attention deficit/hyperactivity disorder [ADHD] in husbands) are limited. Moreover, knowledge is lacking regarding spousal resemblance in

parents of children with psychiatric disorders. We investigated and compared spousal resemblance within and across internalizing and externalizing symptom domains in parents of children with and without psychopathology.

METHODS:

Symptoms of depression, anxiety, avoidant personality, ADHD, and antisocial personality were assessed with the Adult Self Report in 728 mothers and 544 fathers of 778 children seen in child and adolescent psychiatric outpatient clinics and in 2075 mothers and 1623 fathers of 2784 children from a population-based sample. Differences in symptom scores and spousal correlations between the samples were tested.

RESULTS:

Parents in the clinical sample had higher symptom scores than in the population-based sample. In both samples, correlations within and across internalizing and externalizing domains of psychopathology were significant. Importantly, correlations were significantly higher in the clinical sample ($P=0.03$). Correlations, within and across symptoms, ranged from 0.14 to 0.30 in the clinical sample and from 0.05 to 0.23 in the population-based sample.

CONCLUSIONS:

This large study shows that spousal resemblance is not only present within but also across symptom domains. Especially in the clinical sample, ADHD symptoms in fathers and antisocial personality symptoms in mothers were correlated with a range of psychiatric symptoms in their spouses. Clinicians need to be alert of these multiple affected families.

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PMID: 26928346 [PubMed - in process]

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47. Eur Psychiatry. 2016 Apr;34:29-35. doi: 10.1016/j.eurpsy.2015.12.007. Epub 2016 Feb 27.

Physical health comorbidities in women with personality disorder: Data from the Geelong Osteoporosis Study.

[Quirk SE](#)¹, [Stuart AL](#)², [Brennan-Olsen SL](#)³, [Pasco JA](#)⁴, [Berk M](#)⁵, [Chanen AM](#)⁶, [Koivumaa-Honkanen H](#)⁷, [Kotowicz MA](#)⁸, [Lukkala PS](#)⁹, [Williams LJ](#)².

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Abstract

BACKGROUND:

Associations between common psychiatric disorders, psychotic disorders and physical health comorbidities are frequently investigated. The complex relationship between personality disorders (PDs) and physical health is less understood, and findings to date are varied. This study aims to investigate associations between PDs with a number of prevalent physical health conditions.

METHODS:

This study examined data collected from women (n=765; ≥25years) participating in a population-based study located in south-eastern Australia. Lifetime history of psychiatric

disorders was assessed using the semi-structured clinical interviews (SCID-I/NP and SCID-II). The presence of physical health conditions (lifetime) were identified via a combination of self-report, medical records, medication use and clinical data. Socioeconomic status, and information regarding medication use, lifestyle behaviors, and sociodemographic information was collected via questionnaires. Logistic regression models were used to investigate associations.

RESULTS:

After adjustment for sociodemographic variables (age, socioeconomic status) and health-related factors (body mass index, physical activity, smoking, psychotropic medication use), PDs were consistently associated with a range of physical health conditions. Novel associations were observed between Cluster A PDs and gastro-oesophageal reflux disease (GORD); Cluster B PDs with syncope and seizures, as well as arthritis; and Cluster C PDs with GORD and recurrent headaches.

CONCLUSIONS:

PDs were associated with physical comorbidity. The current data contribute to a growing evidence base demonstrating associations between PDs and a number of physical health conditions independent of psychiatric comorbidity, sociodemographic and lifestyle factors. Longitudinal studies are now required to investigate causal pathways, as are studies determining pathological mechanisms.

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PMID: 26928343 [PubMed - in process]

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Items 1 - 54 of 54

1. Neuroscience. 2016 Apr 26. pii: S0306-4522(16)30090-2. doi: 10.1016/j.neuroscience.2016.04.025. [Epub ahead of print]

Reduced frontal cortex thickness and cortical volume associated with pathological narcissism.

[Mao Y¹](#), [Sang N¹](#), [Wang Y¹](#), [Hou X¹](#), [Huang H¹](#), [Wei D¹](#), [Zhang J¹](#), [Qiu J²](#).

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Abstract

Pathological narcissism is often characterized by arrogant behavior, a lack of empathy, and willingness to exploit other individuals. Generally, individuals with high levels of narcissism are more likely to suffer mental disorders. However, the brain structural basis of individual pathological narcissism trait among healthy people has not yet been investigated with surface-based morphometry. Thus, in this study, we investigated the relationship between cortical thickness (CT), cortical volume (CV), and individual pathological narcissism in a large healthy sample of 176 college students. Multiple regression was used to analyze the correlation between regional CT, CV, and the total Pathological Narcissism Inventory (PNI) score, adjusting for age, sex, and total intracranial volume. The results showed that the PNI score was significantly negatively associated with CT and CV in the right dorsolateral prefrontal cortex (DLPFC, key region of the central executive network, CEN), which might be associated with impaired emotion regulation processes. Furthermore, the PNI score showed significant negative associations with CV in the right postcentral gyrus, left medial prefrontal cortex (MPFC), and the CT in the right inferior frontal cortex (IFG, overlap with social brain network), which may be related to impairments in social cognition. Together, these findings suggest a unique structural basis for individual differences in pathological narcissism, distributed across different gray matter regions of the social brain network and CEN.

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PMID: 27129440 [PubMed - as supplied by publisher]

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2. J Ment Health. 2016 Apr 29:1-8. [Epub ahead of print]

[Psychiatric comorbidity and severity of dependence on substance users: how it impacts on their health-related quality of life?](#)

[Lozano ÓM¹](#), [Rojas AJ²](#), [Fernández Calderón F¹](#).

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Abstract

OBJECTIVE:

The aim of this study was to analyze the impact of psychiatric comorbidity and severity of dependence on health-related quality of life (HRQoL).

METHODS:

One hundred and ninety-eight substance use disorder (SUD) patients were recruited from an outpatient center that provides treatment for SUD. The International Personality Disorder Examination Screening Questionnaire (IPDE-SQ), Mini International Neuropsychiatric Interview (MINI), Substance Dependence Severity Scale (SDSS) and Health-Related Quality of Life for Drug Abusers test (HRQoLDA test) were administered.

RESULTS:

Patients with psychiatric comorbidity evaluated their HRQoL more negatively than patients without psychiatric comorbidity. An analysis of the relationship between severity of dependence and HRQoL scores indicated significant correlations among alcohol-, cocaine-, heroin- and cannabis-dependent patients. According to multivariate analyses, anxiety disorders, mood disorders, severity of dependence on alcohol, cannabis, cocaine, paranoid, borderline and avoidant personality disorders (PDs) were observed to have a major impact on HRQoL.

CONCLUSIONS:

SUD (severity of dependence on alcohol, cannabis and cocaine) and other mental disorders (anxiety disorders; mood disorders; paranoid, borderline and avoidant PDs) are involved in the deterioration of the SUD patients' HRQoL. This study demonstrates the need for integrated treatment for SUD patients. Treating only a part of the problem (whether SUD or other mental disorders are present) is insufficient for improving quality of life.

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Behavior Rating Inventory of Executive Function Adult Version in Patients with Neurological and Neuropsychiatric Conditions: Symptom Levels and Relationship to Emotional Distress.

[Løvstad M](#)¹, [Sigurdardottir S](#)¹, [Andersson S](#)², [Grane VA](#)², [Moberget T](#)³, [Stubberud J](#)¹, [Solbakk AK](#)².

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Abstract

OBJECTIVES:

The present study explored the level of self- and informant reported executive functioning in daily living using the Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A) in a large sample comprising healthy adults and patient cohorts with neurological and neuropsychiatric disorders. The relationship to neuropsychological test performance and self-reported emotional distress was explored, as well as the applicability of U.S. normative data.

METHODS:

Scores on the self- and informant reported BRIEF-A are presented, along with scores on standardized cognitive tests, and on rating scales of self-reported emotional distress in a Norwegian healthy comparison group (n=115), patients with severe traumatic brain injury (n=125), focal frontal lobe damage (n=29), focal cerebellar lesion (n=24), Parkinson's disease (n=42), attention deficit hyperactivity disorder (n=34), type II bipolar disorder (n=21), and borderline personality disorder (n=18).

RESULTS:

Strong associations were observed between the BRIEF-A and emotional distress in both the healthy group and in neurological groups, while no or weak relationships with IQ and performance-based tests of executive function were seen. The relationship between BRIEF-A and emotional distress was weaker in the neuropsychiatric patient groups, despite high symptom load in both domains. Healthy participants tended to have BRIEF-A scores 1/2-3/4 SD below the U.S. normative mean of T score=50.

CONCLUSIONS:

The study demonstrates the need to interpret BRIEF-A results within a broad differential diagnostic context, where measures of psychological distress are included in addition to neuropsychological tests. Uncertainty about the appropriateness of U.S. normative data in non-U.S. countries adds to the need for interpretive caution. (JINS, 2016, 22, 1-13).

PMID: 27126218 [PubMed - as supplied by publisher]

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4. Personal Ment Health. 2016 Apr 29. doi: 10.1002/pmh.1337. [Epub ahead of print]

[The clinical trajectory of patients with borderline personality disorder.](#)

[Kjaer JN](#)¹, [Biskin R](#)², [Vestergaard C](#)¹, [Gustafsson LN](#)¹, [Munk-Jørgensen P](#)¹.

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- ²Department of Psychiatry, McGill University, Montreal, Quebec, Canada.

Abstract

OBJECTIVE:

The epidemiological data on the diagnostic course of patients with borderline personality disorder (BPD) is limited. We used a nationwide register to investigate the diagnostic stability and changes over time.

METHOD:

The Danish nationwide registers were used to follow all patients with a diagnosis of BPD and investigate their first-ever psychiatric diagnosis and their latest diagnosis in the time period of 1995-2012. From this, we found the diagnostic stability and described the diagnostic changes.

RESULTS:

A total of 10 786 patients diagnosed with BPD were identified. The prospective diagnostic stabilities were 37% for females and 25% for males, and retrospective stabilities were 20% for females and 22% for males. More than 60% of patients received other diagnoses than BPD as their first-ever diagnosis. Stress-related (17%) and depressive disorders (14%) were most frequent as first-ever diagnosis. The latest diagnosis remained BPD in nearly half of females and one third of males, followed by schizophrenia, notably for those with longer follow-up and males.

CONCLUSION:

This study gives a detailed display of complicated clinical trajectories. The low diagnostic stabilities demonstrate a heterogenous patient group diagnosed with many other psychiatric diagnoses over time. Copyright © 2016 John Wiley & Sons, Ltd.

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PMID: 27126217 [PubMed - as supplied by publisher]

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5. Early Interv Psychiatry. 2016 Apr 29. doi: 10.1111/eip.12348. [Epub ahead of print]

[Openness to experience shortens duration of untreated psychosis in Serbian clinical population.](#)

[Maric NP](#)^{1,2}, [Andric S](#)², [Mihaljevic M](#)², [Mirjanic T](#)³.

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Abstract

AIM:

To determine duration of untreated psychosis (DUP) in patients with schizophrenia-spectrum disorders from Serbia and to analyse factors that potentially contribute to the treatment delay, with focus on personality traits.

METHODS:

Fifty seven patients (males 54.4%; age = 29.9 ± 6.0 yrs; age at the illness onset = 24.9 ± 5.1 yrs; IQ = 93.5 ± 12.2) were included. The assessment consisted of Nottingham Onset Schedule (NOS), Premorbid Adjustment Scale (PAS) and NEO Personality Inventory (NEO-PI-R). We used Cox regression model to evaluate relationship between DUP and explanatory variables.

RESULTS:

Based on the most restrictive definition, the length of DUP in our sample was 77.8 ± 120.6 weeks (MED = 25.0 weeks). DUP was negatively associated with openness to experience ($B = -0.804$, $P = 0.024$).

CONCLUSIONS:

We report the first evidence of DUP in Serbia, emphasizing that the personality domains are likely to impact the use of mental health care in persons with psychosis.

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PMID: 27125470 [PubMed - as supplied by publisher]

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6. Neuromodulation. 2016 Apr 28. doi: 10.1111/ner.12434. [Epub ahead of print]

[The Use of Preoperative Psychological Evaluations to Predict Spinal Cord Stimulation Success: Our Experience and a Review of the Literature.](#)

[Fama CA](#)¹, [Chen N](#)¹, [Prusik J](#)¹, [Kumar V](#)¹, [Wilock M](#)¹, [Roth S](#)¹, [Pilitsis JG](#)^{1,2}.

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Abstract

BACKGROUND:

Pre-operative psychological assessment is commonly used to assess patients for spinal cord stimulation (SCS). Though often times mandated by insurance, its value is frequently questioned.

METHODS:

We review the literature on the predictive value of psychological testing prior to SCS and retrospectively examine our prospective database of SCS patients. We examine associations of Minnesota Multiphasic Personality Inventory (MMPI), Beck Depression Inventory (BDI), and Pain Catastrophizing Scale (PCS) findings and outcomes on the visual analog scale (VAS), McGill Pain Questionnaire - Short Form (MPQ), and Oswestry Disability Index (ODI) at 6 and 12 months post-implantation.

RESULTS:

The nine studies examining psychological predictors of SCS outcomes collectively showed that substance abuse or feelings of demoralization or less joy correlated with worse outcomes. Though not statistically significant, our data show that at one year follow-up, patients without psychiatric disorders improved 1.5 times as much on ODI and 2.4 times as much on PCS as compared to patients with psychiatric disorders. Further, depressed patients concurrently treated with anti-depressants had greater improvement in BDI than non-medicated depressed patients ($p = 0.009$). We develop a tool for pain psychologists based on the existing literature to aid in identifying possible concerns and treating these patients peri-operatively.

DISCUSSION:

The predictive value of psychological testing depends on which psychiatric factors are used and which outcomes are measured. The predictive capacity of psychological indications can be used to holistically treat patients, specifically to recommend psychiatric medication and consulting to supplement SCS treatment as needed.

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Role of psychological factors in burning mouth syndrome: A systematic review and meta-analysis.

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Abstract

BACKGROUND:

Burning mouth syndrome (BMS) is a chronic medical condition characterised by hot, painful sensations in the lips, oral mucosa, and/or tongue mucosa. On examination, these appear healthy, and organic causes for the pain cannot be found. Several studies have yielded scant evidence of the involvement of psychological and/or psychopathological factors, and several have outlined a model for the classification of BMS.

AIM:

This review aims to provide a systematic review of research examining the psychological, psychiatric, and/or personality factors linked to BMS.

FINDINGS:

Fourteen controlled studies conducted between 2000 and the present were selected based on stringent inclusion/exclusion criteria. All studies but one reported at least some evidence for the involvement of psychological factors in BMS. Anxiety and depression were the most common and the most frequently studied psychopathological disorders among BMS patients.

DISCUSSION AND CONCLUSION:

Anxiety and depression play critical roles in this condition. Evidence on the role of personality characteristics of BMS patients has also been produced by a few studies. Further studies on the role of specific psychological factors in BMS are warranted, but the importance

of a multidisciplinary approach (medical and psychological) to BMS is no matter of discussion.

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8. Personal Ment Health. 2016 May;10(2):106-17. doi: 10.1002/pmh.1335.

Schedule for personality assessment from notes and documents (SPAN-DOC): Preliminary validation, links to the ICD-11 classification of personality disorder, and use in eating disorders.

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Abstract

BACKGROUND:

The underlying core of personality is insufficiently assessed by any single instrument. This has led to the development of instruments adapted for written records in the assessment of personality disorder.

AIMS:

To test the construct validity and inter-rater reliability of a new personality assessment method.

METHOD:

This study (four parts) assessed the construct validity of the Schedule for Personality Assessment from Notes and Documents (SPAN-DOC), a dimensional assessment from clinical records. We examined inter-rater reliability using case vignettes (Part 1) and convergent validity in three ways: by comparison with NEO Five-Factor Inventory in 130 Korean patients (Part 2), with agreed ICD-11 personality severity levels in two populations (Part 3) and determining its use in assessing the personality status in 90 British patients with eating disorders (Part 4).

RESULTS:

Internal consistency ($\alpha = .90$) and inter-rater reliability (intraclass correlation coefficient $\geq .88$) were satisfactory. Each factor in the five-factor model of personality was correlated with conceptually valid SPAN-DOC variables. The SPAN-DOC domain traits in those with eating disorders were categorized into 3 clusters: self-aggrandisement, emotionally unstable, and anxious/dependent.

CONCLUSIONS:

This study provides preliminary support for the usefulness of SPAN-DOC in the assessment of personality disorder. Copyright © 2016 John Wiley & Sons, Ltd.

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9. Personal Ment Health. 2016 May;10(2):84-95. doi: 10.1002/pmh.1336.

[Validating the proposed ICD-11 domains.](#)

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Abstract

AIM:

The ICD-11 Personality Disorders Committee has proposed five personality domains: Detached, Anankastic, Negative Affective, Dissocial and Disinhibited. We attempted to validate these proposed domains in a large sample of patients with major depression.

METHODS:

Participants from five treatment studies received a SCID assessment interview to assess DSM-5 personality disorder symptoms. Personality disorder symptoms were assigned to the five proposed domains. Confirmatory factor analysis in an exploratory framework was used to test the hypothesized domain structure.

RESULTS:

A total of 606 patients were included in the analysis. A series of models were tested on the data set. The best fitting model produced five domains. Three domains detached, anankastic and negative affective were similar to the ICD-11 proposed domains. The Disinhibited domain did not emerge as a distinct factor but loaded onto a single Dissocial/Disinhibited factor. The model was improved by adding a separate Antisocial domain. The remaining domain incorporating borderline, histrionic and narcissistic symptoms is tentatively labelled Borderline to retain continuity with clinical practice and research.

CONCLUSIONS:

The proposed ICD-11 personality disorder domains were partially validated. We have five domains currently labelled Detached, Anankastic, Negative Emotional, Antisocial and Borderline. The sample studied limits the generalizability of our findings. In particular, the broad domain we have called Borderline requires further study. Copyright © 2016 John Wiley & Sons, Ltd.

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Conflicts of interest and spin in reviews of psychological therapies: a systematic review.

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Abstract

OBJECTIVE:

To explore conflicts of interest (COI) and their reporting in systematic reviews of psychological therapies, and to evaluate spin in the conclusions of the reviews.

METHODS:

MEDLINE and PsycINFO databases were searched for systematic reviews published between 2010 and 2013 that assessed effects of psychological therapies for anxiety, depressive or personality disorders, and included at least one randomised controlled trial. Required COI disclosure by journal, disclosed COI by review authors, and the inclusion of own primary studies by review authors were extracted. Researcher allegiance, that is, that researchers concluded favourably about the interventions they have studied, as well as spin, that is, differences between results and conclusions of the reviews, were rated by 2 independent raters.

RESULTS:

936 references were retrieved, 95 reviews fulfilled eligibility criteria. 59 compared psychological therapies with other forms of psychological therapies, and 36 psychological therapies with pharmacological interventions. Financial, non-financial, and personal COI were disclosed in 22, 4 and 1 review, respectively. 2 of 86 own primary studies of review authors included in 34 reviews were disclosed by review authors. In 15 of the reviews, authors showed an allegiance effect to the evaluated psychological therapy that was never disclosed. Spin in review conclusions was found in 27 of 95 reviews. Reviews with a

conclusion in favour of psychological therapies (vs pharmacological interventions) were at high risk for a spin in conclusions (OR=8.31 (1.41 to 49.05)). Spin was related in trend to the inclusion of own primary studies in the systematic review (OR=2.08 (CI 0.83 to 5.18) p=0.11) and researcher allegiance (OR=2.63 (0.84 to 8.16) p=0.16).

CONCLUSIONS:

Non-financial COI, especially the inclusion of own primary studies into reviews and researcher allegiance, are frequently seen in systematic reviews of psychological therapies and need more transparency and better management.

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11. Schizophr Res. 2016 Apr 22. pii: S0920-9964(16)30176-1. doi: 10.1016/j.schres.2016.04.027. [Epub ahead of print]

[Evidence for an agitated-aggressive syndrome in early-onset psychosis correlated with antisocial personality disorder, forensic history, and substance use disorder.](#)

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Abstract

OBJECTIVE:

Agitation, aggression, and violence are increased in psychotic disorders. Additionally, an earlier age at onset may be associated with aggressive behavior. However, the relationship of age at onset, an agitated-aggressive syndrome as measured with the Positive And Negative Syndrome Scale for Schizophrenia - Excited Component (PANSS-EC), and its potential correlates in first-episode psychosis (FEP) has not been studied.

METHOD:

This study assessed the association between age at onset, an agitated-aggressive syndrome, and its potential correlates in a prospective sample of 52 FEP patients with early-onset and adult-onset followed up for 12months.

RESULTS:

Twenty-six patients conformed to the criteria of early-onset psychosis. Early age at onset was associated with antisocial personality disorder ($p=0.004$; $\phi_c=0.39$), a history of legal involvement ($p=0.005$; $\phi_c=0.39$), and higher rates of lifetime substance use disorder (SUD; $p=0.002$; $\phi_c=0.42$). Early-onset patients had significantly higher PANSS-EC scores over the course of observation ($F(1,44.4)=5.39$; $p=0.025$; $d=0.656$), but no significant group differences emerged for the remaining PANSS subscores. PANSS-EC scores were correlated positively with antisocial personality disorder and forensic history at 6weeks, 3months, 6months, and 12months, and with lifetime substance use disorder at 3months and 6months.

CONCLUSIONS:

Patients with early onset psychosis may have increased levels of agitation/aggressiveness, and, more likely, antisocial personality disorder, forensic history, and lifetime substance use disorder. These variables were linked to suicidality, aggressiveness, and involuntary treatment.

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Impaired context processing during irony comprehension in schizotypy: An ERPs study.

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Abstract

Mentalizing deficits are a core manifestation of schizophrenia spectrum disorders. They contribute to the social handicap associated with the pathology, leading to disruption in autonomy, professional achievement, and interpersonal relationships. However, the underlying mechanisms of these deficits remain poorly understood. The aim of the present study was to test the hypothesis that context processing deficits would be responsible for mentalizing difficulties in schizotypy (personality traits considered as attenuated manifestations of schizophrenic symptoms) by using an irony comprehension task. Irony processing is a mentalizing exercise that requires the ability to take into account the semantic context to understand the literal meaning of the utterance, and to integrate the pragmatic context to infer the speaker's intention. These two steps of processing can be indexed by the N400 and P600 components, respectively, of event-related brain potentials (ERPs). Forty participants were assigned to high or low schizotypy groups according to their Schizotypal Personality Questionnaire (SPQ) score, and ERPs were recorded while they read short stories ending with a literal, ironic, or incompatible statement. In the low-SPQ group, there was a significant N400 semantic context effect (literal targets elicited less negative N400 amplitudes compared to incompatible targets) followed by a P600 pragmatic context effect (ironic targets evoked greater positive P600 amplitudes than literal targets). In contrast, there was neither a N400 nor P600 effect in the high-SPQ group. These abnormalities were associated with high interpersonal SPQ factor scores. These results show a strong association between context processing, mentalizing abilities, and interpersonal functioning in schizophrenia spectrum.

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13. Neuropsychiatr Dis Treat. 2016 Apr 11;12:787-93. doi: 10.2147/NDT.S103015. eCollection 2016.

Suicidal behavior and self-harm in girls with eating disorders.

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Abstract

Comorbid psychopathology, including self-harm and suicidal behavior, is often found in patients with eating disorders. To better understand the reasons for high comorbid psychopathology among eating disorders, self-harm, and suicidal behavior, we examined this comorbidity in female patients hospitalized with eating disorders. In a sample of 47 girls admitted for anorexia nervosa, atypical anorexia nervosa, and bulimia nervosa, 72% had depressive symptoms, 11% had obsessive-compulsive symptoms, 9% had anxiety disorder, 23% had substance abuse, and 57% had disharmonious personality development. Suicidal behavior was present in 60% of patients and self-harm in 49%. Association was found between self-harm and suicidality. In all, 68% of girls with eating disorders had a positive score in the Children's Depression Inventory questionnaire and 62% of them in the Child Adolescent Suicidal Potential Index questionnaire. Clinical examination of girls with eating disorders should focus on identifying the risk of suicidal behavior and self-harm.

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14. Early Interv Psychiatry. 2016 Apr 25. doi: 10.1111/eip.12333. [Epub ahead of print]

Polish individuals with an at-risk mental state: demographic and clinical characteristics.

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Abstract

AIM:

The aim of this study is to present sociodemographic and clinical characteristics of Polish individuals with an at-risk mental state (ARMS).

METHODS:

A group of 99 individuals meeting the ARMS criteria were assessed in terms of sociodemographic data, psychopathological symptoms, psychosocial functioning and comorbidity.

RESULTS:

The sample (mean age 19 years) was 54.55% women. At baseline, nearly 73% of the sample was educated, and 20.20% were employed. Approximately 87.88% of the participants lived with their families. Nearly 77% of the sample presented attenuated psychotic symptoms (APS), 17.17% demonstrated APS with accompanying vulnerability traits and 19.19% showed vulnerability features only. The mean Social and Occupational Functioning Assessment Scale score was 49.55 (± 7.70). No effect of age, gender or level of functioning on psychopathological symptoms was observed. The most common comorbid diagnoses were depressive (44.44%) and anxiety disorders (19.19%), which coexisted in 5.05% of the individuals. Approximately 28.28% of the diagnoses met the criteria for personality

disorders. The dropout rate from the study was 19.09%, with stigma as the most common reason.

CONCLUSIONS:

Polish ARMS individuals are help-seeking young people most commonly presenting APS or vulnerability features. Despite a high level of psychosocial dysfunction, these individuals remain educationally active. Most individuals showed comorbid diagnoses (commonly depressive or anxiety disorders). Despite some differences resulting from the socioeconomic situation of the country or the specificity of the mental health services, the characteristics of the sample remain consistent with descriptions of ARMS populations worldwide. This study reaffirms the need for organizing early intervention services in non-stigmatizing settings.

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15. Clin Psychol Psychother. 2016 Apr 25. doi: 10.1002/cpp.2015. [Epub ahead of print]

Does Therapists' Disengaged Feelings Influence the Effect of Transference Work? A Study on Countertransference.

[Dahl HJ](#)¹, [Høglend P](#)², [Ulberg R](#)^{1,2}, [Amlo S](#)³, [Gabbard GO](#)⁴, [Perry JC](#)⁵, [Christoph PC](#)⁶.

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Abstract

Exploration of the patient-therapist relationship (transference work) is considered a core active ingredient in dynamic psychotherapy. However, there are contradictory findings as for whom and under what circumstances these interventions are beneficial. This study investigates long-term effects of transference work in the context of patients' quality of

object relations (QOR) and therapists' self-reported disengaged feelings. Therapists' disengaged feelings may negatively influence the therapeutic process, especially while working explicitly with the transference since discussing feelings that are present in the session is an essential aspect of transference work. One hundred outpatients seeking psychotherapy for depression, anxiety and personality disorders were randomly assigned to one year of dynamic psychotherapy with transference work or to the same type and duration of treatment, but without transference work. Patients' QOR-lifelong pattern was evaluated before treatment and therapists' feelings were assessed using the Feeling Word Checklist-58 after each session. Outcome was measured with self-reports and interviews at pre-treatment, mid-treatment, post-treatment, one year and three years after treatment termination. A significant interaction of treatment group (transference work versus no transference work) by QOR by disengaged therapist feelings was present, indicating that disengaged feelings, even small amounts, were associated with negative long-term effects of transference work, depending on QOR Scale scores. The strengths of the negative association increased significantly with lower levels of QOR. The negative association between even a small increase in disengaged therapist feelings and long-term effects of transference interpretation was substantial for patients with poor QOR, but small among patients with good QOR.

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KEY PRACTITIONER MESSAGE:

Therapists' emotional reactions to their patients (countertransference) seem to have a significant impact on both the treatment process and outcome of psychotherapy. Therapists' heightened level of disengaged feelings over a treatment period shows an adverse impact on the effect of transference work for all patients, and especially so for patients with a history of poor, non-mutual and complicated relationships. For patients with a history of reciprocal, sound relationships the negative influence of therapists' disengaged countertransference is minimal. Higher therapist disengagement is strongly related to inferior therapists' skill for patients with a history of poor relationships and/or more personality disorder pathology. Training and supervision should provide direct feedback and focus on therapists' internal thought processes and emotional reactions. Therapists need to recognize and understand their feelings and attitudes in order to use the countertransference as a tool to understand the interpersonal process in therapy.

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16.J Abnorm Child Psychol. 2016 Apr 25. [Epub ahead of print]

Sleep Problems in Childhood and Borderline Personality Disorder Symptoms in Early Adolescence.

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Abstract

Sleep disorders, such as insomnia and nightmares, are commonly associated with Borderline Personality Disorder (BPD) in adulthood. Whether nightmares and sleep-onset and maintenance problems predate BPD symptoms earlier in development is unknown. We addressed this gap in the literature using data from the Avon Longitudinal Study of Parents and Children (ALSPAC). Participants included 6050 adolescents (51.4 % female) who completed the UK Childhood Interview for DSM-IV BPD at 11 to 12 years of age. Nightmares and sleep onset and maintenance problems were prospectively assessed via mother report when children were 2.5, 3.5, 4.8 and 6.8 years of age. Psychopathological (i.e., emotional temperament; psychiatric diagnoses; and emotional and behavioural problems) and psychosocial (i.e., abuse, maladaptive parenting, and family adversity) confounders were assessed via mother report. In logistic regressions, persistent nightmares (i.e., regular nightmares at 3 or more time-points) were significantly associated with BPD symptoms following adjustment for sleep onset and maintenance problems and all confounders (Adjusted Odds Ratio = 1.62; 95 % Confidence Interval = 1.12 to 2.32). Persistent sleep onset and maintenance problems were not significantly associated with BPD symptoms. In path analysis controlling for all associations between confounders, persistent nightmares independently predicted BPD symptoms (Probit co-efficient [β] = 0.08, $p = 0.013$). Emotional and behavioural problems significantly mediated the association between nightmares and BPD ($\beta = 0.016$, $p < 0.001$), while nightmares significantly mediated associations between emotional temperament ($\beta = 0.001$, $p = 0.018$), abuse ($\beta = 0.015$, $p = 0.018$), maladaptive parenting ($\beta = 0.002$, $p = 0.021$) and subsequent BPD. These findings tentatively support that childhood nightmares may potentially increase the risk of BPD symptoms in early adolescence via a number of aetiological pathways. If replicated, the current findings could have important implications for early intervention, and assist clinicians in the identification of children at risk of developing BPD.

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17. Eat Weight Disord. 2016 Apr 23. [Epub ahead of print]

Onset of dieting in childhood and adolescence: implications for personality, psychopathology, eating attitudes and behaviors of women with eating disorder.

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Abstract

PURPOSE:

This study examined the MMPI-2 and EDI-2 scores of 205 Korean women with eating disorders to identify difference between early and adulthood onset of dieting groups.

METHODS:

101 women had started dieting in their childhood to adolescence (EARLYdieting group) and 104 had started dieting in their adulthood (ADULTdieting group).

RESULTS:

Both of the MMPI-2 and EDI-2 scores were significantly different between the two groups before and after adjusting for the duration since the onset of eating disorder. EARLY dieting group scored higher in the MMPI-2 clinical scales 1, 3, 0 and the EDI-2 bulimia scale. EARLY dieting group tended to use a more varied dieting strategy.

CONCLUSIONS:

The findings suggested that starting to diet early in life may be related to more severe psychopathology and dieting behaviors in adulthood.

PMID: 27107873 [PubMed - as supplied by publisher]

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18. Psychiatry Res. 2016 Apr 13;240:151-156. doi: 10.1016/j.psychres.2016.04.014. [Epub ahead of print]

[Combined therapy with interpersonal psychotherapy adapted for borderline personality disorder: A two-years follow-up.](#)

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PMID: 27107668 [PubMed - as supplied by publisher]

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19. Soc Psychiatry Psychiatr Epidemiol. 2016 Apr 22. [Epub ahead of print]

[The epidemiology of DSM-5 posttraumatic stress disorder in the United States: results](#)

from the National Epidemiologic Survey on Alcohol and Related Conditions-III.

[Goldstein RB](#)^{1,2}, [Smith SM](#)^{3,4}, [Chou SP](#)³, [Saha TD](#)³, [Jung J](#)³, [Zhang H](#)³, [Pickering RP](#)³, [Ruan WJ](#)³, [Huang B](#)³, [Grant BF](#)³.

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Abstract

OBJECTIVES:

To present current, nationally representative US findings on the past-year and lifetime prevalences, sociodemographic correlates, psychiatric comorbidity, associated disability, and treatment of DSM-5 posttraumatic stress disorder (PTSD).

METHODS:

Face-to-face interviews with 36,309 adults in the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions-III. PTSD, alcohol and drug use disorders, and selected mood, anxiety, and personality disorders were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-5.

RESULTS:

Past-year and lifetime prevalences were 4.7 and 6.1 %, higher for female, white, Native American, younger, and previously married respondents, those with <high school education and lower incomes, and rural residents. PTSD was significantly associated with a broad range of substance use, mood, anxiety, and personality disorders, and past-month disability.

Among respondents with lifetime PTSD, 59.4 % sought treatment; an average of 4.5 years elapsed from disorder onset to first treatment.

CONCLUSIONS:

DSM-5 PTSD is prevalent, highly comorbid, disabling, and associated with delayed help seeking. Additional research is needed to elucidate relationships identified herein, estimate PTSD-related costs, investigate hypotheses regarding etiology, course, and treatment, and support decisions about resource allocation to service delivery and research. Initiatives are needed to destigmatize PTSD, educate the public about its treatment, and encourage affected individuals to seek help.

PMID: 27106853 [PubMed - as supplied by publisher]

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20. J Nerv Ment Dis. 2016 Apr 22. [Epub ahead of print]

[Clinical Characteristics Associated With Treatment-Resistant Bipolar Disorder.](#)

[Parker GB](#)¹, [Graham RK](#).

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Abstract

There has been limited consideration and empirical studies on treatment-resistant bipolar disorder (TRBD). This exploratory study was designed to identify factors contributing to TRBD in patients with a bipolar (I or II) disorder. Patients were categorized with "low," "medium," or "high" levels of treatment resistance based on a) the total number of psychiatric medications received and, for a second analysis, b) the number of mood stabilizer medications received. The study identified a number of factors associated with TRBD, such as being female and older and having an older age at illness onset, a higher incidences of family depression, less likelihood of being in paid employment, a higher number of lifetime stressors, medical conditions and comorbid anxiety disorders, a different personality and temperament profile, and more regular use of benzodiazepines. There were few factors associated with TRBD when defined by number of mood stabilizers trialed. Potential explanations for these findings were explored.

PMID: 27105455 [PubMed - as supplied by publisher]

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Personality traits in established schizophrenia: aspects of usability and differences between patients and controls using the Swedish universities Scales of Personality.

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Abstract

BACKGROUND:

Personality is considered as an important aspect that can affect symptoms and social function in persons with schizophrenia. The personality questionnaire Swedish universities Scales of Personality (SSP) has not previously been used in psychotic disorder.

AIMS:

To investigate if SSP has a similar internal consistency and factor structure in a psychosis population as among healthy controls and if patients with psychotic disorders differ from non-psychotic individuals in their responses to the SSP.

METHODS:

Patients with psychotic disorders (n = 107) and healthy controls (n = 119) completed SSP. SSP scores were analyzed for internal consistency and case-control differences by Cronbach's alfa and multiple analysis of covariance, respectively.

RESULTS:

Internal consistencies among patients were overall similar to that of controls. The patients scored significantly higher in seven (Somatic trait anxiety, Psychic trait anxiety, Stress susceptibility, Lack of assertiveness, Detachment, Embitterment, Mistrust) and lower in three (Physical trait aggression, Verbal trait aggression, Adventure seeking) of the 13 scales of the inventory. In three scales (Impulsiveness, Social desirability and Trait irritability) there was no significant difference between the scoring of patients and healthy controls.

CONCLUSION:

The reliability estimates suggest that SSP can be used by patients with psychotic disorders in stable remission. Patients score higher on neuroticism-related scales and lower on aggression-related scales than controls, which is in accordance with earlier studies where other personality inventories were used.

PMID: 27103375 [PubMed - as supplied by publisher]

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22. Int J Psychiatry Clin Pract. 2016 Apr 22:1-8. [Epub ahead of print]

Patients assessed by the liaison psychiatric team in the emergency department of a regional hospital in Canada - general characteristics and gender differences.

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Abstract

OBJECTIVE:

To describe the characteristics of liaison psychiatric patients in the emergency department (ED) of a medium sized hospital in the oil sands region of Northern Alberta.

METHODS:

ED psychiatry services users were evaluated using a data assessment tool designed to capture all relevant demographic and clinical characteristics.

RESULTS:

Overall, 477 patients (48.2% male) were assessed by the psychiatric team over the 12 month period. There was a fairly balanced distribution by age, ethnicity and relationship status between both sexes. The majority of patients with a history of self-harm or childhood sexual abuse were female while male patients were significantly more likely to report medication non-compliance. A higher proportion of female patients had depressive disorders and personality disorders while a higher proportion of male patients had anxiety disorders, bipolar and related disorders, schizophrenia spectrum disorders and substance-related disorders. Nearly one in five patients was admitted for inpatient treatment with a significantly higher proportion of males being admitted involuntarily.

CONCLUSIONS:

There were sex-specific differences in many of the demographic and clinical measures in our ED psychiatric sample. These differences indicate a potential need for targeted education and service initiatives to promote better access to psychiatric services and treatment outcomes.

PMID: 27102742 [PubMed - as supplied by publisher]

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23. J Headache Pain. 2016 Dec;17(1):45. doi: 10.1186/s10194-016-0635-8. Epub 2016 Apr 22.

Comorbidities of psychiatric and headache disorders in Nepal: implications from a nationwide population-based study.

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Abstract

BACKGROUND:

Headache disorders, anxiety and depression - the major disorders of the brain - are highly comorbid in the western world. Whether this is so in South Asia has not been investigated, but the question is of public-health importance to countries in the region. We aimed to investigate associations, and their direction(s), between headache disorders (migraine, tension-type headache [TTH] and headache on ≥ 15 days/month) and psychiatric manifestations (anxiety, depression and neuroticism), and how these might affect quality of life (QoL).

METHODS:

In a nationwide, cross-sectional survey of the adult Nepalese population (N = 2100), trained interviewers applied: 1) a culturally-adapted version of the Headache-Attributed Restriction, Disability, Social Handicap and Impaired Participation (HARDSHIP) questionnaire to diagnose headache disorders; 2) a validated Nepali version of the Hospital Anxiety and Depression Scale (HADS) to detect anxiety (HADS-A), depression (HADS-D) and comorbid anxiety and depression (HADS-cAD); 3) a validated Nepali version of the Eysenck Personality Questionnaire Revised Short Form-Neuroticism (EPQRS-N); and 4) the World Health Organization Quality of Life 8-question scale (WHOQOL-8). Associations with headache types were analysed using logistic regression for psychiatric caseness and linear regression for neuroticism. Adjustments were made for age, gender, household consumption, habitat, altitude and use of alcohol and marijuana.

RESULTS:

HADS-A was associated with any headache ($p = 0.024$), most strongly headache on ≥ 15 days/month (AOR = 3.2) followed by migraine (AOR = 1.7). HADS-cAD was also associated with any headache ($p = 0.050$, more strongly among females than males [$p = 0.047$]) and again most strongly with headache on ≥ 15 days/month (AOR = 2.7), then migraine (AOR = 2.3). Likewise, neuroticism was associated with any headache ($p < 0.001$), most strongly with headache on ≥ 15 days/month (B = 1.6), followed by migraine (B = 1.3). No associations were found between HADS-D and any headache type, or between TTH and

any psychiatric manifestation. Psychiatric caseness of any sort, when comorbid with migraine or TTH, aggravated the negative impact on QoL ($p < 0.001$).

CONCLUSION:

Headache disorders are highly comorbid with anxiety and show associations with neuroticism in Nepal, with negative consequences for QoL. These findings call for reciprocal awareness, and a holistic coordinated approach to management and in the health service. Care for common headache and common psychiatric disorders should be integrated in primary care.

PMID: 27102122 [PubMed - in process]

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24. Crim Behav Ment Health. 2016 Apr 22. doi: 10.1002/cbm.1999. [Epub ahead of print]

Psychopathological features in a sample of substance-abusing individuals with criminal history: Towards a definition of a personality prototype of an 'Addict with Criminal Conduct'.

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Abstract

BACKGROUND:

The relationship between substance use disorders and criminal activity is strong, and one that is not easily resolved in the criminal justice system. A better understanding of personality traits among substance misusers who commit offences could support better treatment efforts.

AIMS:

The aim of this study is to explore associations between the psychopathology of people addicted to substances who have also committed crimes.

METHODS:

We recruited 263 substance-dependent individuals (80% male, 20% female) from a cohort of people attending regional community services in Italy. They all completed an extensive evaluation of their current mental health and personality traits. Their official criminal records were obtained, and the psychopathology of those who had a criminal record compared with those who did not.

RESULTS:

The criminal group was more likely to perceive the external world as hostile and to consider others as responsible for their own problems and difficulties; in addition, substance-dependent individuals with criminal records showed more personality traits within the psychopathy range and fewer in the dependent personality range than the substance abusers who had never committed crimes.

CONCLUSIONS:

These findings allow us to hypothesise that substance abusers who also have criminal convictions may have a specific personality profile. If further research were to confirm this, then it could have important implications for identifying people for particular treatment pathways and developing more effective treatments. Copyright © 2016 John Wiley & Sons, Ltd.

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Borderline Personality Disorder Symptom Severity and Sexually Transmitted Infection and HIV Risk in African American Incarcerated Men.

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Abstract

BACKGROUND:

Sexually transmitted infections (STI)/HIV rates are disproportionately high among men involved in the criminal justice system. Mental health disorders, including personality disorders, are also elevated among inmates. Borderline personality disorder (BPD) may be an important risk factor for STI/HIV, yet remains relatively understudied, particularly among inmates.

METHODS:

We used baseline data from Project DISRUPT, a cohort study of African American men being released from prison in North Carolina who were in heterosexual relationships at prison entry (n = 189), to assess their STI/HIV risk in the 6 months before incarceration and BPD symptoms focused on emotional lability and relationship dysfunction. We created a continuous BPD symptom severity score and a dichotomous BPD indicator split at the top quartile of the score (BPD-TQ) to examine associations between BPD and STI/HIV outcomes using logistic regression. We also examined associations between individual symptoms and outcomes.

RESULTS:

After adjustment for sociodemographics and antisocial personality disorder, BPD-TQ was associated with sexual risk behaviors including multiple partnerships (adjusted odds ratio, 2.58; 95% confidence interval, 1.24-5.36) and sex with nonmonogamous partners (adjusted odds ratio, 2.54; 95% confidence interval, 1.17-5.51). Prevalence of previous STI (47.5% vs. 29.6%) and prevalent chlamydial infection (6.9% vs. 3.1%) seemed higher in those in BPD-TQ, although the associations were not statistically significant. Associations were similar to those with the continuous score. Borderline personality disorder symptoms most associated with STI/HIV risk were abandonment worry, mood swings, and shifts in opinions.

CONCLUSIONS:

Borderline personality disorder is strongly associated with STI/HIV risk in this sample. Researchers should further evaluate the relationship between STI/HIV and BPD, in addition to mood disorders.

PMCID: PMC4840466 [Available on 2017-05-01]

PMID: 27100769 [PubMed - in process]

[Similar articles](#)



26. J Clin Psychol. 2016 Apr 21. doi: 10.1002/jclp.22315. [Epub ahead of print]

Nightmare Disorder, Psychopathology Levels, and Coping in a Diverse Psychiatric Sample.

[van Schagen A](#)^{1,2}, [Lancee J](#)³, [Swart M](#)^{2,4}, [Spoormaker V](#)⁵, [van den Bout J](#)⁶.

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Abstract

OBJECTIVE:

Nightmares are associated with psychopathology and impaired coping in the general population. However, little is known about this association in a psychiatric population. In this study, we investigate whether patients with diverse psychiatric disorders have increased symptomatology and different coping styles if they suffer from comorbid nightmare disorder.

METHOD:

Participants were 498 patients with diverse moderate to severe psychiatric disorders. As part of a standard assessment procedure, they filled out questionnaires regarding nightmares, psychopathology, personality pathology, and coping.

RESULTS:

A multivariate analysis of covariance and post hoc tests showed that patients with nightmare disorder scored higher on psychopathology ($\eta_p^2 = .03$; $p = .001$) and personality pathology ($\eta_p^2 = .01-.03$; $p < .05$). No significant differences were found with regards to coping strategies.

CONCLUSION:

Nightmare disorder is associated with higher levels of psychopathology and personality pathology in a sample of patients with diverse psychiatric disorders.

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27. Clin Psychol Psychother. 2016 Apr 20. doi: 10.1002/cpp.2016. [Epub ahead of print]

Gestalt Therapy Applied: A Case Study with an Inpatient Diagnosed with Substance Use and Bipolar Disorders.

[Aiach Dominitz V¹](#).

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Abstract

AIM:

The aim of the present paper is to open the discourse regarding the unmet needs of specific patients, especially those with substance use disorder and/or personality disorder where 'multimorbidities', and/or 'overdiagnosis' and/or 'diagnosis overlap' are frequent. An additional aim is to review the main therapeutic purpose and concepts of Gestalt therapy which might be appropriate in the treatment of these patients often characterized by their difficulties in being aware and in contact in the 'here and now'.

METHODS:

I first start with an overview of Gestalt therapy concepts. Then, I illustrate Gestalt's 'here and now' and awareness concepts applied during 18 sessions with an inpatient diagnosed with substance use and bipolar disorders. In addition, the patient had to face an open criminal charge, was regarded as having an antisocial personality disorder and argued suffering from post-traumatic stress disorder.

RESULTS:

After this two-month therapy period, the patient entered for the first time a daily rehabilitation program in the community, where he was doing well (this after a few prior hospitalizations). The awareness development in the 'here and now' through which different contact styles and cycles of experiences are experienced is a process that allowed the patient to start experiencing contact with himself, his true needs and his environment. This contributed to his well-being improvement, led and supported his rehabilitation and reinsertion within the society and decrease his relapses, either with drugs or criminal activities. Copyright © 2016 John Wiley & Sons, Ltd. Key Practitioner Message: People with substance use disorder (where 'multimorbidities', 'overdiagnosis' or 'diagnosis overlap' are frequent), people with personality disorder(s) or people who have difficulties in defining what really disturbs them are the same people who could benefit of GT encouraging awareness and contact development in the 'here and now'. Gestalt therapy should not be regarded as a practitioner's toolbox but as a therapeutic process allowing awareness and I-boundaries development in the 'here and now' through authentic and genuine relationships. The therapist's awareness and contact with themselves and their environment are reflected in the therapist's relaxed but awake and aware state of mind as well as their wise, spontaneous and mindful approach.

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EDUCATIONAL ATTAINMENT AS A PROTECTIVE FACTOR FOR PSYCHIATRIC DISORDERS: FINDINGS FROM A NATIONALLY REPRESENTATIVE LONGITUDINAL STUDY.

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Abstract

OBJECTIVE:

This study examined cross-sectional and longitudinal relationships between educational attainment and psychiatric disorders (i.e., mood, anxiety, substance use, and personality disorders) using a nationally representative survey of US adults.

METHOD:

We used data from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (N = 34,653). Bivariate and multiple logistic regressions examined cross-sectional and longitudinal associations between educational attainment and a variety of past-

year and incident anxiety, mood, and substance use disorders, controlling for sociodemographics and psychiatric disorder comorbidity.

RESULTS:

Adjusted cross-sectional data indicated that educational attainment below a graduate or professional degree at Wave 2 was associated with significantly higher odds of substance use and/or dependence disorders (adjusted odds ratio range (AORR = 1.55-2.55, $P < 0.001$). Longitudinal adjusted regression analyses indicated that individuals reporting less than a college education at Wave 1 were at significantly higher odds of experiencing any incident mood (AORR 1.49-1.64, $P < 0.01$), anxiety (AORR 1.35-1.69, $P < 0.01$), and substance use disorder (AORR 1.50-2.02, $P < 0.01$) at Wave 2 even after controlling for other sociodemographic variables and psychiatric comorbidity.

CONCLUSION:

Findings lend support to other published research demonstrating that educational attainment is protective against developing a spectrum of psychiatric disorders. Mechanisms underlying this relationship are speculative and in need of additional research.

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PMID: 27096927 [PubMed - as supplied by publisher]

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29. BMC Psychiatry. 2016 Apr 19;16(1):111. doi: 10.1186/s12888-016-0819-4.

[Determinants of dropout in a community-based mental health crisis centre.](#)

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Abstract

BACKGROUND:

Dropping out during the course of medical follow up is defined as an early therapy withdrawal without the agreement of the therapist. In a psychiatric crisis unit in Geneva, we empirically observed that almost 50 % of the patients were not showing up to their first appointments, which were scheduled for 3 to 7 days post discharge.

METHODS:

The aim of this naturalistic descriptive cohort study is to identify the demographic, patient and care-related predictive factors of dropout in a community-based psychiatric crisis centre. We included 245 consecutive outpatients followed-up for 4 to 6 weeks of intensive outpatient psychiatric treatment. Logistic regression models were built to examine the association between dropout and demographic, care and patient-related variables.

RESULTS:

Among the 245 outpatients, dropout occurred in 37.5 % of cases, and it most frequently occurred (81.8 %) in the first 2 days of follow-up. Among care-related variables, referral by hospital units or private psychiatrists led to significantly lower levels of dropout compared to patients referred by the psychiatric emergency unit (respectively: OR = .32; $p = .04$; 95 % CI [.10, .93]; OR = .36; $p = .04$; 95 % CI [.13, .96]; OR = .22; $p = .002$; 95 % CI [.08, .58]). Among patient-related variables, younger age increased the risk of dropout (OR = .96; 95 %; $p = .002$; 95 % CI [.94, .99]). Anxiety and personality but not mood disorders were also related to higher rates of dropout (respectively: OR = 2.40; $p = .02$; 95 % CI [1.14, 4.99]; and OR = 1.98; $p = .02$; 95 % CI [1.09, 3.59]). Unipolar depression (72.2 %; OR = 1.47; $p = .48$; 95 % CI [.34, 1.21]) was the most frequent primary diagnosis in this sample.

CONCLUSIONS:

This study makes clear the need for increased efforts to improve care adherence in young patients with anxious or personality disorders seen in emergency rooms because they are prone to early discontinuation of treatments. Future studies in this field are warranted to gain a better understanding into the complex reasons that surround discontinuation of care in outpatient settings.

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Decreased regional gray matter volume in suicide attempters compared to suicide non-attempters with major depressive disorders.

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Abstract

OBJECTIVE:

This study investigated regional gray matter (GM) volume differences between suicide attempters and suicide non-attempters with major depressive disorder (MDD) and their relationship with psychological risk factors for suicidality.

METHODS:

MDD patients with and without a suicide attempt history (n=19 in each group) participated. The Hamilton Depression Rating Scale, Clinical Global Impression (severity subscale), Scale for Suicide Ideation (SSI), Risk-Rescue Rating (RRR), Beck Hopelessness Scale (BHS), Barrett Impulsivity Scale, Eysenck Personality Questionnaire, and Ways of Coping Checklist (WCCL) were administered. T1-weighted structural magnetic resonance imaging scans were acquired to evaluate changes in GM volume. Voxel-based morphometry was

performed using the SPM 8 software package. Two-sample t-tests were used during second-level group comparison analysis; partial correlation analysis controlling for gender and age identified associations between regional GM volume and psychological measures.

RESULTS:

Suicide attempters exhibited significantly decreased GM volume in the left angular gyrus ($p < 0.001$, uncorrected) and right cerebellum ($p < 0.001$, uncorrected). GM volume in the left angular gyrus was inversely correlated with BHS scores ($r = -0.55$, $p < 0.01$) and positively correlated with the Seeking Social Support subscale of the WCCL ($r = 0.43$, $p < 0.01$).

CONCLUSION:

These findings provide evidence of a neural basis of suicidal behaviors in MDD. In particular, reduced GM volume in the left angular gyrus may be a neurobiological marker of suicidality in depressed patients.

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PMID: 27095336 [PubMed - in process]

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31. J Psychosom Res. 2016 May;84:44-51. doi: 10.1016/j.jpsychores.2016.03.012. Epub 2016 Mar 24.

Big Five personality traits may inform public health policy and preventive medicine: Evidence from a cross-sectional and a prospective longitudinal epidemiologic study in a Swiss community.

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Abstract

BACKGROUND:

Some evidence documents the importance of personality assessments for health research and practise. However, no study has opted to test whether a short self-report personality inventory may comprehensively inform health policy.

METHODS:

Data were taken from a population-based epidemiologic survey in Zurich, Switzerland, conducted from 2010-2012. A short form of the Big Five Inventory was completed by n=1155 participants (54.4% women; mean age=29.6years), while health-related outcomes were taken from a comprehensive semi-structured clinical interview. A convenience subsample averaging n=171 participants additionally provided laboratory measures and n=133 were subsequently followed-up at least once over a maximal period of 6months.

RESULTS:

Personality traits, in particular high neuroticism and low conscientiousness, related significantly to poor environmental resources such as low social support ($R(2)=0.071$), health-impairing behaviours such as cannabis use ($R(2)=0.071$), and psychopathology, including negative affect ($R(2)=0.269$) and various mental disorders ($R(2)=0.060-0.195$). The proportion of total variance explained was $R(2)=0.339$ in persons with three or more mental disorders. Personality significantly related to some laboratory measures including total cholesterol ($R(2)=0.095$) and C-Reactive Protein ($R(2)=0.062$). Finally, personality prospectively predicted global psychopathological distress and vegetative symptoms over a 6-month observation period.

CONCLUSIONS:

Personality relates consistently to poor socio-environmental resources, health-impairing behaviours and psychopathology. We also found some evidence for an association with metabolic and immune functions that are assumed to influence health. A short personality inventory could provide valuable information for preventive medicine when used as a means to screen entire populations for distinct risk exposure, in particular with respect to psychopathology.

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PMID: 27095158 [PubMed - in process]

Mentalization-based therapy adherence and competence stimulates in-session mentalization in psychotherapy for borderline personality disorder with comorbid substance dependence.

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Abstract

OBJECTIVE:

To test whether adherence to mentalization-based treatment (MBT) principles predict better patient in-session mentalizing.

METHODS:

Two sessions for each of 15 patients with borderline personality disorder and comorbid substance abuse disorder were rated for MBT adherence and competence. Individual patient statements were rated for Reflective Functioning (RF), therapist statements were rated as demanding RF or not. Data were analysed using multilevel modelling.

RESULTS:

MBT adherence and competence predicted higher session RF ($\beta = .58-.75$), even while controlling for pre-treatment RF. In addition, therapist interventions directed toward exploring mental states predicted higher RF of subsequent patient responses ($\beta = .11-.12$).

CONCLUSIONS:

MBT adherence and competence were significantly related to patient in-session mentalizing, supporting the validity of MBT principles. Results point to the importance of supervision for therapists to become adherent to MBT principles. The small number of patients and sessions limits generalizability of results.

PMID: 27093128 [PubMed - as supplied by publisher]

[Similar articles](#)

33. Aust N Z J Psychiatry. 2016 Apr 18. pii: 0004867416644981. [Epub ahead of print]

Rhetorical flourishes do not justify replacing categorical diagnosis of personality disorders.

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PMID: 27091849 [PubMed - as supplied by publisher]

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34. J Pers Disord. 2016 Apr 18:1-23. [Epub ahead of print]

Children's Emotion Regulation Difficulties Mediate the Association Between Maternal Borderline and Antisocial Symptoms and Youth Behavior Problems Over 1 Year.

[Kaufman EA](#)¹, [Puzia ME](#)¹, [Mead HK](#)², [Crowell SE](#)¹, [McEachern A](#)³, [Beauchaine TP](#)⁴.

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Abstract

Borderline personality disorder (BPD) and antisocial personality disorder (ASPD) are among the most debilitating psychiatric conditions. Behaviors and traits associated with these disorders can have profound influences on those surrounding the affected individual. Accordingly, researchers have begun to examine effects of these symptoms on parent-child relationships. Theoretical and empirical work suggests that one mechanism linking maternal psychopathology to child symptoms is familial transmission of emotion dysregulation. The authors examined children's emotion regulation difficulties as a mediator between maternal BPD/ASPD symptoms and child behavior problems 1 year later. Analyses revealed that a composite of maternal BPD/ASPD symptoms had a direct effect on child internalizing, externalizing, and total symptoms. Associations between maternal BPD/ASPD symptoms and youth problems were partially mediated by child emotion regulation difficulties, even with maternal depression and other relevant covariates included in the models. Thus, maternal BPD/ASPD symptoms and child emotion regulation difficulties represent potential targets for prevention of psychopathology among youth.

PMID: 27088167 [PubMed - as supplied by publisher]

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35. Psychiatry Res. 2016 Apr 30;238:356-62. doi: 10.1016/j.psychres.2016.02.024. Epub 2016 Feb 16.

[Discriminability of personality profiles in isolated and Co-morbid marijuana and nicotine users.](#)

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Abstract

Specific personality traits have been linked with substance use disorders (SUDs), genetic mechanisms, and brain systems. Thus, determining the specificity of personality traits to types of SUD can advance the field towards defining SUD endophenotypes as well as understanding the brain systems involved for the development of novel treatments. Disentangling these factors is particularly important in highly co morbid SUDs, such as marijuana and nicotine use, so treatment can occur effectively for both. This study evaluated personality traits that distinguish isolated and co-morbid use of marijuana and nicotine. To that end, we collected the NEO Five Factor Inventory in participants who used marijuana-only (n=59), nicotine-only (n=27), both marijuana and nicotine (n=28), and in non-using controls (n=28). We used factor analyses to identify personality profiles, which are linear combinations of the five NEO Factors. We then conducted Receiver Operating Characteristics (ROC) curve analysis to test accuracy of the personality factors in discriminating isolated and co-morbid marijuana and nicotine users from each other. ROC curve analysis distinguished the four groups based on their NEO personality patterns. Results showed that NEO Factor 2 (openness, extraversion, agreeableness) discriminated marijuana and marijuana+nicotine users from controls and nicotine-only users with high predictability. Additional ANOVA results showed that the openness dimension discriminated marijuana users from nicotine users. These findings suggest that personality dimensions distinguish marijuana users from nicotine users and should be considered in prevention strategies.

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36. Psychiatry Res. 2016 Apr 30;238:299-303. doi: 10.1016/j.psychres.2016.02.050. Epub 2016 Feb 23.

[Do bipolar subjects' responses to personality questionnaires lack reliability? Evidence from the PsyCoLaus study.](#)

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Abstract

Differences in personality scores between subjects with and without mood disorders might result from response biases rather than specific personality traits per se. The aim of this study was to compare subjects with bipolar disorders (BPD) to non-bipolar subjects in terms of response quality to the NEO-FFI. Using data from the population-based cohort study PsyCoLaus, subjects were compared in terms of responses to the NEO-FFI, and indices of response quality were calculated. Hierarchical regression analyses were performed and controlled for sociodemographic factors, depressive episodes, dysthymia, anxiety disorders and substance use disorders. Consistent with the literature, subjects with BPD had higher scores in neuroticism and openness, and lower scores in conscientiousness. However, significant differences were measured for response reliability and validity. In particular, the indices of response quality including response reliability were lower in subjects with BPD suggesting that bipolar subjects might have more difficulty in providing consistent answers throughout questionnaires. However, regression models resulted in small associations between mania/hypomania and response quality, and showed that differences in response quality were mainly attributable to correlates of BPD instead of the presence of mania/hypomania itself. The current findings suggest that bipolar subjects' responses to questionnaires are biased, making them less reliable.

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37. Psychiatry Res. 2016 Apr 30;238:290-8. doi: 10.1016/j.psychres.2016.02.056. Epub 2016 Feb 23.

[DSM-5 section III personality traits and section II personality disorders in a Flemish community sample.](#)

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Abstract

The Personality Inventory for DSM-5 (PID-5; Krueger et al., 2012) is a dimensional self-report questionnaire designed to measure personality pathology according to the criterion B of the DSM-5 Section III personality model. In the current issue of DSM, this dimensional Section III personality model co-exists with the Section II categorical personality model derived from DSM-IV-TR. Therefore, investigation of the inter-relatedness of both models across populations and languages is warranted. In this study, we first examined the factor structure and reliability of the PID-5 in a Flemish community sample (N=509) by means of exploratory structural equation modeling and alpha coefficients. Next, we investigated the predictive ability of section III personality traits in relation to section II personality disorders through correlations and stepwise regression analyses. Results revealed a five factor solution for the PID-5, with adequate reliability of the facet scales. The variance in Section II personality disorders could be predicted by their theoretically comprising Section III personality traits, but additional Section III personality traits augmented this prediction. Based on current results, we discuss the Section II personality disorder conceptualization and the Section III personality disorder operationalization.

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38. Psychiatry Res. 2016 Apr 30;238:218-24. doi: 10.1016/j.psychres.2016.02.035. Epub 2016 Feb 17.

Personality and coping in first episode psychosis linked to mental health care use.

[Scholte-Stalenhoef AN](#)¹, [la Bastide-van Gemert S](#)², [van de Willige G](#)³, [Dost-Otter R](#)³, [Visser E](#)³, [Liemburg EJ](#)³, [Knegtering H](#)⁴, [van den Heuvel ER](#)⁵, [Schoevers RA](#)³, [Pijnenborg GH](#)⁶, [Bruggeman R](#)³.

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Abstract

A body of literature focuses on associations of neuroticism, extraversion, passive coping and active coping with the course of psychotic illness. Less is known about other personality and coping variables - and underlying causal mechanisms between variables remain unclear. We explored causal effects from personality, coping and symptoms on mental health care consumption over two years in 208 first episode patients. Causal inference search algorithms lead to formation of a hypothetical causal model based on presumptions on (non-)mutuality between variables and consistent with data. Structural equation modelling estimated effect sizes conditionally on the causal model. Our observed model implies that none of the coping or personality variables have any effect on the number of days of hospitalisation, whereas general psychopathology symptoms do have a direct positive effect. For ambulatory care it is proposed that openness to experience, depressive symptoms and age have direct positive effects. Reassuring thoughts as a coping strategy seems to have a direct negative effect on the use of ambulatory care and mediates indirect effects of other personality and coping variables on ambulatory care. Furthermore, while previously established relations between

personality and symptoms are confirmed by our model, it challenges traditional ideas about causation between personality and symptoms.

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39. Psychiatry Res. 2016 Apr 30;238:137-42. doi: 10.1016/j.psychres.2016.02.019. Epub 2016 Feb 13.

[Defense styles in Intermittent Explosive Disorder.](#)

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Abstract

The overreliance on immature and/or neurotic defense mechanisms, as opposed to more mature defensive functioning has been linked to several psychiatric disorders. However, to date, the role of defense styles among individuals with Intermittent Explosive Disorder (IED) has not been examined. Given that individuals with IED display difficulties controlling their anger and aggression, one might expect these individuals to exhibit more immature and less mature defense styles. The current study compared participants with IED to a personality disorder (PD) comparison group, as well as to healthy volunteers (HV) on the Defense Style Questionnaire, a self-report measure that assesses the extent to which individuals endorse using mature, immature, and neurotic defense styles. Subjects with IED had significantly higher scores than both comparison groups on immature defense styles and exhibited lower scores on mature defense mechanisms. Hierarchical regression of significant defense style subscales showed that higher levels of acting out and lower levels of sublimation uniquely discriminated participants with IED from the PD and HV comparison groups.

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Individual differences in components of impulsivity and effortful control moderate the relation between borderline personality disorder traits and emotion recognition in a sample of university students.

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Abstract

Dysfunctions in social cognition characterize personality disorders. However, mixed results emerged from literature on emotion processing. Borderline Personality Disorder (BPD) traits are either associated with enhanced emotion recognition, impairments, or equal functioning compared to controls. These apparent contradictions might result from the complexity of emotion recognition tasks used and from individual differences in impulsivity and effortful control. We conducted a study in a sample of undergraduate students (n=80), assessing BPD traits, using an emotion recognition task that requires the processing of only visual information or both visual and acoustic information. We also measured individual differences in impulsivity and effortful control. Results demonstrated the moderating role of some components of impulsivity and effortful control on the capability of BPD traits in predicting anger and happiness recognition. We organized the discussion around the interaction between different components of regulatory functioning and task complexity for a better understanding of emotion recognition in BPD samples.

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Personality Disorder in Adult Attention-Deficit/Hyperactivity Disorder: Attrition and Change During Long-term Treatment.

[Gift TE](#)¹, [Reimherr FW](#), [Marchant BK](#), [Steans TA](#), [Wender PH](#).

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Abstract

Personality disorders (PDs) are commonly found in adults with attention-deficit/hyperactivity disorder (ADHD) and are associated with increased ADHD symptoms and psychosocial impairment. To assess the impact of PDs or personality traits on retention rates in ADHD trials and whether treating ADHD affects the expression of PD, data were analyzed from 2 methylphenidate trials. Assessment of PDs and personality traits included using the Wisconsin Personality Disorders Inventory IV and the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Personality Disorders. Attention-deficit/hyperactivity disorder symptoms were evaluated using the Wender-Reimherr Adult Attention Deficit Disorder Scale. Major findings were that subjects with cluster A, cluster B, passive-aggressive, or more than 1 PD showed more attrition. Subjects dropping out also had more schizoid and narcissistic traits. Attention-deficit/hyperactivity disorder symptoms ($p < 0.001$) and all personality traits (range, $p = 0.03$ to $p = 0.001$) improved, but there was almost no correlation between changes on these 2 measures. Conversely, of 11 Wisconsin Personality Disorders Inventory IV items that improved most, 8 resembled ADHD or oppositional defiant disorder symptoms.

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Limitations of lifetime alcohol use disorder assessments: A criterion-validation study.

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Abstract

The goal of the present study was to compare etiologically and clinically relevant correlates of lifetime AUD (e.g., alcohol consumption, personality traits, psychiatric disorders) based on a single assessment compared to a cumulative, prospective assessment of lifetime AUD. Data were drawn from the Alcohol, Health and Behavior (AHB; baseline N=489) study, which consisted of a prospective cohort of college students assessed seven times over a 16-year period ([M(SD) age at baseline=18.56 (.97)] and [M(SD) age at final assessment=34.33 (.82)]). The participants were assessed using the Diagnostic Interview Schedule (DIS) for DSM-III at Waves 1-7 and for DSM-IV at Waves 6-7. A single assessment and cumulative assessments of DSM-III lifetime AUD at Wave 6 (M[SD] age=28.98 [1.03]) were used to predict past-year alcohol related variables (e.g., alcohol consumption, drinking motives, drinking expectancies), personality variables, general functioning, lifetime substance use, and lifetime psychiatric disorders at Wave 7. Significantly larger correlations were found between the cumulative assessment and eight of the 25 etiologically relevant correlates of AUD compared to the single assessment. Further, significant incremental validity of cumulative assessment over single, retrospective assessment was observed for 16 of the 25 covariates. Overall, this study provides further support for the value of using prospective data with multiple assessments when determining lifetime history of disorder.

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<i>DSM-5</i> Pathological Personality Traits and Intimate Partner Violence Among Male and Female College Students.

[Dowgwillo EA](#), [Mènard KS](#), [Krueger RF](#), [Pincus AL](#).

Abstract

The purpose of this study was to examine associations between pathological personality traits identified in the Diagnostic and Statistical Manual of Mental Disorders (5th ed., DSM-5) Section III alternative model of personality disorder (using the Personality Inventory for DSM-5; PID-5) and intimate partner violence (IPV; using the Conflict Tactics Scale [CTS]) in a sample of male (N = 1,106) and female (N = 1,338) college students. In this sample, self and partner perpetration of CTS Relationship Violence and CTS Negotiation tactics loaded onto 2 separate factors. The PID-5 facets and domains were differentially associated with these factors for both men and women. Facets and domains explained 10.1%-16.1% and 5.8%-10.6% of the variance in CTS Relationship Violence tactics, respectively. For both genders, detachment was positively associated with relationship violence. Antagonism was uniquely associated with relationship violence for women, whereas disinhibition was uniquely associated with relationship violence for men. Associations with lower level pathological personality facets were also examined. Overall, results indicate that DSM-5 pathological personality traits are associated with IPV reported by both men and women. PMID: 27076395 [PubMed - as supplied by publisher]

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44. BMC Psychiatry. 2016 Apr 14;16(1):102. doi: 10.1186/s12888-016-0810-0.

Anxiety and depression in Nepal: prevalence, comorbidity and associations.

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Abstract

BACKGROUND:

Anxiety and depression are two important contributors to the global burden of disease. In many developing countries, including Nepal, their prevalences are yet to be assessed.

METHODS:

A nationwide cross-sectional study was conducted among a representative sample of Nepalese adults aged 18-65 years (N = 2100), selected by multistage random cluster sampling and interviewed at home during unannounced visits. The validated questionnaires included the Hospital Anxiety and Depression Scale (HADS), to detect cases of anxiety (HADS-A), depression (HADS-D) and comorbid anxiety and depression (HADS-cAD), the Eysenck Personality Questionnaire Revised Short Form-Neuroticism (EPQRS-N), and the World Health Organization Quality of Life 8-question scale (WHOQOL-8). Logistic regression analyses were used to explore associations of caseness with four groups of variables: demographic, domicile, substance use, and behavioural and health.

RESULTS:

Age- and gender-adjusted point prevalences of HADS-A, HADS-D and HADS-cAD were 16.1, 4.2 and 5.9 % respectively. In a multivariate model, HADS-A was positively associated with urban residence (AOR = 1.82; $p < 0.001$) and neuroticism (AOR = 1.32; $p < 0.001$), and negatively with alcohol consumption (AOR = 0.71; $p = 0.041$). HADS-D was positively associated with marijuana use (AOR = 3.61; $p = 0.017$) and negatively with quality of life (QoL) (AOR = 0.86; $p < 0.001$). HADS-cAD was positively associated with widowhood (AOR = 2.71; $p = 0.002$), urban residence (AOR = 2.37; $p = 0.001$), living at altitude ≥ 2000 m (AOR = 2.32; $p = 0.002$) and neuroticism (AOR = 1.26; $p < 0.001$), and negatively with alcohol use (AOR = 0.56; $p = 0.026$) and QoL (AOR = 0.79; $p < 0.001$).

CONCLUSION:

Depression and anxiety are important mental health conditions in Nepal, and major contributors to public ill health, being very highly prevalent, comorbid and associated with psychosocial burden. They are also linked to the unique topography, habitation and social

structure of the country. High prevalence coupled with the disabling nature of these disorders establishes their health-care priority and their importance in national health policy.

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45. Child Adolesc Psychiatry Ment Health. 2016 Apr 11;10:8. doi: 10.1186/s13034-016-0096-5. eCollection 2016.

Substance abuse and personality disorder comorbidity in adolescent outpatients: are girls more severely ill than boys?

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Abstract

BACKGROUND:

Substance use disorders (SUDs) constitute a major health problem and are associated with an extensive psychiatric comorbidity. Personality disorders (PDs) and SUDs commonly co-occur. Comorbid PD is characterized by more severe addiction problems and by an unfavorable clinical outcome. The present study investigated the prevalence of SUDs, PDs and common Axis I disorders in a sample of adolescent outpatients. We also investigated the association between PDs and SUDs, and how this association was influenced by adjustment for other Axis I disorders, age and gender.

METHODS:

The sample consisted of 153 adolescents, aged 14-17 years, who were referred to a non-specialized mental health outpatient clinic with a defined catchment area. SUDs and other Axis I conditions were assessed using the mini international neuropsychiatric interview. PDs were assessed using the structured interview for DSM-IV personality.

RESULTS:

18.3 % of the adolescents screened positive for a SUD, with no significant gender difference. There was a highly significant association between number of PD symptoms and having one or more SUDs; this relationship was practically unchanged by adjustment for gender, age and presence of Axis I disorders. For boys, no significant associations between SUDs and specific PDs, conduct disorder (CD) or attention deficit hyperactivity disorder (ADHD) were found. For girls, there were significant associations between SUD and BPD, negativistic PD, more than one PD, CD and ADHD.

CONCLUSIONS:

We found no significant gender difference in the prevalence of SUD in a sample of adolescents referred to a general mental health outpatient clinic. The association between number of PD symptoms and having one or more SUDs was practically unchanged by adjustment for gender, age and presence of one or more Axis I disorders, which suggested that having an increased number of PD symptoms in itself may constitute a risk factor for developing SUDs in adolescence. The association in girls between SUDs and PDs, CD and ADHD raises the question if adolescent girls suffering from these conditions may be especially at risk for developing SUDs. In clinical settings, they should therefore be monitored with particular diligence with regard to their use of psychoactive substances. Trial registration The regional committee for medical research ethics for eastern Norway approved the study protocol in October 2004 (REK: 11395). Address correspondence and reprint requests to: Hans Ole Korsgaard, The Nic Waal Institute, Lovisenberg Diakonale Hospital, P.O. Box 2970 Nydalen, N-0440 Oslo, Norway; E-mail hansole.korsgaard@tele5.no.

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46. Sci Rep. 2016 Apr 12;6:24281. doi: 10.1038/srep24281.

MMPI-2 Profile of French Transsexuals: The Role of Sociodemographic and Clinical Factors. A cross-sectional design.

[Bonierbale M](#)¹, [Baumstarck K](#)², [Maquigneau A](#)¹, [Gorin-Lazard A](#)¹, [Boyer L](#)², [Loundou A](#)², [Auquier P](#)², [Lançon C](#)¹.

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Abstract

The assessment of co-existing psychological and psychiatric disorders is advocated in the Standards of Care for the health of transsexual people. This study aimed to determine the psychopathological characteristics of transsexuals based on a large sample of French individuals and to identify whether these characteristics differed according to the individual's sociodemographic or clinical characteristics. The aim of this study was to determine the psychopathological characteristics of transsexuals from a large sample of French individuals and whether these differed by sociodemographic or clinical characteristics. This cross-sectional study was conducted in a French public university hospital. The inclusion criteria were 18 years or older, diagnosis of gender dysphoria, and eligibility for a standardized sex reassignment procedure. Personality characteristics were assessed using the Minnesota Multiphasic Personality Inventory 2 (MMPI-2). A total of 108 individuals provided a valid MMPI-2 between January 2007 and December 2010. The final sample had a median age of 31 years and included 54 (50%) Female-to-Male individuals. In multivariate models, hormonal therapy status was significantly related to the scales of MMPI-2 (Psychasthenia and Masculinity/Femininity). Personality assessment can help a multidisciplinary gender dysphoria team detect potential psychopathological factors of vulnerability.

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PMID: 27068099 [PubMed - in process]

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47. Nord J Psychiatry. 2016 Apr 12:1-6. [Epub ahead of print]

[Assessing the reliability, predictive and construct validity of historical, clinical and risk management-20 \(HCR-20\) in Mexican psychiatric inpatients.](#)

[Sada A¹](#), [Robles-García R²](#), [Martínez-López N³](#), [Hernández-Ramírez R⁴](#), [Tovilla-Zarate CA⁴](#), [López-Munguía F¹](#), [Suárez-Alvarez E¹](#), [Ayala X¹](#), [Fresán A³](#).

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- ⁴d Multidisciplinary Academic Division , Universidad Juárez Autónoma de Tabasco , Comalcalco , Tabasco , Mexico.

Abstract

INTRODUCTION:

Assessing dangerousness to gauge the likelihood of future violent behaviour has become an integral part of clinical mental health practice in forensic and non-forensic psychiatric settings, one of the most effective instruments for this being the Historical, Clinical and Risk Management-20 (HCR-20).

OBJECTIVE:

To examine the HCR-20 factor structure in Mexican psychiatric inpatients and to obtain its predictive validity and reliability for use in this population.

METHOD:

In total, 225 patients diagnosed with psychotic, affective or personality disorders were included. The HCR-20 was applied at hospital admission and violent behaviours were assessed during psychiatric hospitalization using the Overt Aggression Scale (OAS). Construct validity, predictive validity and internal consistency were determined.

RESULTS:

Violent behaviour remains more severe in patients classified in the high-risk group during hospitalization. Fifteen items displayed adequate communalities in the original designated domains of the HCR-20 and internal consistency of the instruments was high.

CONCLUSION:

The HCR-20 is a suitable instrument for predicting violence risk in Mexican psychiatric inpatients.

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48. Personal Disord. 2016 Apr 11. [Epub ahead of print]

Psychopathy: Relations With Three Conceptions of Intelligence.

[Watts AL](#), [Salekin RT](#), [Harrison N](#), [Clark A](#), [Waldman ID](#), [Vitacco MJ](#), [Lilienfeld SO](#).

Abstract

Psychopathy is often associated with heightened intelligence in the eyes of clinicians and laypersons despite mixed research support for this possibility. We adopted a fine-grained approach to studying the relations among psychopathy and multiple indices of intelligence, including both cognitively based intelligence (CBI) and emotional intelligence (EI), in a large sample of undergraduates (N = 1,257, 70% female, 82% Caucasian). We found no clear support for marked associations between psychopathy and CBI measures, with the magnitudes of these relations being small. With the exception of the dimensions of Fearless Dominance (FD) and Coldheartedness (C), psychopathy dimensions were negatively associated with (EI). In contrast, we found some support for the hypothesis that intelligence served as a protective factor against antisocial behavior among individuals with high levels of psychopathy. On balance, our findings show weak relations between psychopathy and intelligence, suggesting that the link between them may be less robust than theoretical models portray, at least among undergraduates. (PsycINFO Database Record

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PMID: 27064713 [PubMed - as supplied by publisher]

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49. J Dual Diagn. 2016 Apr 11:0. [Epub ahead of print]

Influence of Psychiatric and Personality Disorders on Smoking Cessation among Individuals in Opiate Dependence Treatment.

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Abstract

OBJECTIVE:

We aimed to evaluate how psychiatric and personality disorders influence smoking cessation goals and attempts among people with opiate dependence who smoke. This information could aid the development of more effective cessation interventions for these individuals.

METHODS:

Participants (N = 116) were recruited from two methadone clinics, completed the Millon Clinical Multiaxial Inventory-III, and were asked about their smoking behavior and quitting goals. We used the Least Absolute Shrinkage and Selection Operator (LASSO) method, a technique commonly used for studies with small sample sizes and large number of predictors, to develop models predicting having a smoking cessation goal, among those currently smoking daily, and ever making a quit attempt, among those who ever smoked.

RESULTS:

Almost all participants reported ever smoking (n = 115, 99%); 70% (n = 80) had made a serious quit attempt in the past; 89% (n = 103) reported current daily smoking; and, 59% (n = 61) had a goal of quitting smoking and staying off cigarettes. Almost all (n = 112, 97%) had clinically significant characteristics of a psychiatric or personality disorder. White race, anxiety, and a negativistic personality facet (expressively resentful) were negative predictors of having a cessation goal. Overall narcissistic personality pattern and a dependent personality facet (interpersonally submissive) were positive predictors of having a cessation goal. Somatoform disorder, overall borderline personality pattern, and a depressive personality facet (cognitively fatalistic) were negative predictors of ever making a quit attempt. Individual histrionic (gregarious self-image), antisocial (acting out mechanism), paranoid (expressively defensive), and sadistic (pernicious representations) personality disorder facets were positive predictors of ever making a quit attempt. Each model provided good discrimination for having a smoking cessation goal or not (C-statistic of .76, 95% CI[0.66, 0.85]) and ever making a quit attempt or not (C-statistic of .79, 95% CI[0.70, 0.88]).

CONCLUSIONS:

Compared to existing treatments, smoking cessation treatments that can be tailored to address the individual needs of people with specific psychiatric disorders or personality disorder traits may better help those in opiate dependence treatment to set a cessation goal, attempt to quit, and eventually quit smoking.

PMID: 27064523 [PubMed - as supplied by publisher]

[Similar articles](#)

50. Eur Psychiatry. 2016 Apr 7;35:8-15. doi: 10.1016/j.eurpsy.2016.02.004. [Epub ahead of print]

Cardiovascular risk factors among patients with schizophrenia, bipolar, depressive, anxiety, and personality disorders.

[Pérez-Piñar M](#)¹, [Mathur R](#)², [Foguet Q](#)³, [Ayis S](#)⁴, [Robson J](#)², [Ayerbe L](#)⁵.

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Abstract

BACKGROUND:

The evidence informing the management of cardiovascular risk in patients with psychiatric disorders is weak.

METHODS:

This cohort study used data from all patients, aged ≥ 30 , registered in 140 primary care practices (n=524,952) in London to estimate the risk of developing diabetes, hypertension, hyperlipidemia, tobacco consumption, obesity, and physical inactivity, between 2005 and 2015, for patients with a previous diagnosis of schizophrenia, depression, anxiety, bipolar or personality disorder. The role of antidepressants, antipsychotics and social deprivation in these associations was also investigated. The age at detection of cardiovascular risk factor was compared between patients with and without psychiatric disorders. Variables, for

exposures and outcomes, defined from general practitioners records, were analysed using multivariate regression.

RESULTS:

Patients with psychiatric disorders had an increased risk for cardiovascular risk factors, especially diabetes, with hazard ratios: 2.42 (2.20-2.67) to 1.31 (1.25-1.37), hyperlipidemia, with hazard ratios: 1.78 (1.60-1.97) to 1.25 (1.23-1.28), and obesity. Antidepressants, antipsychotics and social deprivation did not change these associations, except for smoking and physical inactivity. Antidepressants were associated with higher risk of diabetes, hypertension and hyperlipidemia. Antipsychotics were associated with a higher risk of diabetes. Antidepressants and antipsychotics were associated with lower risk of other risk factors. Patients with psychiatric conditions have later detection of cardiovascular risk factors. The interpretation of these results should acknowledge the lower rates of detection of risk factors in mentally ill patients.

CONCLUSIONS:

Cardiovascular risk factors require special clinical attention among patients with psychiatric disorders. Further research could study the effect of antidepressants and antipsychotics on cardiovascular risk factors.

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PMID: 27061372 [PubMed - as supplied by publisher]

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51. J Clin Psychol. 2016 Apr 5. doi: 10.1002/jclp.22310. [Epub ahead of print]

[Are Borderline Personality Symptoms Associated With Compulsive Sexual Behaviors Among Women in Treatment for Substance Use Disorders? An Exploratory Study.](#)

[Elmquist J](#)¹, [Shorey RC](#)², [Anderson S](#)³, [Stuart GL](#)¹.

Author information:

- ¹University of Tennessee-Knoxville.

- ²Ohio University.
- ³Cornerstones of Recovery.

Abstract

OBJECTIVE:

Extant literature has documented a significant relationship between borderline symptoms and substance use disorders. As supported in past work, there is a significant theoretical relationship between borderline symptoms and compulsive sexual behaviors because both disorders share common underlying behaviors and traits. There is no known research that has examined the empirical relationship between borderline symptoms and compulsive sexual behaviors in a population with substance use disorders. To fill this important gap in the literature, this relationship was examined in the current study.

METHOD:

Medical records from 120 women admitted to a private, residential treatment program for substance use disorders were reviewed for the current study.

RESULTS:

Hierarchical multiple regression analysis demonstrated that borderline symptoms were significantly associated with compulsive sexual behaviors after controlling for alcohol use and problems, drug use and problems, age, and positive impression management.

CONCLUSION:

Results from this study provide potentially important research and clinical implications, which could ultimately aid treatment and reduce relapse. However, continued research is needed to further examine the relationship between symptoms and compulsive sexual behaviors.

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PMID: 27059090 [PubMed - as supplied by publisher]

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52. Int J Psychiatry Clin Pract. 2016 Jun;20(2):116-20. doi: 10.3109/13651501.2016.1166514. Epub 2016 Apr 6.

Typologies of psychiatric admissions and length of inpatient stay in Italy.

[Piccinelli M](#)¹, [Bortolaso P](#)¹, [Bolla E](#)¹, [Cioffi I](#)¹.

Author information:

- ¹a Psychiatric Unit - Verbano, Department of Mental Health , University Teaching Hospital of Varese , Varese , Italy.

Abstract

OBJECTIVE:

To describe admissions to an inpatient psychiatric unit in Italy over a two-year period and explore the influence of demographics, clinical variables and organisational and context-related factors on length of stay.

METHODS:

Data were obtained from clinical records and recorded by a psychiatrist through a proper checklist.

RESULTS:

Shorter admissions involved patients with personality disorders and substance use disorders. Greater illness severity and difficulties in setting a post-discharge programme were associated with longer admissions.

CONCLUSIONS:

Clinical, organisational and context-related factors all had significant effects on length of stay.

PMID: 27049814 [PubMed - in process]

[Similar articles](#)



53. BMC Psychiatry. 2016 Apr 6;16(1):92. doi: 10.1186/s12888-016-0794-9.

The effect of oxytocin on attention to angry and happy faces in chronic depression.

[Domes G](#)^{1,2}, [Normann C](#)³, [Heinrichs M](#)^{4,5}.

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- ⁵Freiburg Brain Imaging, University Medical Center Freiburg, Freiburg, Germany.

Abstract

BACKGROUND:

Chronic depression is characterized by a high degree of early life trauma, psychosocial impairment, and deficits in social cognition. Undisturbed recognition and processing of facial emotions are basic prerequisites for smooth social interactions. Intranasal application of the neuropeptide oxytocin has been reported to enhance emotion recognition in neuropsychiatric disorders and healthy individuals. We therefore investigated whether oxytocin modulates attention to emotional faces in patients with chronic depression.

METHODS:

In this double-blind, randomized, controlled study, 43 patients received a single dose of oxytocin or placebo nasal spray and were tested while fulfilling a facial dot probe task. We assessed reaction times to neutral probes presented at the location of one of two faces depicting happy, angry, or neutral expressions as a prime.

RESULTS:

When comparing reaction times to the congruent (prime and probe at the same location) with incongruent presentation of facial emotions, neither the placebo nor oxytocin group showed an attentional preference for emotional facial expressions in terms of a threat bias. However, oxytocin treatment did reveal two specific effects: it generally reduced the allocation of attention towards angry facial expressions, and it increased sustained attention towards happy faces, specifically under conditions of heightened awareness, i.e. trials with longer primes.

CONCLUSIONS:

We investigated a heterogeneous group of medicated male and female patients. We conclude that oxytocin does modulate basic factors of facial emotion processing in chronic depression. Our findings encourage further investigations assessing the therapeutic potential of oxytocin in chronic depression.

TRIAL REGISTRATION:

EUDRA-CT 2010-020956-69 . Date registered: 23 February 2011.

PMCID: PMC4822232 **Free PMC Article**

PMID: 27048333 [PubMed - in process]

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54. BMJ Open. 2016 Apr 4;6(4):e010152. doi: 10.1136/bmjopen-2015-010152.

[Disability pension due to common mental disorders and subsequent suicidal behaviour: a population-based prospective cohort study.](#)

[Rahman SG](#)¹, [Alexanderson K](#)¹, [Jokinen J](#)², [Mittendorfer-Rutz E](#)¹.

Author information:

- ¹Division of Insurance Medicine, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.
- ²Division of Psychiatry, Department of Clinical Neuroscience, Karolinska Institutet, Karolinska University Hospital, Stockholm, Sweden Division of Psychiatry, Department of Clinical Sciences, Umeå University, Umeå, Sweden.

Abstract

OBJECTIVE:

Adverse health outcomes, including suicide, in individuals on disability pension (DP) due to mental diagnoses have been reported. However, scientific knowledge on possible risk factors for suicidal behaviour (suicide attempt and suicide) in this group, such as age, gender, underlying DP diagnoses, comorbidity and DP duration and grade, is surprisingly sparse. This study aimed to investigate associations of different measures (main and secondary diagnoses, duration and grade) of DP due to common mental disorders (CMD) with subsequent suicidal behaviour, considering gender and age differences.

DESIGN:

Population-based prospective cohort study based on Swedish nationwide registers.

METHODS:

A cohort of 46 515 individuals aged 19-64 years on DP due to CMD throughout 2005 was followed-up for 5 years. In relation to different measures of DP, univariate and multivariate HRs and 95% CIs for suicidal behaviour were estimated by Cox regression. All analyses were stratified by gender and age.

RESULTS:

During 2006-2010, 1036 (2.2%) individuals attempted and 207 (0.5%) completed suicide. Multivariate analyses showed that a main DP diagnosis of 'stress-related mental disorders' was associated with a lower risk of subsequent suicidal behaviour than 'depressive disorders' (HR range 0.4-0.7). Substance abuse or personality disorders as a secondary DP diagnosis predicted suicide attempt in all subgroups (HR range 1.4-2.3) and suicide in women and younger individuals (HR range 2.6-3.3). Full-time DP was associated with a higher risk of suicide attempt compared with part-time DP in women and both age groups (HR range 1.4-1.7).

CONCLUSIONS:

Depressive disorders as the main DP diagnosis and substance abuse or personality disorders as the secondary DP diagnosis were risk markers for subsequent suicidal behaviour in individuals on DP due to CMD. Particular attention should be paid to younger individuals on DP due to anxiety disorders because of the higher suicide risk.

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Items 1 - 44 of 44

1. Personal Disord. 2016 May 30. [Epub ahead of print]

Self-Critical Perfectionism, Dependency, and Symptomatic Distress in Patients With Personality Disorder During Hospitalization-based Psychodynamic Treatment: A Parallel Process Growth Modeling Approach.

[Lowyck B](#), [Luyten P](#), [Vermote R](#), [Verhaest Y](#), [Vansteelandt K](#).

Abstract

There is growing evidence for the efficacy and effectiveness of psychotherapy in patients with personality disorder (PD), but very little is known about the factors underlying these effects. Two-polarities models of personality development provide an empirically supported approach to studying therapeutic change. Briefly, these models argue that personality pathology is characterized by an imbalance between development of the capacity for self-definition and for relatedness, with an exaggerated emphasis on issues regarding self-definition and relatedness being expressed in high levels of self-critical perfectionism (SCP) and dependency, respectively. This study used data from a study of 111 patients with PD who received long-term hospitalization-based psychodynamic treatment to investigate whether (a) treatment was related to changes in SCP, dependency, and symptomatic distress; (b) these changes could be explained by pretreatment levels of SCP, dependency, and/or symptomatic distress; and (c) changes in these personality dimensions over time were associated with symptomatic improvement. SCP, dependency, and symptomatic distress were assessed at admission (baseline), at 12 and 24 weeks into treatment, and at discharge. Parallel process multilevel growth modeling showed that (a) treatment was associated with a significant decrease in levels of SCP, dependency, and symptomatic distress, whereas (b) pretreatment levels of each of these three factors did not predict the decreases observed, and (c) changes in SCP, but not dependency, were associated with the rate of decrease in symptomatic distress over time. Implications of these findings for our understanding of therapeutic change in the treatment of PD are discussed. (PsycINFO Database Record

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PMID: 27244268 [PubMed - as supplied by publisher]

2. J Pers Disord. 2016 Jun;30(3):289-306.

What Is a Personality Disorder?

[Millon T.](#)

Abstract

The goal of this article is to describe, characterize, and differentiate personality disorders by connecting their conceptual features to their foundations in the natural sciences. What is proposed is akin to Freud's abandoned Project for a Scientific Psychology and Wilson's (1975) highly controversial Sociobiology. Both were worthy endeavors to advance our understanding of the styles and traits of human nature; this was to be done by exploring interconnections among the diverse disciplines of nature that evolved ostensibly unrelated bodies of research and manifestly dissimilar languages.

PMID: 27243919 [PubMed - as supplied by publisher]

3. Front Hum Neurosci. 2016 May 17;10:229. doi: 10.3389/fnhum.2016.00229. eCollection 2016.

Systemizers Are Better Code-Breakers: Self-Reported Systemizing Predicts Code- Breaking Performance in Expert Hackers and Naïve Participants.

[Harvey I](#)¹, [Bolgan S](#)¹, [Mosca D](#)², [McLean C](#)², [Rusconi E](#)³.

Author information:

- ¹Division of Psychology, Abertay University Dundee, UK.
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- ³Division of Psychology, Abertay University Dundee, UK; Department of Security and Crime Sciences, University College London London, UK.

Abstract

Studies on hacking have typically focused on motivational aspects and general personality traits of the individuals who engage in hacking; little systematic research has been conducted on predispositions that may be associated not only with the choice to pursue a hacking career but also with performance in either naïve or expert populations. Here, we test the hypotheses that two traits that are typically enhanced in autism spectrum disorders-attention to detail and systemizing-may be positively related to both the choice of pursuing a career in information security and skilled performance in a prototypical hacking task (i.e., crypto-analysis or code-breaking). A group of naïve participants and of ethical hackers completed the Autism Spectrum Quotient, including an attention to detail scale, and the Systemizing Quotient (Baron-Cohen et al., 2001, 2003). They were also tested with behavioral tasks involving code-

breaking and a control task involving security X-ray image interpretation. Hackers reported significantly higher systemizing and attention to detail than non-hackers. We found a positive relation between self-reported systemizing (but not attention to detail) and code-breaking skills in both hackers and non-hackers, whereas attention to detail (but not systemizing) was related with performance in the X-ray screening task in both groups, as previously reported with naïve participants (Rusconi et al., 2015). We discuss the theoretical and translational implications of our findings.

PMID: 27242491 [PubMed]

4. JMIR Ment Health. 2016 May 30;3(2):e20. doi: 10.2196/mental.4961.

Community Structure of a Mental Health Internet Support Group: Modularity in User Thread Participation.

[Carron-Arthur B](#)¹, [Reynolds J](#), [Bennett K](#), [Bennett A](#), [Cunningham JA](#), [Griffiths KM](#).

Author information:

- ¹National Institute for Mental Health Research, Research School of Population Health, The Australian National University, Acton, Australia. Bradley.Carron-Arthur@anu.edu.au.

Abstract

BACKGROUND:

Little is known about the community structure of mental health Internet support groups, quantitatively. A greater understanding of the factors, which lead to user interaction, is needed to explain the design information of these services and future research concerning their utility.

OBJECTIVE:

A study was conducted to determine the characteristics of users associated with the subgroup community structure of an Internet support group for mental health issues.

METHODS:

A social network analysis of the Internet support group BlueBoard (blueboard.anu.edu.au) was performed to determine the modularity of the community using the Louvain method. Demographic characteristics age, gender, residential location, type of user (consumer, carer, or other), registration date, and posting frequency in subforums (depression, generalized anxiety, social anxiety, panic disorder, bipolar disorder, obsessive compulsive disorder, borderline personality disorder, eating disorders, carers, general (eg, "chit chat"), and

suggestions box) of the BlueBoard users were assessed as potential predictors of the resulting subgroup structure.

RESULTS:

The analysis of modularity identified five main subgroups in the BlueBoard community. Registration date was found to be the largest contributor to the modularity outcome as observed by multinomial logistic regression. The addition of this variable to the final model containing all other factors improved its classification accuracy by 46.3%, that is, from 37.9% to 84.2%. Further investigation of this variable revealed that the most active and central users registered significantly earlier than the median registration time in each group.

CONCLUSIONS:

The five subgroups resembled five generations of BlueBoard in distinct eras that transcended discussion about different mental health issues. This finding may be due to the activity of highly engaged and central users who communicate with many other users. Future research should seek to determine the generalizability of this finding and investigate the role that highly active and central users may play in the formation of this phenomenon.

PMID: 27242012 [PubMed]

5. Neurochirurgie. 2016 May 26. pii: S0028-3770(16)30017-0. doi: 10.1016/j.neuchi.2016.02.002. [Epub ahead of print]

Psychiatric comorbidity in temporal DNET and improvement after surgery.

[Landais A](#)¹, [Crespel A](#)², [Moulis JL](#)³, [Coubes P](#)², [Gelisse P](#)².

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- ³Department of Psychiatry (Pavillon 41), Colombière University Hospital, 34090 Montpellier, France.

Abstract

BACKGROUND:

"Alien tissue" may be responsible for a higher frequency of psychiatric disorders in patients with temporal lobe epilepsy (TLE). Also, ganglioglioma and dysembryoplastic neuroepithelial

tumors (DNET) could represent a risk-factor for the development of post-surgical psychoses. Classically, severe psychiatric disorders contra-indicate epilepsy surgery.

OBJECTIVES:

Assessment of inter-ictal psychiatric disorders in 10 consecutive patients with temporal DNET, before and after epilepsy surgery with a minimum of a 2-year follow-up evaluation.

METHODS:

DNETs were confirmed on histological examination. Psychiatric disorders were classified according to the DSM-IV-TR.

RESULTS:

Five patients presented inter-ictal psychiatric disorders with, according to the DSM-IV-TR, undifferentiated schizophrenia (one case), "borderline" personality (two cases), intermittent explosive disorder with slight mental retardation (one case), and personality disorders not otherwise specified but with some traits of dependent personality and with mythomania (one case). The condition of these five patients dramatically improved after surgery. No psychiatric behavior or "de novo" psychosis was observed after surgery in any of the patients.

CONCLUSION:

The prevalence of inter-ictal psychiatric disorders appears to be high in epileptic patients with a temporal lobe DNET primarily in relation to personality and behavioral problems with some degree of impulsivity and verbal aggressiveness. The improvements after surgery suggest that this therapy could be performed in these patients and severe psychiatric disorders do not contra-indicate this procedure.

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PMID: 27237726 [PubMed - as supplied by publisher]

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6. Rev Psiquiatr Salud Ment. 2016 May 26. pii: S1888-9891(16)30015-5. doi: 10.1016/j.rpsm.2015.11.004. [Epub ahead of print]

Protocol and methodology of Study **epidemiological mental health in Andalusia:** **PISMA-ep.**

[Article in English, Spanish]

[Cervilla JA](#)¹, [Ruiz I](#)², [Rodríguez-Barranco M](#)², [Rivera M](#)³, [Ibáñez-Casas I](#)⁴, [Molina E](#)⁵, [Valmisa E](#)⁶, [Carmona-Calvo J](#)⁷, [Moreno-Küstner B](#)⁸, [Muñoz-Negro JE](#)⁹, [Ching-López A](#)⁴, [Gutiérrez B](#)⁴.

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- ⁹Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Departamento de Psiquiatría, Facultad de Medicina, Universidad de Granada, Granada, España; Unidad de Salud Mental, Complejo Hospitalario Universitario de Granada, Instituto Biosanitario de Granada, Granada, España.

Abstract

INTRODUCTION:

This is the general methods describing paper of a cross-sectional study that aims to detect the prevalence of major mental disorders in Andalusia (Southern Spain), and their correlates or potential risk factors, using a large representative sample of community-dwelling adults.

MATERIALS AND METHODS:

This is a cross-sectional study. We undertook a multistage sampling using different standard stratification levels and aimed to interview 4,518 randomly selected participants living in all 8 provinces of the Andalusian region utilizing a door-knocking approach. The Spanish version of the MINI International Neuropsychiatric Interview, a valid screening instrument ascertaining ICD-10/DSM-IV compatible mental disorder diagnoses was used as our main diagnostic tool. A large battery of other instruments was used to explore global functionality, medical comorbidity, personality traits, cognitive function and exposure to psychosocial potential risk factors. A saliva sample for DNA extraction was also obtained for a sub-genetic

study. The interviews were administered and completed by fully trained interviewers, despite most tools used are compatible with lay interviewer use.

RESULTS:

A total of 3,892 (70.8%) of 5,496 initially attempted households had to be substituted for equivalent ones due to either no response (37.7%) or not fulfilling the required participant quota (33%). Thence, out of 5,496 eligible participants finally approached, 4,507 (83.7%) agreed to take part in the study, completed the interview and were finally included in the study (n=4,507) and 4,286 (78%) participants also agreed and consented to provide a saliva sample for DNA study. On the other hand, 989 (16.3%) approached potential participants refused to take part in the study.

DISCUSSION:

This is the largest mental health epidemiological study developed in the region of Spain (Andalusia). The response rates and representativeness of the sample obtained are fairly high. The method is particularly comprehensive for this sort of studies and includes both, personality and cognitive assessments, as well as a large array of bio-psycho-social risk measures.

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PMID: 27237041 [PubMed - as supplied by publisher]

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7. J Am Acad Psychiatry Law. 2016 Jun;44(2):218-25.

Neurocognitive Deficits Associated with Antisocial Personality Disorder in Non-treatment-seeking Young Adults.

[Chamberlain SR](#)¹, [Derbyshire KL](#)¹, [Leppink EW](#)¹, [Grant JE](#)².

Author information:

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Chicago, Chicago, IL. This research was supported by a Center for Excellence in Gambling Research grant by the Institute for Responsible Gaming (U.S.) to Dr. Grant. Dr. Chamberlain's involvement in this study was supported by a grant from the Academy of Medical Sciences (U.K.). The funding agency had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; or preparation, review, or approval of the manuscript.

- ²Dr. Chamberlain is a Clinical Lecturer, Honorary Specialty Registrar (SpR), Department of Psychiatry, University of Cambridge and Cambridge and Peterborough NHS Foundation Trust, Cambridge, UK. Ms. Derbyshire and Mr. Lippink are Research Specialists and Dr. Grant is Professor, Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL. This research was supported by a Center for Excellence in Gambling Research grant by the Institute for Responsible Gaming (U.S.) to Dr. Grant. Dr. Chamberlain's involvement in this study was supported by a grant from the Academy of Medical Sciences (U.K.). The funding agency had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; or preparation, review, or approval of the manuscript. jongrant@uchicago.edu.

Abstract

Antisocial personality disorder (ASPD) is a relatively common problem, but the neuropsychological profile of affected individuals has seldom been studied outside of criminal justice recruitment settings. Non-treatment-seeking young adults (18-29 years) were recruited from the general community by media advertisements. Participants with ASPD (n = 17), free from substance use disorders, were compared with matched controls (n = 229) using objective computerized neuropsychological tasks tapping a range of cognitive domains. Compared with controls, individuals with ASPD showed significantly elevated pathological gambling symptoms, previous illegal acts, unemployment, greater nicotine consumption, and relative impairments in response inhibition (Stop-Signal Task) and decision-making (less risk adjustment, Cambridge Gamble Task). General response speed, set-shifting, working memory, and executive planning were intact. ASPD was also associated with higher impulsivity and venturesomeness on the Eysenck Questionnaire. These findings implicate impaired inhibitory control and decision-making in the pathophysiology of ASPD, even in milder manifestations of the disorder. Future work should explore the neural correlates of these impairments and use longitudinal designs to examine the temporal relationship between these deficits, antisocial behavior, and functional impairment.

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PMID: 27236178 [PubMed - in process]

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8. J Anxiety Disord. 2016 May 13;42:1-9. doi: 10.1016/j.janxdis.2016.05.003. [Epub ahead of print]

Personality and trajectories of posttraumatic psychopathology: A latent change modelling approach.

[Fletcher S](#)¹, [O'Donnell M](#)², [Forbes D](#)².

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Abstract

BACKGROUND:

Survivors of traumatic events may develop a range of psychopathology, across the internalizing and externalizing dimensions of disorder and associated personality traits. However, research into personality-based internalizing and externalizing trauma responses has been limited to cross-sectional investigations of PTSD comorbidity. Personality typologies may present an opportunity to identify and selectively intervene with survivors at risk of posttraumatic disorder. Therefore this study examined whether personality prospectively influences the trajectory of disorder in a broader trauma-exposed sample.

METHODS:

During hospitalization for a physical injury, 323 Australian adults completed the Multidimensional Personality Questionnaire-Brief Form and Structured Clinical Interview for DSM-IV, with the latter readministered 3 and 12 months later. Latent profile analysis conducted on baseline personality scores identified subgroups of participants, while latent change modelling examined differences in disorder trajectories.

RESULTS:

Three classes (internalizing, externalizing, and normal personality) were identified. The internalizing class showed a high risk of developing all disorders. Unexpectedly, however, the normal personality class was not always at lowest risk of disorder. Rather, the externalizing class, while more likely than the normal personality class to develop substance use disorders, were less likely to develop PTSD and depression.

CONCLUSIONS:

Results suggest that personality is an important mechanism in influencing the development and form of psychopathology after trauma, with internalizing and externalizing subtypes identifiable in the early aftermath of injury. These findings suggest that early intervention using a personality-based transdiagnostic approach may be an effective method of predicting and ultimately preventing much of the burden of posttraumatic disorder.

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PMID: 27235835 [PubMed - as supplied by publisher]

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9. J Clin Psychiatry. 2016 May 10. [Epub ahead of print]

[Personality and the long-term outcome of first-episode depression: a prospective 5-year follow-up study.](#)

[Bukh JD](#)¹, [Andersen PK](#), [Kessing LV](#).

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Abstract

OBJECTIVE:

To determine the impact of the personality traits neuroticism and extraversion as well as comorbid personality disorders on the rate of remission, recurrence, and conversion to bipolar disorder after the first lifetime episode of depression.

METHODS:

A total of 301 inpatients or outpatients aged 18-70 years with a validated diagnosis of a single depressive episode according to ICD-10 were assessed by the Structured Clinical Interview for DSM-IV Axis II Personality Disorders and the Eysenck Personality Questionnaire from 2005 through 2007. At 5-year follow-up, 262 patients were reassessed by means of the Life Chart Method and diagnostic interviews from 2011 through 2013. Cox regression analyses

were used to estimate the effect of personality factors on the rates of remission, recurrence, and conversion to bipolar disorder, respectively.

RESULTS:

A comorbid cluster C personality disorder decreased the rate of remission by 30% (HR = 0.7; 95% CI, 0.5-0.9; P = .02) and increased the rate of recurrence after remission of the first depression by 80% (HR = 1.8; 95% CI, 1.0-3.0; P = .04). A higher neuroticism score at baseline decreased the rate of remission by 20% for each increase of 1 SD (HR = 0.8; 95% CI, 0.7-0.9; P = .002), and a higher level of extraversion increased the rate of conversion to bipolar disorder by 60% for each increase of 1 SD (HR = 1.6; 95% CI, 1.0-2.5; P = .05).

CONCLUSIONS:

Comorbidity of cluster C personality disorders and the level of neuroticism and extraversion have significant impact on the long-term prognosis of depression. The identified predictors of the course of illness should guide patients and clinicians for individualized tailored treatment of comorbid conditions in depression.

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10. Obes Rev. 2016 May 27. doi: 10.1111/obr.12415. [Epub ahead of print]

Personality disorders and obesity: a systematic review.

[Gerlach G](#)¹, [Loeber S](#)², [Herpertz S](#)¹.

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Abstract

BACKGROUND:

Studies demonstrate an association between personality traits and obesity as well as their prognostic influence on weight course. In contrast, only few studies have investigated the association between personality disorders (PDs) and obesity.

OBJECTIVE:

The present review summarizes through a comprehensive and critical evaluation the results of 68 studies identified by database research (PubMed and PsycINFO) covering the last 35 years that investigated the association between PDs, overweight and obesity as well as the predictive value of PDs for the development of obesity and the effectiveness of weight reduction treatments.

RESULTS:

Adults with any PD have a higher risk of obesity. In the female general population, there is an association between avoidant or antisocial PD and severe obesity. Further, women with paranoid or schizotypal PD have a higher risk of obesity. Clinical studies including foremost female participants showed a higher comorbidity of PDs, especially borderline PD and avoidant PD, in binge-eating disorder. Regarding both genders, patients with PD show less treatment success in conservative weight-loss treatment programmes for obesity than patients without PD.

CONCLUSIONS:

In prevention and conservative weight-loss treatment strategies, more care should be taken to address the special needs of patients with comorbid PDs.

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11. JMIR Ment Health. 2016 May 26;3(2):e22. doi: 10.2196/mental.5169.

[Do Patients Look Up Their Therapists Online? An Exploratory Study Among Patients in Psychotherapy.](#)

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Abstract

BACKGROUND:

The use of the Internet as a source of health information is growing among people who experience mental health difficulties. The increase in Internet use has led to questions about online information-seeking behaviors, for example, how psychotherapists and patients use the Internet to ascertain information about each other. The notion of psychotherapists seeking information about their patients online (patient-targeted googling, PTG) has been identified and explored. However, the idea of patients searching for information online about their psychotherapists (therapist-targeted googling, TTG) and the associated motives and effects on the therapeutic relationship remain unclear.

OBJECTIVE:

This study investigated former and current German-speaking psychotherapy patients' behavior and attitudes relating to TTG. In addition, patients' methods of information gathering, motives, and success in searching for information were examined. Furthermore, patients' experiences and perceptions of PTG were explored.

METHODS:

Overall, 238 former and current psychotherapy patients responded to a new questionnaire specifically designed to assess the frequency, motives, use, and outcomes of TTG as well as experiences and perceptions of PTG. The study sample was a nonrepresentative convenience sample recruited online via several German-speaking therapy platforms and self-help forums.

RESULTS:

Of the 238 former and current patients who responded, 106 (44.5%) had obtained information about their therapists; most of them (n=85, 80.2%) had used the Internet for this. Besides curiosity, motives behind information searches included the desire to get to know the therapist better by attempting to search for both professional and private information. TTG appeared to be associated with phases of therapy in which patients felt that progress was not being made. Patients being treated for personality disorders appear to engage more frequently in TTG ($r_{phi} = 0.21$; $P = .004$). In general, however, information about therapists sought for online was often not found. Furthermore, most patients refrained from telling their therapist about their information searches.

CONCLUSIONS:

Patients appear to engage in TTG to obtain both professional and private information about their psychotherapists. TTG can be viewed as a form of client-initiated disclosure. It is therefore important to include TTG as a subject in therapists' education and also to raise awareness within patient education. This investigation provides the first findings into TTG to begin debate on this subject.

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12. Nurs Clin North Am. 2016 Jun;51(2):299-308. doi: 10.1016/j.cnur.2016.01.012.

[Evidence-Based Care of the Patient with Borderline Personality Disorder.](#)

[Antai-Otong D¹](#).

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Abstract

Borderline personality disorder (BPD) is a complex, serious, and high-cost psychiatric disorder. The high prevalence of patients with BPD and co-occurring depression, eating disorders, and substance-use disorders in primary care and mental health settings contribute to their high use of resources in these practice settings. Regardless of treatment challenges associated with BPD, researchers suggest a more positive outlook in the treatment of this complex psychiatric condition. This article focuses on areas in which nurses can strengthen their understanding of underpinnings and multimodal approaches, assess the patient's immediate needs, and manage distressful emotional states and impulsivity.

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PMID: 27229283 [PubMed - in process]

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13. J Nerv Ment Dis. 2016 May 25. [Epub ahead of print]

The Revolving Door Phenomenon in an Italian Acute Psychiatric Ward: A 5-Year Retrospective Analysis of the Potential Risk Factors.

[Di Lorenzo R](#)¹, [Sagona M](#), [Landi G](#), [Martire L](#), [Piemonte C](#), [Del Giovane C](#).

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Abstract

To highlight the revolving door (RD) phenomenon in an acute psychiatric ward, we retrospectively identified the patients hospitalized three or more times in a calendar year from 1/1/2009 to 31/12/2013 as RD patients (RDP). We collected sociodemographic and clinical variables of RDP and statistically analyzed the potential RD risk factors. We divided RDP into "high" and "extremely high" utilizers and evaluated the variables related to more frequent readmissions. RDP represented 5.68% of all patients and their hospitalizations (RDH) 25% of all admissions. The statistically significant risk factors for all RDH were "disability pension," "substance abuse/dependence," "mild/severe aggressiveness," and "psychiatric and social rehabilitative programs". The comparison between "high" and "extremely high" utilizers showed that "manic episodes" and "personality disorders," among the diagnoses, "familial relational conflicts" and "violence/suicidality", among the hospitalization reasons, were statistically significant risk factors for more frequent readmissions. RD phenomenon was greatly affected by severe clinical conditions with social disability.

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Mindreading Dysfunction in Avoidant Personality Disorder Compared With Other Personality Disorders.

[Moroni F¹](#), [Procacci M](#), [Pellecchia G](#), [Semerari A](#), [Nicolò G](#), [Carcione A](#), [Pedone R](#), [Colle L](#).

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Abstract

The ability to reflect on one's own states of mind and those of others (metacognition or mindreading) is strongly implicated in personality disorders (PDs). Metacognition involves different abilities, and there is evidence that specific abilities can be selectively impaired in different PDs. The purposes of this study were to compare metacognitive competence in avoidant PD (AvPD) with that in other PDs and to investigate whether there is a specific profile for AvPD. Sixty-three patients with AvPD and 224 patients with other PDs were assessed using the Metacognitive Assessment Interview. AvPD patients showed difficulties with two metacognitive functions: monitoring and decentration, even when the severity of psychopathology was controlled for. These results support the hypothesis of specific profiles of metacognitive dysfunction in different PDs and highlight a close link between impaired monitoring and decentration functions and the inhibited and withdrawn personality style typical of AvPD.

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15. Soc Cogn Affect Neurosci. 2016 May 11. pii: nsw040. [Epub ahead of print]

Neural connectivity during reward expectation dissociates psychopathic criminals from non-criminal individuals

with high impulsive/antisocial psychopathic traits.

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Abstract

Criminal behaviour poses a big challenge for society. A thorough understanding of the neurobiological mechanisms underlying criminality could optimize its prevention and management. Specifically, elucidating the neural mechanisms underpinning reward expectation might be pivotal to understanding criminal behaviour. So far no study has assessed reward expectation and its mechanisms in a criminal sample. To fill this gap, we assessed reward expectation in incarcerated, psychopathic criminals. We compared this group to two groups of non-criminal individuals: one with high levels and another with low levels of impulsive/antisocial traits. Functional magnetic resonance imaging was used to quantify neural responses to reward expectancy. Psychophysiological interaction analyses

were performed to examine differences in functional connectivity patterns of reward-related regions. The data suggest that overt criminality is characterized, not by abnormal reward expectation per se, but rather by enhanced communication between reward-related striatal regions and frontal brain regions. We establish that incarcerated psychopathic criminals can be dissociated from non-criminal individuals with comparable impulsive/antisocial personality tendencies based on the degree to which reward-related brain regions interact with brain regions that control behaviour. The present results help us understand why some people act according to their impulsive/antisocial personality while others are able to behave adaptively despite reward-related urges.

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16. Personal Disord. 2016 May 23. [Epub ahead of print]

[Stress Generation in Adolescence: Contributions From Five-Factor Model \(FFM\) Personality Traits and Childhood Maltreatment.](#)

[Kushner SC](#), [Bagby RM](#), [Harkness KL](#).

Abstract

Youth with depression are theorized to generate stress in their lives because of a complex interaction between their personal characteristics and their chronic environmental context. Using a moderated regression approach, we provided a novel test of this hypothesis by examining whether adolescent 5-factor model personality traits moderate the associations between early emotional, physical, and sexual maltreatment and life events experienced in the past 6 months. Participants in this cross-sectional study were 110 adolescents ($M = 16.24$, $SD = 1.53$, age range = 13-17, 74.5% female) with major depressive disorder. The relation of physical maltreatment to dependent interpersonal life events was moderated by extraversion. Among physically maltreated youth, dependent interpersonal events were positively associated with extraversion. Further, the relation of sexual maltreatment to independent events were moderated by extraversion and agreeableness. Among sexually maltreated youth, independent events were negatively associated with extraversion and positively associated with agreeableness. The observed vulnerability-risk interactions are

discussed in terms of their implications for understanding the role of stress generation mechanisms in an integrated model of depression. (PsycINFO Database Record

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17. Personal Disord. 2016 May 23. [Epub ahead of print]

Developmentally Sensitive Markers of Personality Functioning in Adolescents: Age-Specific and Age-Neutral Expressions.

[Debast I](#), [Rossi G](#), [Feenstra D](#), [Hutsebaut J](#).

Abstract

Criterion D of the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) refers to a possible onset of personality disorders (PDs) in adolescence and in Section II the development/course in adolescence is described by some typical characteristics for several PDs. Yet, age-specific expressions of PDs are lacking in Section III. We urgently need a developmentally sensitive assessment instrument that differentiates developmental and contextual changes on the one hand from expressions of personality pathology on the other hand. Therefore we investigated which items of the Severity Indices for Personality Problems-118 (SIPP-118) were developmentally sensitive throughout adolescence and adulthood and which could be considered more age-specific markers requiring other content or thresholds over age groups. Applying item response theory (IRT) we detected differential item functioning (DIF) in 36% of the items in matched samples of 639 adolescents versus 639 adults. The DIF across age groups mainly reflected a different degree of symptom expressions for the same underlying level of functioning. The threshold for exhibiting symptoms given a certain degree of personality dysfunction was lower in adolescence for areas of personality functioning related to the Self and Interpersonal domains. Some items also measured a latent construct of personality functioning differently across adolescents and adults. This suggests that several facets of the SIPP-118 do not solely measure aspects of personality pathology in adolescents, but likely include more developmental issues. (PsycINFO Database Record

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18. Neuropsychopharmacology. 2016 May 20. doi: 10.1038/npp.2016.74. [Epub ahead of print]

White Matter Integrity Reductions in Intermittent Explosive Disorder.

[Lee R](#)^{1,2}, [Arfanakis K](#)^{1,2}, [Evia AM](#)^{1,2}, [Fanning J](#)^{1,2}, [Keedy S](#)^{1,2}, [Coccaro EF](#)^{1,2}.

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- ²Department of Biomedical Engineering, Illinois Institute of Technology, Chicago, IL.

Abstract

Intermittent Explosive Disorder (IED), as described in DSM-5, is the categorical expression of pathological impulsive aggression. Previous work has identified neurobiological correlates of the disorder in patterns of frontal-limbic brain activity and dysregulation of serotonergic neurotransmission. Given the importance of short and long range white matter connections of the brain in social and emotional behavior, studies of white matter connectivity in impulsive aggression are warranted. Diffusion tensor imaging (DTI) studies in the related conditions of antisocial and borderline personality disorder have produced preliminary evidence of disturbed white matter connectivity in these disorders, but to date there have been no DTI studies in IED. 132 male and female adults between the ages of 19 and 55 underwent Turboprop-DTI on a 3 Tesla MRI scanner. 42 subjects had IED, 40 were normal controls, and 50 were clinical psychiatric controls with psychiatric disorders without IED. All subjects were free of alcohol, psychotropic medications, or drugs of abuse. The diffusion tensor was calculated in each voxel and maps of fractional anisotropy (FA) were generated. Tract-based spatial statistics (TBSS) were used to compare FA along the white matter skeleton between the three subject groups. IED was associated with lower FA in two clusters located in the superior longitudinal fasciculus (SLF) when compared to the psychiatric and healthy controls. Impulsive aggression and borderline personality disorder, but not psychopathy or antisocial personality disorder, was associated with lower FA in the two clusters within the SLF. In conclusion, IED was associated with lower white matter integrity in long range connections between the frontal and temporo-parietal regions. *Neuropsychopharmacology* accepted article preview online, 20 May 2016. doi:10.1038/npp.2016.74.

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Classifying eating disorders based on "healthy" and "unhealthy" perfectionism and impulsivity.

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- ⁴Department of Psychiatry, Leiden University Medical Center, Leiden, Netherlands.

Abstract

OBJECTIVE:

Perfectionism and impulsivity are associated with eating disorders (EDs). The current study examines whether clinically relevant subgroups of women with EDs can be identified based on "healthy" and "unhealthy" perfectionism and impulsivity.

METHOD:

Latent profile analyses (LPA) were performed on data of 844 patients (DSM-IV diagnosis: 381 anorexia nervosa, 146 bulimia nervosa, 56 binge-eating disorder, 261 ED not otherwise specified). "Healthy" and "unhealthy" forms of perfectionism and impulsivity were assessed by the Frost Multidimensional Perfectionism Scale and the Dickman Impulsivity Inventory, respectively. The Eating Disorder Examination Questionnaire was completed to assess ED psychopathology. Furthermore, in 229 patients additional ED symptoms, depression, self-esteem, obsessive-compulsive symptoms, and personality features were assessed.

RESULTS:

The LPA revealed four profiles; 1. "Healthy Impulsivity" (HI; n = 191), 2. "Unhealthy Impulsivity" (UI; n = 238), 3. "Healthy and Unhealthy Perfectionism" (HP + UP; n = 153), 4. "Healthy Perfectionism" (HP; n = 262). Patients belonging to the "HP + UP" and the "UI" classes reported higher levels of ED psychopathology. More severe comorbid symptoms (depressive, obsessive-compulsive and self-esteem) were found in the patients belonging to

the "HP + UP" class. Patients from the "HP + UP" and "HP" classes had higher scores for the personality features Harm Avoidance, Persistence and Cooperativeness.

DISCUSSION:

Women with EDs could be meaningfully grouped according to perfectionism and impulsivity. These findings can be used to improve treatment matching and intervention strategies. The use of dimensional features, like perfectionism and impulsivity, in ED research, may enable the identification of fundamental underlying mechanisms and provide more insight into potential mechanisms that may drive or maintain disordered eating. © 2016 Wiley Periodicals, Inc. (Int J Eat Disord 2016).

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20. Front Psychol. 2016 May 3;7:604. doi: 10.3389/fpsyg.2016.00604. eCollection 2016.

Real-Time Monitoring of Psychotherapeutic Processes: Concept and Compliance.

[Schiepek G](#)¹, [Aichhorn W](#)², [Gruber M](#)³, [Strunk G](#)⁴, [Bachler E](#)⁵, [Aas B](#)⁶.

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Abstract

OBJECTIVE:

The feasibility of a high-frequency real-time monitoring approach to psychotherapy is outlined and tested for patients' compliance to evaluate its integration to everyday practice. Criteria concern the ecological momentary assessment, the assessment of therapy-related cognitions and emotions, equidistant time sampling, real-time nonlinear time series analysis, continuous participative process control by client and therapist, and the application of idiographic (person-specific) surveys.

METHODS:

The process-outcome monitoring is technically realized by an internet-based device for data collection and data analysis, the Synergetic Navigation System. Its feasibility is documented by a compliance study on 151 clients treated in an inpatient and a day-treatment clinic.

RESULTS:

We found high compliance rates (mean: 78.3%, median: 89.4%) amongst the respondents, independent of the severity of symptoms or the degree of impairment. Compared to other diagnoses, the compliance rate was lower in the group diagnosed with personality disorders.

CONCLUSION:

The results support the feasibility of high-frequency monitoring in routine psychotherapy settings. Daily collection of psychological surveys allows for the assessment of highly resolved, equidistant time series data which gives insight into the nonlinear qualities of therapeutic change processes (e.g., pattern transitions, critical instabilities).

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21. Front Hum Neurosci. 2016 May 6;10:207. doi: 10.3389/fnhum.2016.00207. eCollection 2016.

Outcome Uncertainty and Brain Activity Aberrance in the Insula and Anterior Cingulate Cortex Are Associated with

Dysfunctional Impulsivity in Borderline Personality Disorder.

[Mortensen JA](#)¹, [Evensmoen HR](#)², [Klensmeden G](#)³, [Håberg AK](#)⁴.

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Abstract

Uncertainty is recognized as an important component in distress, which may elicit impulsive behavior in patients with borderline personality disorder (BPD). These patients are known to be both impulsive and distress intolerant. The present study explored the connection between outcome uncertainty and impulsivity in BPD. The prediction was that cue primes, which provide incomplete information of subsequent target stimuli, led BPD patients to overrate the predictive value of these cues in order to reduce distress related to outcome uncertainty. This would yield dysfunctional impulsive behavior detected as commission errors to incorrectly primed targets. We hypothesized that dysfunctional impulsivity would be accompanied by aberrant brain activity in the right insula and anterior cingulate cortex (ACC), previously described to be involved in uncertainty processing, attention-/cognitive control and BPD pathology. 14 female BPD patients and 14 healthy matched controls (HCs) for comparison completed a Posner task during fMRI at 3T. The task was modified to limit the effect of spatial orientation and enhance the effect of conscious expectations. Brain activity was monitored in the priming phase where the effects of cue primes and neutral primes were compared. As predicted, the BPD group made significantly more commission errors to incorrectly primed targets than HCs. Also, the patients had faster reaction times to correctly primed targets relative to targets preceded by neutral primes. The BPD group had decreased activity in the right mid insula and increased activity in bilateral dorsal ACC during cue primes. The results indicate that strong expectations induced by cue primes led to reduced uncertainty, increased response readiness, and ultimately, dysfunctional impulsivity in BPD patients. We suggest that outcome uncertainty may be an important component in distress related impulsivity in BPD.

PMCID: PMC4858533 **Free PMC Article**

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22. Rev Bras Psiquiatr. 2016 May 17. pii: S1516-44462016005006103. [Epub ahead of print]

Mental health in medical residents: relationship with personal, work-related, and sociodemographic variables.

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Abstract

OBJECTIVE:

To examine association of sociodemographic characteristics, personality traits, social skills, and work variables with anxiety, depression, and alcohol dependence in medical residents.

METHODS:

A total of 270 medical residents completed the following self-report instruments: sociodemographic and work questionnaire, Patient Health Questionnaire-4 (PHQ-4), Alcohol Use Disorders Identification Test-3 (AUDIT-3), Revised NEO-Five Factor Inventory (NEO-FFI-R), and Social Skills Inventory (SSI-Del-Prette). Data were analyzed using descriptive statistics and univariate and multivariate logistic regression analyses.

RESULTS:

Multivariate analysis showed an association of neuroticism (odds ratio [OR] 2.60, $p < 0.001$), social skills (OR 0.41, $p < 0.01$), and number of shifts (OR 1.91, $p = 0.03$) with anxiety or depression, and of male sex (OR 3.14, $p = 0.01$), surgical residency (OR 4.40, $p = 0.001$), extraversion (OR 1.80, $p < 0.01$), and number of shifts (OR 2.32, $p = 0.04$) with alcohol dependence.

CONCLUSION:

The findings support a multidetermined nature of mental health problems in medical residents, in addition to providing data that may assist in the design of preventive measures to protect the mental health of this group.

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23. J Clin Exp Neuropsychol. 2016 May 18:1-12. [Epub ahead of print]

[Discrepancies between direct and indirect measures of interpersonal and neurocognitive skills in autism spectrum disorder children.](#)

[Gómez-Pérez MM](#)¹, [Calero MD](#)¹, [Mata S](#)¹, [Molinero C](#)¹ .

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Abstract

BACKGROUND:

Subjects with autistic spectrum disorders (ASD) show persistent deficits in social interaction. In order to explore the scope of their deficits, it is of great interest to compare the different interpersonal skills and executive functions of ASD subjects to those of children with typical development. Assessing these skills usually involves a large variety of informants (parents, teachers, other family members) and of measures, with frequent discrepancies between direct performance measures and indirect measures (third-party report). Different explanations of this mismatch between measures have been addressed in previous studies.

OBJECTIVES:

We wish to analyze whether there are differences between children with ASD and children with typical development on several direct performance measures of interpersonal and neurocognitive skills and one third-party report on real-life performance of interpersonal

skills; we also want to look at whether discrepancies appear between the two types of measurements in the two groups of participants.

METHOD:

A total of 68 Spanish children between the ages of 7 and 12 years participated; 34 were children with ASD, and 34 showed typical development. All participants were tested for recognition of emotions, solving interpersonal conflicts, and executive function.

RESULTS:

Significant differences between the two groups were not found on most of the direct performance measures, but they did appear in the report by third parties, in favor of the group with typical development. There was also a significant association between neurocognitive and social variables in the latter group.

CONCLUSIONS:

There were intergroup differences and discrepancies between the direct performance and indirect measures in children with ASD, and these must be explained. For this reason, future studies could seek to explain the cause of these discrepancies with a greater number of measures for each of the skills.

PMID: 27192042 [PubMed - as supplied by publisher]

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24. Multivariate Behav Res. 2016 May 18:1-22. [Epub ahead of print]

A Mixed Model to Disentangle Variance and Serial Autocorrelation in Affective Instability Using Ecological Momentary Assessment Data.

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Abstract

Affective instability, the tendency to experience emotions that fluctuate frequently and intensively over time, is a core feature of several mental disorders including borderline personality disorder. Currently, affect is often measured with Ecological Momentary Assessment protocols, which yield the possibility to quantify the instability of affect over time. A number of linear mixed models are proposed to examine (diagnostic) group differences in affective instability. The models contribute to the existing literature by estimating simultaneously both the variance and serial dependency component of affective instability when observations are unequally spaced in time with the serial autocorrelation (or emotional inertia) declining as a function of the time interval between observations. In addition, the models can eliminate systematic trends, take between subject differences into account and test for (diagnostic) group differences in serial autocorrelation, short-term as well as long-term affective variability. The usefulness of the models is illustrated in a study on diagnostic group differences in affective instability in the domain of eating disorders. Limitations of the model are that they pertain to group (and not individual) differences and do not focus explicitly on circadian rhythms or cycles in affect.

PMID: 27191204 [PubMed - as supplied by publisher]

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25. Psychiatry Res. 2016 May 6;241:224-231. doi: 10.1016/j.psychres.2016.05.007. [Epub ahead of print]

[Borderline personality features in depressed or anxious patients.](#)

[Distel MA](#)¹, [Smit JH](#)², [Spinhoven P](#)³, [Penninx BW](#)².

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Abstract

Anxiety and depression frequently co-occur with borderline personality disorder. Relatively little research examined the presence of borderline personality features and its main domains

(affective instability, identity problems, negative relationships and self-harm) in individuals with remitted and current anxiety and depression. Participants with current (n=597) or remitted (n=1115) anxiety and/or depression and healthy controls (n=431) were selected from the Netherlands Study of Depression and Anxiety. Assessments included the Personality Assessment Inventory - Borderline Features Scale and several clinical characteristics of anxiety and depression. Borderline personality features were more common in depression than in anxiety. Current comorbid anxiety and depression was associated with most borderline personality features. Anxiety and depression status explained 29.7% of the variance in borderline personality features and 3.8% (self-harm) to 31% (identity problems) of the variance in the four domains. A large part of the variance was shared between anxiety and depression but both disorders also explained a significant amount of unique variance. The severity of anxiety and depression and the level of daily dysfunctioning was positively associated with borderline personality features. Individuals with a longer duration of anxiety and depression showed more affective instability and identity problems. These findings suggest that patients with anxiety and depression may benefit from an assessment of personality pathology as it may have implications for psychological and pharmacological treatment.

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26. Int J Law Psychiatry. 2016 May 11. pii: S0160-2527(16)30028-0. doi: 10.1016/j.ijlp.2016.02.015. [Epub ahead of print]

[Violence and mental disorders. A retrospective study of people in charge of a community mental health center.](#)

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Abstract

BACKGROUND:

Numerous studies conducted in inpatient settings have highlighted how mental disorders are associated with an increased risk of violence, particularly during acute phases. However, to date a more limited number of studies have been performed to assess the risk of violence in outpatients, particularly in Italy. The present study aims to evaluate the prevalence of violent events in a sample of patients in charge of a community mental health center in Italy.

METHODS:

Based on data obtained from standardized clinical records, a retrospective study was undertaken to investigate acts of violence (physical aggression only) in a total of 678 patients (Males=308, 45.4%) in charge of a university mental health center; patients were mainly affected by anxiety disorders (30.7%), depressive disorder (17.2%), bipolar disorder (18.3%) and schizophrenia or other psychotic disorders (25.0%).

RESULTS:

27.6% of the sample had committed at least one act of violence during their lifetime, 10.5% over the previous year. 56.7% of those who committed violence acts had acted violently twice or more during their lifetime. A significant association of lifetime violence was found with gender (male), younger age, low education, unemployment, living with parents. With regard to diagnosis, a significant association was found with schizophrenia and other psychotic disorders, personality disorders, mental retardation, and comorbidity between two or more psychiatric disorders. Violence was moreover associated with early age at onset and at first psychiatric treatment, longer duration of the disorder, previous hospital admissions, previous violent events.

CONCLUSION:

Violent behavior is relatively common among outpatients.

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27. Int J Law Psychiatry. 2016 May 11. pii: S0160-2527(16)30102-9. doi: 10.1016/j.ijlp.2016.05.004. [Epub ahead of print]

Characteristics of paraphilics in Turkey: A retrospective study-20years.

[Taktak Ş¹](#), [Yılmaz E²](#), [Karamustafalıoğlu O³](#), [Ünsal A⁴](#).

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- ⁴Nursing Department, School of Health, Ahi Evran University, Turkey.

Abstract

OBJECTIVE:

This study is carried out to research the frequency of occurrence and the characteristics of paraphilic cases in Turkey and forensic aspects of them and to explain forensic psychiatric studies of people show paraphilic actions and assess them from legal aspects.

METHOD:

This research is done by studying a total of 101,208 cases who were sent to Istanbul Forensic Medicine Institute (FMI) by the judicial organs of 4th Specialization Board between 1984 and 2004 to decide whether they show paraphilic actions or not. When choosing the cases of pedophilic actions, incest incidents were excluded and 307 incidents were taken into assessment.

RESULTS:

The male subjects are 97.4%, 39.7% of them are 19-29years old, 10% of them are over age 60, 59% of the subjects are single, 36.5% of them are unemployed, 71.7% of the incidents have no physical disorder. The subjects who were imprisoned before were 20.2% and 22.1% of them had undergone psychiatric treatment before the incident. Twenty separate diagnosis are determined by the FMI for the subjects. There were mental retardation, schizophrenia and various personality disorders on the top the diagnosis list. The paraphilia type of the incidents are pedophilia (60.3%), exhibitionism (8.1%), pedophilia and exhibitionism (7.5%) and fetishism (5.9%). It was determined that there were more than one paraphilia type in 40 incidents (13%). FMI decided that 54.7% of them have criminal responsibility, 25.1% of them have no criminal responsibility, and 20.2% of them have reduced criminal responsibility.

CONCLUSION:

There were 20 separate type of diagnosis for the incidents. It is understood that paraphilic incidents do not seek for help although they have the symptoms of disorder and they are

exposed to psychiatric assessment only when they face a criminal inquiry. This suggests that there are more paraphilic incidents in the society than what we encounter.

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28. Psychotherapy (Chic). 2016 May 12. [Epub ahead of print]

[Inpatient Schema Therapy for Nonresponsive Patients With Personality Pathology: Changes in Symptomatic Distress, Schemas, Schema Modes, Coping Styles, Experienced Parenting Styles, and Mental Well-Being.](#)

[Schaap GM](#), [Chakhssi F](#), [Westerhof GJ](#).

Abstract

This study provides an evaluation of schema therapy (ST) for inpatient treatment of patients with personality pathology who did not respond to previous psychotherapeutic interventions. Forty-two patients were assessed pre- and posttreatment, and 35 patients were evaluated at follow-up 6 months later. The results showed a dropout rate of 35%. Those who dropped out did not differ from those who completed treatment with regard to demographic and clinical variables; the only exception was that those who dropped out showed a lower prevalence of mood disorders. Furthermore, intention-to-treat analyses showed a significant improvement in maladaptive schemas, schema modes, maladaptive coping styles, mental well-being, and psychological distress after treatment, and these improvements were maintained at follow-up. On the other hand, there was no significant change in experienced parenting style as self-reported by patients. Changes in schemas and schema modes measured from pre- to posttreatment were predictive of general psychological distress at follow-up. Overall, these preliminary findings suggest that positive treatment results can be obtained with ST-based inpatient treatment for patients who did not respond to previous psychotherapeutic interventions. Moreover, these findings are comparable with treatment results for patients without such a nonresponsive treatment history. (PsycINFO Database Record

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PMID: 27177079 [PubMed - as supplied by publisher]

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29. Epilepsy Behav. 2016 May 10;60:21-26. doi: 10.1016/j.yebeh.2016.04.023. [Epub ahead of print]

A cross-sectional survey on French psychiatrists' knowledge and perceptions of psychogenic nonepileptic seizures.

[Aatti Y](#)¹, [Schwan R](#)¹, [Maillard L](#)², [McGonigal A](#)³, [Micoulaud-Franchi JA](#)⁴, [de Toffol B](#)⁵, [El-Hage W](#)⁶, [Hingray C](#)⁷.

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Abstract

OBJECTIVE:

The principal aim of the study was two-fold: to determine French psychiatrists' level of general knowledge of psychogenic nonepileptic seizures (PNES) and to evaluate their perceptions of this condition in a standardized way. The secondary aim was to describe the relationship between level of education and knowledge of PNES and level of experience of case management and perceptions of PNES.

METHODS:

In this study, psychiatrists were invited by email to answer an online survey. The questionnaire asked about their general knowledge of PNES, and perceptions of PNES were scored using the Brief Illness Perception Questionnaire (Brief IPQ).

RESULTS:

We received 1242 replies, and data from 963 respondents were included. The survey revealed that three-quarters of psychiatrists working in France (75%) had never received any training on PNES, and 42% had never managed patients suffering from PNES. In general, participants considered PNES to be a chronic disease with significant impact on patients' quality of life. Although psychiatrists were aware of the importance of psychological trauma in the etiology of PNES, they showed only moderate understanding of this pathology. Terminology and classification of these disorders were poorly known, and the relation between PNES and histrionic personality was massively overvalued. Prior training on PNES was associated with a better level of knowledge and different perceptions of trained psychiatrists compared with that of psychiatrists with no prior training.

CONCLUSIONS:

The condition of PNES remains relatively unknown to French psychiatrists, and some of their perceptions were inaccurate. Specific training seems essential for a better understanding of PNES.

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30. Personal Disord. 2016 May 12. [Epub ahead of print]

Triarchic Dimensions of Psychopathy in Young Adulthood: Associations With Clinical and Physiological Measures After Accounting for Adolescent Psychopathic Traits.

[Kyranides MN](#), [Fanti KA](#), [Sikki M](#), [Patrick CJ](#).

Abstract

This study examined associations of psychopathy facets of boldness, meanness, and disinhibition with clinically relevant variables and physiological reactivity to affective stimuli. These associations were examined after accounting for developmental associations with adolescent psychopathic traits, namely callous-unemotional traits, narcissism, and impulsivity. Psychopathic traits were assessed during adolescence using the Antisocial Process Screening Device and the Inventory of Callous Unemotional traits and during young adulthood via the Triarchic Psychopathy Measure. Clinical variables (N = 99, Mage = 15.91, 53% female), as well as affective and physiological responses (heart rate, skin conductance, startle modulation) to violent and erotic videos (N = 88, Mage = 19.92, 50% female) were also assessed during adulthood. After accounting for adolescent psychopathic traits, boldness was associated with high cognitive reappraisal and low anxiety, fear, and hostility, and meanness was related to callous-unemotional traits, hostility, less sympathy to victims, and less use of cognitive reappraisal. Disinhibition, by contrast, was associated with impulsivity, increased anxiety, and hostile and aggressive tendencies, as well as conduct disorder, antisocial personality disorder symptoms, and cognitive suppression. In addition, evidence was found for different physiological measures operating as biological indicators of these distinctive dimensions, with reduced resting heart rate and cardiac reactivity to violent stimuli indicative of boldness, above and beyond adolescent psychopathic traits, and low startle potentiation for violent stimuli indicative of callous-unemotional traits and meanness. These findings provide evidence for the value of a multidomain approach for clarifying neurobiological mechanisms of psychopathic tendencies that can inform prevention and treatment efforts. (PsycINFO Database Record

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31. Personal Disord. 2016 May 12. [Epub ahead of print]

Object Relations Predicts Borderline Personality Disorder Symptoms Beyond Emotional Dysregulation, Negative Affect, and Impulsivity.

[Huprich SK](#), [Nelson SM](#), [Paggeot A](#), [Lengu K](#), [Albright J](#).

Abstract

Many studies have determined that the traits of emotional dysregulation, negative affect, and impulsivity are the strongest predictors of borderline personality disorder (BPD). Although psychodynamic, empirically supported BPD treatments (i.e., transference-focused, mentalization based) focus upon changing the internal representations of self and other, no studies have simultaneously evaluated the contribution of object relations in relation to these

traits in predicting BPD symptoms. This study sought to determine the combined effects of emotional dysregulation, negative affect, impulsivity, and object relations in the prediction of BPD through the use of mediation modeling in 4 a priori hypothesized relationships among these variables. One hundred sixty-nine psychiatric outpatients and 171 undergraduate students were evaluated with self-reported trait and object relations measures and were administered 2 semistructured diagnostic interviews for BPD. Although all trait and object relations measures were correlated with BPD symptoms, the best fitting model was one in which object relations partially mediated the relationship of negative affect and impulsivity with BPD symptoms. Direct effects of the traits were also observed in mediation. Self-reported object relational quality had more of an effect on the prediction of BPD than previously recognized within a trait-framework, thus further supporting the model explicated in psychodynamic and relationally based treatments for BPD. (PsycINFO Database Record

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PMID: 27176498 [PubMed - as supplied by publisher]

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32. Cogn Neuropsychiatry. 2016 May 13:1-14. [Epub ahead of print]

Creativity and borderline personality disorder: evidence from a voxel-based morphometry study.

[Leutgeb V](#)¹, [Ille R](#)¹, [Wabnegger A](#)¹, [Schienle A](#)¹, [Schöggel H](#)², [Weber B](#)¹, [Papousek I](#)¹, [Weiss EM](#)¹, [Fink A](#)¹.

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Abstract

INTRODUCTION:

Throughout the history, various examples of eminent creative people suffering from mental disorders along with some empirical research reports strengthened the idea of a potential link between creativity and psychopathology.

METHODS:

This study investigated different facets of psychometrically determined creativity in 20 females diagnosed with borderline personality disorder (BPD) relative to 19 healthy female controls. In addition, group differences in grey matter (GM) were examined.

RESULTS:

Behavioural findings revealed no significant differences between the BPD group and healthy controls with respect to verbal and figural-graphic creative task performance and creativity-related personality characteristics. Whole-brain voxel-based morphometry analyses revealed a distinct pattern of GM reductions in the BPD group (relative to controls) in a network of brain regions closely associated with various cognitive and emotional functions (including the bilateral orbital inferior frontal gyri and the left superior temporal gyrus), partly overlapping with creativity-related brain regions. Correlation analyses moreover revealed that in the BPD group GM reductions in the orbital parts of the inferior and middle frontal gyri were associated with lower levels of creativity.

CONCLUSIONS:

This study provides no indications in favour of the putative link between creativity and psychopathology, as sometimes reported in the literature.

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33. Int J Law Psychiatry. 2016 May 7. pii: S0160-2527(16)30065-6. doi: 10.1016/j.ijlp.2016.04.003. [Epub ahead of print]

Psychiatric disorders and criminal history in male prisoners in Greece.

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Abstract

OBJECTIVES:

To explore the psychopathology of the Greek male prisoner population and the relationship between psychiatric disorders and the criminal history of the subjects.

METHODS:

The Iowa Structured Psychiatric Interview and the Personality Disorders Questionnaire were administered. The prevalence of the most common mental disorders was analyzed separately and in relation to the criminal history. SPSS was used for the statistical analysis.

RESULTS:

A total of 495 male prisoners were interviewed. Overall, 223 (45.06%) were diagnosed with a psychiatric disorder. Non-violent crimes were the most prevalent reason for imprisonment (40.7%). One-third (30.3%) of the sample was convicted with drug-related crimes, and 28.0% with violent crimes.

DISCUSSION:

The prevalence of mental disorders in Greek prisoners was higher than in the general population. Personality disorder was the most common type of mental disorder and the only psychiatric diagnosis related to violent crime. This highlights the need for screening for mental disorders and the need for therapeutic provision within the prison setting.

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PMID: 27167215 [PubMed - as supplied by publisher]

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34. Genes Brain Behav. 2016 May 11. doi: 10.1111/gbb.12297. [Epub ahead of print]

Single Nucleotide Polymorphisms in the REG-CTNNA2 region of chromosome 2 and NEIL3 associated with impulsivity in a Native American sample.

[Ehlers CL](#)¹, [Gizer IR](#)², [Bizon C](#)³, [Slutske W](#)², [Peng Q](#)^{1,4}, [Schork NJ](#)⁴, [Wilhelmsen KC](#)^{3,5}.

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Abstract

Impulsivity is a multi-faceted construct that, while characterized by a set of correlated dimensions, is centered around a core definition that involves acting suddenly in an unplanned manner without consideration for the consequences of such behavior. Several psychiatric disorders include impulsivity as a criterion, and thus it has been suggested that it may link a number of different behavioral disorders, including substance abuse. Native Americans experience some of the highest rates of substance abuse of all US ethnic groups. The described analyses used data from a low coverage whole genome sequence scan to conduct a genome-wide association study of an impulsivity phenotype in an American Indian community sample (n = 658). Demographic and clinical information were obtained using a semi-structured interview. Impulsivity was assessed using a scale derived from the Maudsley personality inventory that combines both novelty-seeking and lack of planning items. The impulsivity score was tested for association with each variant adjusted for demographic variables, and corrected for ancestry and kinship, using EMMAX. Simulations were conducted to calculate empirical p-values. Genome-wide significant findings were observed for a variant 50 kb upstream from catenin cadherin-associated protein, alpha 2 (CTNNA2), a neuronal specific catenin, in the REG gene cluster. A meta-analysis of genome-wide association studies had previously identified common variants in CTNNA2 as being associated with excitement seeking. A second locus upstream of NEIL3 on chromosome 4 also achieved genome-wide significance. The association between sequence variants in these regions suggests their potential roles in the genetic regulation of this phenotype in this population.

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PMID: 27167163 [PubMed - as supplied by publisher]

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35. Psychiatr Q. 2016 May 11. [Epub ahead of print]

[Predictors of Length of Stay in an Inpatient Psychiatric Unit of a General Hospital in Perugia, Italy.](#)

[Pauselli L](#)^{1,2}, [Verdolini N](#)^{3,4}, [Bernardini F](#)^{3,4}, [Compton MT](#)^{5,6}, [Quartesan R](#)^{4,7}.

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- ⁷Sezione di Psichiatria, Dipartimento di Medicina, Università degli Studi di Perugia, Perugia, Italy.

Abstract

The aim of this study was to understand which of a number of factors are most associated with psychiatric inpatient length of stay (LoS). We hypothesized that a longer LoS would be predicted by: older age, male gender, unmarried marital status, foreign nationality, more than one hospitalization, being hospitalized involuntarily, psychotic symptoms and behavioral dyscontrol at admission, discharge diagnosis of psychotic and personality disorders, not having a substance use disorder, treatment with more than one class of medications, and being discharged to a community residential facility. All admissions to the Psychiatric Inpatient Unit of Santa Maria della Misericordia, Perugia Hospital, Umbria, Italy, from June 2011 to June 2014, were included in a medical record review. Bivariate analyses were performed and a multiple linear regression model was built using variables that were associated ($p < .05$) with LoS in bivariate tests. The study sample included 1236 patients. In the final, most parsimonious regression model, five variables independently explained 18 % of variance in LoS: being admitted involuntarily, being admitted for thought disorders, not having a substance-related disorder, having had more than one hospitalization, and being discharged to a community residential facility. LoS on this inpatient psychiatric unit in Umbria was associated with a number of sociodemographic and clinical characteristics. Knowledge of these and other predictors of LoS will be increasingly important to, when possible, reduce the length of restrictive, costly hospitalizations and embrace community-based services.

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Borderline Personality Disorder and Automatic Processing of Valence and Self-Other Relevance Information.

[Donges US](#)¹, [Dukalski B](#), [Suslow T](#).

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Abstract

BACKGROUND:

Enhanced sensitivity to emotion stimuli and poor differentiation between self and others have been proposed to be important features of borderline personality disorder (BPD). Automatic processing of affective stimuli provides information about valence (positive vs. negative) and relevance of valence (self vs. other). The objectives of our study were to investigate the efficiency of automatic processing of valence and relevance at a semantic level in BPD compared to healthy individuals.

SAMPLING AND METHODS:

A masked affective priming task, varying the valence and relevance of prime and target adjectives, was administered to 33 women with BPD and 33 healthy women. The forward and backward masked primes were shown for 50 ms. Subjects had the task of evaluating target words.

RESULTS:

In the whole sample, a significant affective priming effect and a significant relevance priming effect occurred. BPD patients did not significantly differ from healthy individuals in affective priming or relevance priming after controlling for age, education, and intelligence. The presence of comorbid somatoform disorders was associated with increased affective priming and reduced relevance priming in BPD patients.

CONCLUSIONS:

The efficiency of automatic recognition and the processing of valence information at a semantic level are not impaired in BPD. Moreover, BPD patients are able to perceive and differentiate automatically self- versus other-relevance during the perception of affective information like healthy controls. Thus, there is no evidence for enhanced sensitivity to

emotion stimuli or poor differentiation between self and others in BPD at a very early stage of processing. The presence of somatoform disorders appears to influence affective as well as relevance priming in BPD.

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PMID: 27161335 [PubMed - as supplied by publisher]

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37. Psychiatry Res. 2016 Jun 30;240:421-30. doi: 10.1016/j.psychres.2016.04.034. Epub 2016 May 5.

Socio-demographic and clinical predictors of non-response/non-remission in treatment resistant depressed patients: A systematic review.

[De Carlo V](#)¹, [Calati R](#)², [Serretti A](#)³.

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Abstract

Up to one third of patients adequately treated for Major Depressive Disorder (MDD) do not respond to multiple interventions. Many studies investigated predictors in MDD outcome, but no study focused on predictors of non-response or non-remission to antidepressants in subjects with treatment resistant depression (TRD). The present study aimed to evaluate possible socio-demographic and clinical predictors of non-response and non-remission in MDD patients who failed to benefit from at least one antidepressant trial. A total of 51 papers were included. A number of severity indicators, such as longer duration of depressive episode, moderate-high suicidal risk, anxious comorbidity, higher number of hospitalizations and higher dosage of antidepressants, were associated with non-response as well as age. Interestingly, severity of illness, as well as comorbid personality disorders and anxiety symptoms, had also a predictive value in non-remission with the addition of marital status.

Considering limitations, selected studies were observational or randomized non controlled/controlled trials and different TRD definitions and outcome measures were used. Overall, predictors of outcome were similar to MDD, but specific socio-demographic and clinical factors should be considered in clinical practice to formulate a more focused treatment in TRD patients.

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PMID: 27155594 [PubMed - in process]

[Similar articles](#)



38. Clin Respir J. 2016 May 5. doi: 10.1111/crj.12494. [Epub ahead of print]

[Psychological Characteristics of Patients with Asthma.](#)

[Bulcun E](#)¹, [Turkel Y](#)², [Oguztürk O](#)³, [Dag E](#)², [Buturak SV](#)³, [Ekici A](#)¹, [Ekici M](#)¹.

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Abstract

INTRODUCTION:

Psychological distress of patients with asthma may be reduced when they learned to live with their illness. Asthma can change the psychological and personality characteristics. We aim to investigate the psychological and personality characteristics of patients with asthma by using MMPI (Minnesota Multiphasic Personality Inventory).

METHODS:

Thirty-three adult patients with asthma (23 female and 10 male) and 20 healthy controls (14 females and 6 males) were enrolled in the present study. Psychometric evaluation was made with the Turkish version of the MMPI. The patients were separated into two groups according to the duration of symptoms (recent-onset asthma < 10 years, long-standing asthma ≥10 years).

RESULTS:

Patients with asthma compared to control group had significantly higher the rate of clinical elevation on depression, hysteria, psychasthenia and social introversion. Patients with recent-onset asthma compared with long-standing asthma have significantly higher the rate of clinical elevation on depression, hysteria, psychopathic deviate, psychasthenia and social introversion. MMPI mean t score in patients with recent-onset asthma was higher than patients with long-standing asthma. MMPI mean t score in patients with asthma was negatively associated with the symptom duration in multivariate model.

CONCLUSIONS:

Patients with asthma have relatively more inactivity, anergia, guilt, pessimism, nonspecific physical complaints, irrational fears and introvert. Patients with long-standing asthma have less psychological distress, suggesting that learned to cope with his illness. This article is protected by copyright. All rights reserved.

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PMID: 27149073 [PubMed - as supplied by publisher]

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39. Chronobiol Int. 2016 May 5:1-20. [Epub ahead of print]

[Chronotype, gender and general health.](#)

[Fabbian F](#)^{1,2}, [Zucchi B](#)¹, [Giorgi A](#)^{1,2}, [Tiseo R](#)², [Boari B](#)², [Salmi R](#)², [Cappadona R](#)¹, [Gianesini G](#)², [Bassi E](#)², [Signani F](#)³, [Raparelli V](#)⁴, [Basili S](#)⁴, [Manfredini R](#)^{1,2}.

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Abstract

BACKGROUND:

Light-dark alternation has always been the strongest external circadian "zeitgeber" for humans. Due to its growing technological preference, our society is quickly transforming toward a progressive "eveningness" (E), with consequences on personal circadian preference (chronotype), depending on gender as well. The aim of this study was to review the available

evidence of possible relationships between chronotype and gender, with relevance on disturbances that could negatively impact general health, including daily life aspects.

METHODS:

Electronic searches of the published literature were performed in the databases MEDLINE and Web of Science, by using the Medical Subject Heading (MeSH), when available, or other specific keywords.

RESULTS:

Results were grouped into four general areas, i.e. (a) "General and Cardiovascular Issues", (b) "Psychological and Psychopathological Issues", (c) "Sleep and Sleep-Related Issues" and (d) "School and School-Related Issues". (a) E is associated with unhealthy and dietary habits, smoking and alcohol drinking (in younger subjects) and, in adults, with diabetes and metabolic syndrome; (b) E is associated with impulsivity and anger, depression, anxiety disorders and nightmares (especially in women), risk taking behavior, use of alcohol, coffee and stimulants, psychopathology and personality traits; (c) E has been associated, especially in young subjects, with later bedtime and wake-up time, irregular sleep-wake schedule, subjective poor sleep, school performance and motivation, health-related quality of life; (d) E was associated with lowest mood and lower overall grade point average (especially for women).

CONCLUSIONS:

Eveningness may impact general health, either physical or mental, sleep, school results and achievements, especially in younger age and in women. The role of family support is crucial, and parents should be deeply informed that abuse of technological devices during night hours may lead to the immature adjustment function of children's endogenous circadian pacemakers.

PMID: 27148626 [PubMed - as supplied by publisher]

[Similar articles](#)



40. J Abnorm Child Psychol. 2016 May 5. [Epub ahead of print]

Effects of Parent Training on Callous-Unemotional Traits, Effortful Control, and Conduct Problems: Mediation by Parenting.

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Abstract

Callous-unemotional (CU) traits and effortful control (EC) are personality and temperament traits implicated in early-onset antisocial trajectories. This secondary analysis of Hitkashrut's randomized controlled trial first tested parent training's effects on EC and CU traits while controlling for more general treatment effects on conduct problems (CP), and subsequently tested mediation by parenting. Prekindergarten teachers in three Israeli cities identified 209 3-5 year-old (163 boys; 46 girls) preschoolers with subclinical-clinical range conduct problems. All participants were Jewish ranging from ultra-orthodox to secular. They were assigned to 14-session co-parent training groups (n = 140 couples), or to minimal intervention control groups with referral to local services as necessary (n = 69 couples). We employed averaged indices of pre- and post-intervention questionnaires completed by both parents. The testing of all hypothesized models controlled for treatment effects on CP in order to strengthen the robustness of the analyses. We found significant concurrent treatment effects on CP and on either CU traits or EC. All effects were mediated by ineffective parenting (IP): a latent variable that was indicated by negative/inconsistent practices and perceived parenting inefficacy. This is the first demonstration of parenting mediated treatment effects on both EC and CU traits in a randomized controlled study conducted in everyday practice contexts. This finding supports a disruption model of change: the reduction of IP facilitates a caregiving environment that affects children's behavior and developing personality. The changing of personality and temperament characteristics implicated in early-onset pathways suggests an innovative prevention strategy for disruptive behavior disorders.

PMID: 27146061 [PubMed - as supplied by publisher]

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41. JAMA Psychiatry. 2016 May 4. doi: 10.1001/jamapsychiatry.2016.0495. [Epub ahead of print]

[Risk of Psychiatric and Neurodevelopmental Disorders Among](#)

Siblings of Proband With Autism Spectrum Disorders.

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Abstract

Importance:

Previous research has focused on examining the familial clustering of schizophrenia, bipolar disorder, and autism spectrum disorders (ASD). Little is known about the clustering of other psychiatric and neurodevelopmental disorders among siblings of persons with ASD.

Objective:

To examine the risk for psychiatric and neurodevelopmental disorders among full siblings of probands with ASD.

Design, Setting, and Participants:

The Finnish Prenatal Study of Autism and Autism Spectrum Disorders used a population-based cohort that included children born from January 1, 1987, to December 31, 2005, who received a diagnosis of ASD by December 31, 2007. Each case was individually matched to 4 control participants by sex and date and place of birth. The siblings of the cases and controls were born from January 1, 1977, to December 31, 2005, and received a diagnosis from January 1, 1987, to December 31, 2009. This nested case-control study included 3578

cases with ASD with 6022 full siblings and 11 775 controls with 22 127 siblings from Finnish national registers. Data were analyzed from March 6, 2014, to February 12, 2016.

Main Outcomes and Measures:

The adjusted risk ratio (RR) for psychiatric and neurodevelopmental disorders among siblings of probands with ASD vs siblings of matched controls. Additional analyses were conducted separately for ASD subgroups, including childhood autism, Asperger syndrome, and pervasive developmental disorders not otherwise specified. Analyses were further stratified by sex and intellectual disability among the probands.

Results:

Among the 3578 cases with ASD (2841 boys [79.4%]) and 11 775 controls (9345 boys [79.4%]), 1319 cases (36.9%) and 2052 controls (17.4%) had at least 1 sibling diagnosed with any psychiatric or neurodevelopmental disorder (adjusted RR, 2.5; 95% CI, 2.3-2.6). The largest associations were observed for childhood-onset disorders (1061 cases [29.7%] vs 1362 controls [11.6%]; adjusted RR, 3.0; 95% CI, 2.8-3.3), including ASD (374 cases [10.5%] vs 125 controls [1.1%]; adjusted RR, 11.8; 95% CI, 9.4-14.7), tic disorders (28 cases [0.8%] vs 24 controls [0.2%]; adjusted RR, 4.3; 95% CI, 2.3-8.2), attention-deficit/hyperactivity disorder (189 cases [5.3%] vs 180 controls [1.5%]; adjusted RR, 3.7; 95% CI, 2.9-4.7), learning and coordination disorders (563 cases [15.7%] vs 697 controls [5.9%]; adjusted RR, 3.2; 95% CI, 2.8-3.6), intellectual disability (104 cases [2.9%] vs 137 controls [1.2%]; adjusted RR, 3.1; 95% CI, 2.3-4.2), conduct and oppositional disorders (180 cases [5.0%] vs 221 controls [1.9%]; adjusted RR, 2.8; 95% CI, 2.2-3.5), and emotional disorders with onset specific to childhood (126 cases [3.5%] vs 157 controls [1.3%]; adjusted RR, 2.6; 95% CI, 1.9-3.4). Autism spectrum disorders were also associated with schizophrenia spectrum disorders, affective disorders, anxiety disorders, and other neurotic and personality disorders among siblings.

Conclusions and Relevance:

Psychiatric and neurodevelopmental disorders cluster among siblings of probands with ASD. For etiologic research, these findings provide further evidence that several psychiatric and neurodevelopmental disorders have common risk factors.

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The clinical spectrum of sporadic and familial forms of frontotemporal dementia.

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Abstract

The term frontotemporal dementia (FTD) describes a clinically, genetically and pathologically diverse group of neurodegenerative disorders. Symptoms of FTD can present in individuals in their twenties through to their nineties, but the mean age at onset is in the sixth decade. The most common presentation is with a change in personality and impaired social conduct (behavioural variant FTD). Less frequently patients present with language problems (primary progressive aphasia). Both of these groups of patients can develop motor features consistent with either motor neuron disease (usually the amyotrophic lateral sclerosis variant) or parkinsonism (most commonly a progressive supranuclear palsy or corticobasal syndrome). In about a third of cases FTD is familial, with mutations in the progranulin, microtubule-associated protein tau and chromosome 9 open reading frame 72 genes being the major causes. Mutations in a number of other genes including TANK-binding kinase 1 are rare causes of familial FTD. This review aims to clarify the often confusing terminology of FTD, and outline the various clinical features and diagnostic criteria of sporadic and familial FTD syndromes. It will also discuss the current major challenges in FTD research and clinical practice, and potential areas for future research. This article is protected by copyright. All rights reserved.

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43. Harv Rev Psychiatry. 2016 May 3. [Epub ahead of print]

[Integrating Early Intervention for Borderline Personality Disorder and Mood Disorders.](#)

[Chanen AM](#)¹, [Berk M](#), [Thompson K](#).

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Abstract

Borderline personality disorder (BPD) has been demonstrated to be a reliable and valid construct in young people (adolescents and young adults). Both borderline- and mood-related psychopathology become clinically apparent from puberty through to young adulthood, frequently co-occur, can reinforce one another, and can be difficult to differentiate clinically. This Gordian knot of overlapping clinical features, common risk factors, and precursors to both BPD and mood disorders complicates clinical assessment, prevention, and treatment. Regardless of whether an individual crosses an arbitrary diagnostic threshold, a considerable proportion of young people with borderline- and mood-related psychopathology will develop significant and persistent functional, vocational, and interpersonal impairment and disability during this critical risk and developmental period. There is a clear need for early intervention, but spurious diagnostic certainty risks stigma, misapplication of diagnostic labels, inappropriate treatment, and unfavorable outcomes. This article aims to integrate early intervention for BPD and mood disorders in the clinical context of developmental and phenomenological change and evolution. "Clinical staging," similar to disease staging in general medicine, is presented as a pragmatic, heuristic, and trans-diagnostic framework to guide prevention and intervention. It acknowledges that the early stages of these disorders cannot be disentangled sufficiently to allow for disorder-specific preventive measures and early interventions. Clinical staging defines an individual's location along the continuum of the evolving temporal course of a disorder. Such staging aids differentiation of early or milder clinical phenomena from those that accompany illness progression and chronicity, and suggests the application of appropriate and proportionate intervention strategies.

PMID: 27144298 [PubMed - as supplied by publisher]

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[The performance of the Health of the Nation Outcome Scales as measures of clinical severity.](#)

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Abstract

The aim of this study was to examine the performance of the Health of the Nation Outcome Scales (HoNOS) against other measures of functioning and mental health in a full three-year cohort of admissions to a psychiatric hospital. A sample of N=1719 patients (35.3% females, aged 17-78 years) was assessed using observer-rated measures and self-reports of psychopathology at admission. Self-reports were available from 51.7% of the sample (34.4% females, aged 17-76 years). Functioning and psychopathology were compared across five ICD-10 diagnostic groups: substance use disorders, schizophrenia and psychotic disorders, affective disorders, anxiety/somatoform disorders and personality disorders. Associations between the measures were examined, stratifying by diagnostic subgroup. The HoNOS were strongly linked to other measures primarily in psychotic disorders (except for the behavioral subscale), while those with substance use disorders showed rather poor links. Those with anxiety/somatoform disorders showed null or only small associations. This study raises questions about the overall validity of the HoNOS. It seems to entail different levels of validity when applied to different diagnostic groups. In clinical practice the HoNOS should not be used as a stand-alone instrument to assess outcome but rather as part of a more comprehensive battery including diagnosis-specific measures.

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PMID: 27137958 [PubMed - in process]

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Emotional lability and affective synchrony in borderline personality disorder.

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Abstract

Extant research on emotional lability in borderline personality disorder (BPD) has focused almost exclusively on lability of individual emotions or emotion types, with limited research considering how different types of emotions shift together over time. Thus, this study examined the temporal dynamics of emotion in BPD at the level of both individual emotions (i.e., self-conscious emotions [SCE], anger, and anxiety) and mixed emotions (i.e., synchrony between emotions). One hundred forty-four women from the community completed a diagnostic interview and laboratory study involving 5 emotion induction tasks (each of which was preceded and followed by a 5-min resting period or neutral task). State ratings of SCE, anger, and anxiety were provided at 14 time points (before and after each laboratory task and resting period). Hierarchical linear modeling results indicate that women with BPD reported greater mean levels of SCE and Anxiety (but not Anger), and greater lability of Anxiety. Women with BPD also exhibited greater variability in lability of all 3 emotions (suggestive of within-group differences in the relevance of lability to BPD). Results also revealed synchrony (i.e., positive relations) between each possible pair of emotions, regardless of BPD status. Follow-up regression analyses suggest the importance of accounting for lability when examining the role of synchrony in BPD, as the relation of SCE-Anger synchrony to BPD symptom severity was moderated by Anger and SCE lability. Specifically, synchronous changes in SCE and Anger were associated with greater BPD symptom severity when large shifts in SCE were paired with minor shifts in Anger. (PsycINFO Database Record

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PMID: 27362623 [PubMed - as supplied by publisher]

2. J Abnorm Psychol. 2016 Jun 30. [Epub ahead of print]

Current Evolutionary Adaptiveness of Psychiatric Disorders: Fertility Rates,

Parent-Child Relationship Quality, and Psychiatric Disorders Across the Lifespan.

[Jacobson NC.](#)

Abstract

This study sought to evaluate the current evolutionary adaptiveness of psychopathology by examining whether these disorders impact the quantity of offspring or the quality of the parent-child relationship across the life span. Using the National Comorbidity Survey, this study examined whether DSM-III-R anxiety, posttraumatic stress, depressive, bipolar, substance use, antisocial, and psychosis disorders predicted later fertility and the quality of parent-child relationships across the life span in a national sample (N = 8,098). Using latent variable and varying coefficient models, the results suggested that anxiety in males and bipolar pathology in males and females were associated with increased fertility at younger ages. The results suggested almost all other psychopathology was associated with decreased fertility in middle to late adulthood. The results further suggested that all types of psychopathology had negative impacts on the parent-child relationship quality (except for antisocial pathology in males). Nevertheless, for all disorders, the impact of psychopathology on both fertility and the parent-child relationship quality was affected by the age of the participant. The results also showed that anxiety pathology is associated with a high-quantity, low-quality parenting strategy followed by a low-quantity, low-quality parenting strategy. Further, the results suggest that bipolar pathology is associated with an early high-quantity and a continued low-quality parenting strategy. Posttraumatic stress, depression, substance use, antisocial personality, and psychosis pathology are each associated with a low-quantity, low-quality parenting strategy, particularly in mid to late adulthood. These findings suggest that the evolutionary impact of psychopathology depends on the developmental context. (PsycINFO Database Record

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PMID: 27362490 [PubMed - as supplied by publisher]

3. Subst Use Misuse. 2016 Jun 29:1-5. [Epub ahead of print]

Neuroticism and Negative Urgency in Problematic Alcohol Use: A Pilot Study.

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Abstract

BACKGROUND:

Problematic alcohol use is common among university students and personality might account for individual differences in developing this maladaptive behavior. Two personality dispositions implicated in problematic alcohol use are negative urgency and neuroticism. However, the relationship of these traits to problematic alcohol use is unclear. In college students high neuroticism is not directly linked to problematic alcohol use. On the other hand, the experience of emotional distress in people high in neuroticism could impair the capacity for impulse control. Loss of impulse control under conditions of negative affect could trigger impulsive drinking and problematic alcohol use in the long run.

OBJECTIVES:

We investigated this idea by testing whether negative urgency mediates the relationship of neuroticism to problematic alcohol use.

METHODS:

Participants were 60 undergraduate university students who completed the Urgency subscale of the Urgency, (lack of) Premeditation, (lack of) Perseverance, Sensation Seeking, and Positive Urgency Impulsive Behaviour scale (UPPS-P), the Alcohol Use Disorders Identification Test (AUDIT), and the Neuroticism subscale of the Eysenck Personality Questionnaire Revised short form (EPQ-RSS).

RESULTS:

The results confirmed our hypothesis as we found an indirect effect of negative urgency on the relationship between neuroticism and problematic alcohol use.

CONCLUSIONS/IMPORTANCE:

It appears that it is not distress but the tendency to act rashly when distressed that is important in developing problematic alcohol drinking in university students.

PMID: 27356123 [PubMed - as supplied by publisher]

4. J Nerv Ment Dis. 2016 Jun 28. [Epub ahead of print]

Cluster B Personality Disorder Traits as a Predictor of Therapeutic Alliance Over

Time in Residential Treatment for Substance Use Disorders.

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Abstract

While poor therapeutic alliance is a robust predictor of poor outcome in substance abuse treatment, less is known about the barriers to therapeutic alliances in this group. To explore this issue, this study examined whether the severity of cluster B personality disorders predicted therapeutic alliances concurrently and prospectively in a residential substance treatment program for homeless veterans. Participants were 48 adults with a substance abuse disorder. Personality disorder traits were assessed using the Structured Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Personality Disorders, whereas therapeutic alliance was assessed at baseline using the Working Alliance Inventory. Partial correlations controlling for overall symptom severity measured with the Symptom Checklist 90 and education, revealed cluster B traits at baseline predicted all 4 assessments of therapeutic alliance even after controlling for initial levels of therapeutic alliance. Results suggest that higher levels of cluster B traits are a barrier to the formation of working alliances in residential substance treatment.

PMID: 27356120 [PubMed - as supplied by publisher]

5. Trends Psychiatry Psychother. 2016 Jun 27;0:0. doi: 10.1590/2237-6089-2015-0040.

Revision of the grandiosity dimension of the Dimensional Clinical Personality Inventory and verification of its psychometric properties.

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Abstract

INTRODUCTION:

Personality disorders are among the most common disorders seen in clinical psychology. However, in Brazil there are few instruments for assessing the pathological characteristics of personality.

OBJECTIVE:

To revise the grandiosity dimension of the Brazilian Dimensional Clinical Personality Inventory (Inventário Dimensional Clínico da Personalidade [IDCP]) and investigate its psychometric properties.

METHODS:

A total of 225 people participated in this study. Their ages ranged from 18 to 66 years (mean [M] = 26.2, standard deviation [SD] = 8.1) and the majority were female (n = 162, 70.1%). The IDCP and the Brazilian versions of the Revised NEO Personality Inventory (NEO PI-R) and the Personality Inventory for DSM-5 (PID-5) were administered to all participants.

RESULTS:

A total of 285 new items were developed and content analysis was used to select 33 of these to comprise the final version destined for administration. The results of parallel analysis and factor analysis identified four interpretable factors. Internal consistency coefficients were deemed acceptable and varied from 0.73 to 0.84 for the factors. Additionally, the expected correlations between the IDCP Inventory and the other tests were observed.

CONCLUSION:

This study demonstrates the revised dimension's suitability for assessment of the pathological traits of narcissistic personality disorder.

PMID: 27355893 [PubMed - in process]

6. J Psychopharmacol. 2016 Jun 28. pii: 0269881116655979. [Epub ahead of print]

[A functional neuregulin-1 gene variant and stressful life events: Effect on drug use in a](#)

longitudinal population-representative cohort study.

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

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Abstract

BACKGROUND:

The neuregulin 1 gene is a susceptibility gene for substance dependence. A functional polymorphism (SNP8NRG243177/rs6994992; C/T) in the promoter region of the brain-specific type IV neuregulin-1 gene (NRG1) has been associated with psychiatric disorders (e.g. schizophrenia and bipolar disorder) that often present higher odds of smoking, alcohol and illicit drug use. This study assessed the association of the NRG1 genotype with drug use and possible interaction with stressful life events (SLEs).

METHODS:

The database of the Estonian Children Personality Behaviour and Health Study (beginning in 1998) was used. Cohorts of children initially 9 years old (n=583; followed up at 15 and 18 years) and 15 years old (n=593; followed up at 18 and 25 years) provided self-reports on alcohol, tobacco and illicit substance use and SLEs. Psychiatric assessment based on DSM-IV was carried out on the older birth cohort at age 25 to assess the lifetime presence of substance use disorders. NRG1 rs6994992 was genotyped in all participants by TaqMan® Pre-Designed SNP Genotyping Assay on the Applied Biosystems ViiA™ 7 Real-Time PCR System. The minor (T) allele frequency was 0.37.

RESULTS:

NRG1 rs6994992 C/C homozygotes, especially those who had experienced more SLEs, were more likely to develop alcohol use disorders by young adulthood, were generally more active

consumers of tobacco products, and had more likely used illicit drugs. In T allele carriers, SLEs had a negligible effect on substance use.

CONCLUSIONS:

In humans, NRG1 genotype is associated with substance use, and this relationship is moderated by adverse life events, with a gain-of-function allele being protective.

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PMID: 27353026 [PubMed - as supplied by publisher]

7. Psychopathology. 2016 Jun 29. [Epub ahead of print]

Impact of Interpersonal Problems in Borderline Personality Disorder Inpatients on Treatment Outcome and Psychopathology.

[Dammann G](#)¹, [Riemenschneider A](#), [Walter M](#), [Sollberger D](#), [Küchenhoff J](#), [Gündel H](#), [Clarkin JF](#), [Gremaud-Heitz DJ](#).

Author information:

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Abstract

BACKGROUND:

Borderline personality disorder (BPD) is a very common illness; interpersonal problems are one of the core features. The purpose of this study was to investigate the changes in interpersonal problems after transference-focused psychotherapy (TFP)-based disorder-specific treatment and to explore whether the severity of interpersonal problems could serve as a predictor for other variables.

SAMPLING AND METHODS:

A sample of 37 inpatients with BPD was assessed with the Structured Clinical Interviews for DSM-IV Axis I and II Disorders (SCID I and II) and had to complete a questionnaire including the Inventory of Interpersonal Problems (IIP-C), Inventory of Personality Organization (IPO), Beck Depression Inventory (BDI), Spielberger State and Trait Inventory (STAI), Spielberger State and Trait Anger Inventory (STAXI), and Symptom Checklist-90

(SCL-90-R). After 12 weeks of TFP-based disorder-specific treatment, the patients repeated the same questionnaire; 7 patients had to be excluded from the study, and thus calculations were conducted with 30 patients.

RESULTS:

After treatment, the patients showed a significant decrease in the IIP total item score and all 8 subscales except the domineering, intrusive, and cold scales. The IIP total item baseline score was correlated with borderline symptomatic and psychopathology [e.g. anxiety, Global Severity Index (GSI)] after 12 weeks as well as with most IIP postscales.

CONCLUSIONS:

Although interpersonal problems are considered one of the more stable features of BPD, our results showed a significant improvement after 12 weeks of TFP-based disorder-specific inpatient treatment, especially in the total score and the subscales on the friendly submissive level. The severity of interpersonal problems at baseline was connected to outcome values of other borderline features as well as general psychiatric complaints. It therefore seems important to consider the treatment of interpersonal problems in therapy to be of greater significance.

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PMID: 27351438 [PubMed - as supplied by publisher]

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8. Lancet. 2016 Jun 24. pii: S0140-6736(16)30381-6. doi: 10.1016/S0140-6736(16)30381-6. [Epub ahead of print]

Anxiety.

[Craske MG](#)¹, [Stein MB](#)².

Author information:

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- ²Department of Psychiatry and Department of Family Medicine and Public Health, University of California, San Diego, La Jolla, CA, USA; VA San Diego Healthcare System, San Diego, CA, USA.

Abstract

Anxiety disorders (separation anxiety disorder, selective mutism, specific phobias, social anxiety disorder, panic disorder, agoraphobia, and generalised anxiety disorder) are common

and disabling conditions that mostly begin during childhood, adolescence, and early adulthood. They differ from developmentally normative or stress-induced transient anxiety by being marked (ie, out of proportion to the actual threat present) and persistent, and by impairing daily functioning. Most anxiety disorders affect almost twice as many women as men. They often co-occur with major depression, alcohol and other substance-use disorders, and personality disorders. Differential diagnosis from physical conditions-including thyroid, cardiac, and respiratory disorders, and substance intoxication and withdrawal-is imperative. If untreated, anxiety disorders tend to recur chronically. Psychological treatments, particularly cognitive behavioural therapy, and pharmacological treatments, particularly selective serotonin-reuptake inhibitors and serotonin-noradrenaline-reuptake inhibitors, are effective, and their combination could be more effective than is treatment with either individually. More research is needed to increase access to and to develop personalised treatments.

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PMID: 27349358 [PubMed - as supplied by publisher]

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9. Personal Disord. 2016 Jun 27. [Epub ahead of print]

An Examination of Social Network Quality and Composition in Women With and Without Borderline Personality Disorder.

[Lazarus SA](#), [Cheavens JS](#).

Abstract

Borderline personality disorder (BPD) is characterized by interpersonal difficulties including fears of abandonment, unstable relationships, and intense and inappropriate anger (American Psychiatric Association, 2013). However, there is limited research aimed at understanding the social networks of individuals with BPD, particularly in comparison to others. In this study, we compared the social networks of women with BPD to a group of women who did not meet criteria for any psychological disorders (i.e., healthy control (HC) group). Participants recruited from the community and local clinics completed a diagnostic evaluation and the social network assessment, a measure designed to assess the number and perceived quality of partners with whom participants frequently interact. Women in the BPD group had smaller social networks, characterized by less satisfaction and support, and more conflict and criticism among partners than women in the HC group. In addition, the networks of women with BPD were more variable in terms of these quality variables compared to the networks of HC women. However, the 2 groups did not differ on overall closeness or variability in closeness in relationships. Finally, women with BPD reported more relationships in which there had been a significant change or rupture in the past month. These findings suggest that interpersonal distress experienced by women with BPD occurs in the context of smaller and less satisfying social networks compared to the networks of their peers. The examination of

additional control groups and longitudinal social network change will further characterize interpersonal dysfunction experienced in BPD. (PsycINFO Database Record

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10.J Affect Disord. 2016 Jun 15;204:103-111. doi: 10.1016/j.jad.2016.06.027. [Epub ahead of print]

Emotional dysregulation in those with bipolar disorder, borderline personality disorder and their comorbid expression.

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Abstract

BACKGROUND:

Differentiation of the bipolar disorders (BP) from a borderline personality disorder (BPD) can be challenging owing to shared features, with emotional dysregulation being the likely principal one.

AIM:

To assess differences in emotion regulation strategies in those with BP alone, BPD alone and those comorbid for both.

METHODS:

We interviewed participants previously receiving a BP or BPD diagnosis, studying those who met DSM criteria for one or both conditions.

RESULTS:

The sample comprised 83 with bipolar disorder, 53 with BPD and 54 comorbid for both. Analyses established linear trends, with the greatest impairment in emotion regulation strategies in the comorbid group followed by the BPD group, and with the lowest in the BP group. Specific deficits in the comorbid group included impulsivity, difficulties with goal directed behaviour, and accessing strategies. A similar linear profile was quantified for maladaptive cognitive emotion regulation strategies, weighted to catastrophizing and rumination. Adaptive emotion regulation strategies were superior in the bipolar group, without significant differences observed between the comorbid and BPD groups.

LIMITATIONS:

Reliance on self-report measures; combined BP I and II participants limits generalisability of results to each bipolar sub-type; use of DSM diagnoses risking artefactual comorbidity; while there was an over-representation of females in all groups.

CONCLUSIONS:

Differences in emotion regulation strategies advance differentiation of those with either BP or BPD, while we identify the specificity of differing strategies to each condition and their synergic effect in those comorbid for both conditions. Study findings should assist the development and application of targeted strategies for those with either or both conditions.

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11. Addict Behav. 2016 Jun 7;62:114-121. doi: 10.1016/j.addbeh.2016.06.003. [Epub ahead of print]

Comorbid trajectories of substance use as predictors of Antisocial Personality Disorder, Major Depressive Episode, and Generalized Anxiety Disorder.

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Abstract

OBJECTIVE:

To determine longitudinal associations between patterns of comorbid cigarette, alcohol, and marijuana use and Antisocial Personality Disorder (ASPD), Major Depressive Episode (MDE), and Generalized Anxiety Disorder (GAD) in adulthood.

METHOD:

A random community-based sample [\bar{X} age=36.6 (SD=2.8)] from the Children and Adults in the Community Study, an on-going investigation of substance use and psychiatric disorders. Data were collected at six time waves. Conjoint trajectories of cigarette, alcohol, and marijuana use spanning adolescence to adulthood were determined; multivariable logistic regression analyses assessed associations between trajectory group membership and having ASPD, MDE, or GAD in adulthood.

RESULTS:

Five conjoint trajectory groups were obtained: HHH (chronic cigarette, alcohol, and marijuana use), DDD (delayed/late-starting cigarette, alcohol, and marijuana use), LML (low/no smoking, moderate alcohol use, occasional marijuana use), HMN (chronic smoking, moderate alcohol use, no marijuana use), and NON (occasional alcohol use only). Compared with members of the NON group, those in the HHH group had significantly greater odds for having ASPD (Adjusted Odds Ratio [AOR]=28.52, 95% Confidence Interval [CI]=9.44-86.17), MDE (AOR=2.67, 95% CI=1.14-6.26), and GAD (AOR=6.39, 95% CI=2.62-15.56). Members of the DDD, LML, and HMN groups had weaker and less consistent associations with the three psychiatric outcomes.

CONCLUSIONS:

In a large, community-based sample, long-term concurrent use of more than one substance was associated with both externalizing and internalizing psychiatric disorders in adulthood. Prevention and treatment programs might target individuals in the community and general clinical populations with comorbid substance use, even if they haven't been identified as having a substance use disorder.

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12. Braz J Anesthesiol. 2016 Jul-Aug;66(4):414-7. doi: 10.1016/j.bjane.2014.03.013. Epub 2016 Apr 25.

Anesthetic management of a patient with multiple sclerosis - case report.

[Zuccolotto EB](#)¹, [Nunes GC](#)¹, [Nogueira RS](#)¹, [Pagnussatt Neto E](#)², [Nociti JR](#)¹.

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Abstract

BACKGROUND AND OBJECTIVES:

Multiple sclerosis is a demyelinating disease of the brain and spinal cord, characterized by muscle weakness, cognitive dysfunction, memory loss, and personality disorders. Factors that promote disease exacerbation are stress, physical trauma, infection, surgery, and hyperthermia. The objective is to describe the anesthetic management of a case referred to urological surgery.

CASE REPORT:

A female patient, 44 years of age, with multiple sclerosis, diagnosed with nephrolithiasis, referred for endoscopic ureterolithotripsy. Balanced general anesthesia was chosen, with midazolam, propofol and remifentanil target-controlled infusion; sevoflurane via laryngeal mask airway; and spontaneous ventilation. Because the patient had respiratory difficulty presenting with chest wall rigidity, it was decided to discontinue the infusion of remifentanil. There was no other complication or exacerbation of disease postoperatively.

CONCLUSION:

The use of neuromuscular blockers (depolarizing and non-depolarizing) is a problem in these patients. As there was no need for muscle relaxation in this case, muscle relaxants were

omitted. We conclude that the combination of propofol and sevoflurane was satisfactory, not resulting in hemodynamic instability or disease exacerbation.

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13. Lancet Psychiatry. 2016 Jun 20. pii: S2215-0366(16)30029-3. doi: 10.1016/S2215-0366(16)30029-3. [Epub ahead of print]

[The influence of personality disorder on the future mental health and social adjustment of young adults: a population-based, longitudinal cohort study.](#)

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Abstract

BACKGROUND:

Existing knowledge about the consequences of personality disorders is substantially derived from the study of clinical populations. To gain a fuller understanding of the disease burden associated with personality disorders, we report their long-term mental health and social consequences in a large population-based sample of young adults.

METHODS:

We used data from a population-based, ten-wave cohort study of a stratified random sample of non-treatment-seeking young adults recruited from Victoria, Australia, between Aug 20, 1992, and March 3, 2014. The population sample was originally recruited in adolescence: here we report the analysis of data collected from wave 8 (participants aged 24-25 years) and wave 10 (participants aged 34-35 years). Presence and severity of personality disorder were assessed at age 24 years with a semi-structured, informant-based interview (the Standardised Assessment of Personality). At age 35 years, participants were assessed on the occurrence of the following outcomes: major depressive disorder, anxiety disorder, smoking and alcohol consumption, illicit substance use, ever having separated from a long-term partner or been divorced, not currently in a relationship, not currently in paid employment, and in receipt of government welfare. We used multiple imputation to address potentially biased estimates resulting from the reduction of the analysis sample to participants who had completed both survey waves. The imputation dataset contained 1635 individuals.

FINDINGS:

For the 1520 participants in wave 8, 1145 (75%) informant interviews for personality disorder in these participants took place. At age 24 years, 305 (27%) of the observed sample had either personality difficulties or personality disorder. At age 24 years, in the imputed analysis sample, the severity of personality disorder was associated with the absence of a degree or vocational qualification (adjusted odds ratio [aOR] for the effect of complex and severe personality disorder vs no personality disorder 1.76, 95% CI 1.11-2.76), receipt of welfare (2.52, 1.33-4.78), the presence of common mental disorders (1.77, 1.08-2.90), and cigarette smoking (2.01, 1.29-3.14). At age 35 years, severity of personality disorder was independently associated with not being in a relationship (aOR for the effect of complex and severe personality disorder vs no personality disorder or personality difficulty 2.05, 95% CI 1.21-3.45), increased odds of an anxiety disorder (2.27, 1.2-4.28), and major depression (2.23, 1.24-4.01).

INTERPRETATION:

The presence of personality disorder predicts the occurrence of later anxiety and depression, as well as the absence of long-term relationships, effects that are not attributable to pre-existing mental health, substance use or social problems. Our study provides strong support for including personality disorder in global studies of the burden of mental disorders to improve the understanding of population mental health.

FUNDING:

Australia's National Health and Medical Research Council (NHMRC) and Victoria's Operational Infrastructure Support Program.

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14. Behav Brain Res. 2016 Jun 20. pii: S0166-4328(16)30391-6. doi: 10.1016/j.bbr.2016.06.036. [Epub ahead of print]

The Brain Structure and Spontaneous Activity Baseline of the behavioral bias in Trait Anxiety.

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Abstract

Individuals with trait anxiety are often considered to be predisposed to psychiatric disorders. However, there is great heterogeneity in the development of psychiatric disorders in this

group of people and the nature of the trait anxiety is still unclear. So, we decided to explore the correlations of brain structure and brain activity with trait anxiety in normal individuals. Specifically, we investigated the correlations between trait anxiety and regional grey matter volume (rGMV) and regional BOLD, using the Amplitude of Low Frequency Fluctuations (ALFF) as an index in 382 university students. The results showed that the level of trait anxiety was negatively correlated with rGMV in the right middle occipital gyrus. This result indicates that individuals with high trait anxiety tend to have less image processing on conscious level. Furthermore, we found that trait anxiety was positively correlated with the ALFF in the bilateral superior frontal gyrus and the right supplementary motor area, and negatively correlated with the ALFF in the cerebellum and the thalamus. These results indicate that individuals with high trait anxiety may be more sensitive to relationships and sensory information. Overall, this study's findings suggest that individuals with high trait anxiety have attenuated image processing on the conscious level, and exhibit stronger induced sensibility and over-processing of relationships, which is a brain imaging precondition for psychiatric disorders.

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15. Psychol Assess. 2016 Jun 23. [Epub ahead of print]

[Profiling Pathological Narcissism According to DSM-5 Domains and Traits: A Study on Consecutively Admitted Italian Psychotherapy Patients.](#)

[Fossati A](#), [Somma A](#), [Borroni S](#), [Pincus AL](#), [Markon KE](#), [Krueger RF](#).

Abstract

Pathological narcissism represents a clinically relevant, albeit controversial personality construct, with multiple conceptualizations that are operationalized by different measures. Even in the recently published Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition (DSM-5), 2 different views of narcissistic personality disorder (NPD) are formulated (i.e., Section II and Section III). The DSM-5 Section III alternative PD model diagnosis of NPD is based on self and interpersonal dysfunction (Criterion A) and a profile of maladaptive personality traits (Criterion B), specifically elevated scores on Attention Seeking and Grandiosity. Given the diversity of conceptualizations of pathological narcissism, we evaluated the convergences and divergences in DSM-5 trait profiles

characterizing multiple measures of narcissism in a clinical sample of 278 consecutively admitted Italian psychotherapy patients. Patients were administered the Italian versions of the Personality Inventory for DSM-5 (PID-5) and 4 measures of NPD, (a) the Narcissistic Personality Inventory (NPI); (b) the NPD scale of the Personality Diagnostic Questionnaire-4+; (c) the Structured Clinical Interview for Axis II Personality Disorders, Version 2.0 (SCID-II) as an observer-rated measure of NPD; and (d) the Pathological Narcissism Inventory (PNI). Multiple regression analyses showed that PID-5 traits explained from 13% to more than 60% of the variance in the different NPD measures. Attention Seeking was consistently associated with all measures of NPD, whereas Grandiosity was associated with some of the NPD measures. All measures of NPD were also significantly related to additional DSM-5 maladaptive traits. (PsycINFO Database Record

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16. Malar J. 2016 Jun 22;15:332. doi: 10.1186/s12936-016-1391-6.

Psychiatric effects of malaria and anti-malarial drugs: historical and modern perspectives.

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Abstract

The modern medical literature implicates malaria, and particularly the potentially fatal form of cerebral malaria, with a risk of neurocognitive impairment. Yet historically, even milder forms of malaria were associated in the literature with a broad range of psychiatric effects, including disorders of personality, mood, memory, attention, thought, and behaviour. In this article, the history of psychiatric effects attributed to malaria and post-malaria syndromes is reviewed, and insights from the historical practice of malariotherapy in contributing to understanding of these effects are considered. This review concludes with a discussion of the potentially confounding role of the adverse effects of anti-malarial drugs, particularly of the quinoline class, in the unique attribution of certain psychiatric effects to malaria, and of the

need for a critical reevaluation of the literature in light of emerging evidence of the chronic nature of these adverse drug effects.

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17. Clin Neuroradiol. 2016 Jun 22. [Epub ahead of print]

T2* Relaxometry in Patients with Parkinson's Disease : Use of an Automated Atlas-based Approach.

[Egger K](#)^{1,2}, [Amtage F](#)^{3,4,5}, [Yang S](#)^{6,3}, [Obmann M](#)^{6,3}, [Schwarzwald R](#)^{6,3}, [Köstering L](#)^{3,4,5,7}, [Mader I](#)^{6,3}, [Koenigsdorf J](#)^{6,3}, [Weiller C](#)^{3,4,5}, [Kaller CP](#)^{3,4,5}, [Urbach H](#)^{6,3}.

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Abstract

BACKGROUND:

Magnetic resonance (MR) relaxometry is of increasing scientific relevance in neurodegenerative disorders but is still not established in clinical routine. Several studies have investigated relaxation time alterations in disease-specific areas in Parkinson's disease (PD), all using manually drawn regions of interest (ROI). Implementing MR relaxometry into the clinical setting involves the reduction of time needed for postprocessing using an

investigator-independent and reliable approach. The aim of this study was to evaluate an automated, atlas-based ROI method for evaluating T2* relaxation times in patients with PD.

METHOD:

Automated atlas-based ROI analysis of quantitative T2* maps were generated from 20 PD patients and 20 controls. To test for the accuracy of the atlas-based ROI segmentation, we evaluated the spatial overlap in comparison with manually segmented ROIs using the Dice similarity coefficient (DSC). Additionally, we tested for group differences using our automated atlas-based ROIs of the putamen, globus pallidus, and substantia nigra.

RESULTS:

A good spatial overlap accuracy was shown for the automated segmented putamen (mean DSC, 0.64 ± 0.04) and was inferior but still acceptable for the substantia nigra (mean DSC, 0.50 ± 0.17). Based on our automated defined ROI selection, a significant decrease of T2* relaxation time was found in the putamen as well as in the internal and external globus pallidus in PD patients compared with healthy controls.

CONCLUSION:

Automated digital brain atlas-based approaches are reliable, more objective and time-efficient, and therefore have the potential to replace the time-consuming manual drawing of ROIs.

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18. J Pers Assess. 2016 Jun 22:1-9. [Epub ahead of print]

Examining Current Conceptualizations of Psychopathology With the MMPI-2/MMPI-2-RF Restructured Clinical Scales: Preliminary Findings From a Cross-Cultural Study.

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Abstract

Watson (2005) proposed a hierarchical reorganization of the underlying structure of emotional disorders. This study cross-culturally evaluated Watson's (2005) structure of mood and anxiety disorders, using mainly dichotomous criteria, and explored the placement of obsessive-compulsive disorder (OCD) in this model. It also tested Sellbom, Ben-Porath, and Bagby's (2008) proposed elaboration of the 2-factor model (positive and negative activation) that incorporates a higher order dimension of demoralization. One hundred men and 133 women from psychiatric settings in Israel completed the Minnesota Multiphasic Personality Inventory-2 (Butcher et al., 2001) and the Maudsley Obsessional-Compulsive Inventory (Hodgson & Rachman, 1977). They were interviewed using the Mini International Neuropsychiatric Interview (Sheehan et al., 1998). Confirmatory factor analyses replicated Watson's structure for women but not for men. Mixed results were obtained regarding OCD's location in the model. Findings among women support the applicability of Watson's (2005) model across a variety of assessment modalities, as well as in a different language and for diversified cultural backgrounds. This conclusion, however, should be tempered in consideration of the results among men. Findings also provide evidence of the importance of demoralization in mood and anxiety disorders.

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19. Pain Med. 2016 Jun 21. pii: pnw130. [Epub ahead of print]

Stress, Coping, and Personality in Patients with Epicrania Fugax, and Their Relation to the Clinical Characteristics of Pain.

[López-López A](#)¹, [L González J](#)², [Guerrero ÁL](#)³, [Ordás CM](#)⁴, [Muñoz I](#)⁵, [L Cuadrado M](#)⁴.

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- ³Departments of Neurology and.
- ⁴Department of Neurology, Hospital Clínico San Carlos, Complutense University of Madrid, Madrid, Spain.
- ⁵Psychiatry, Hospital Clínico Universitario, Valladolid University, Valladolid, Spain.

Abstract

OBJECTIVE:

The aim of the present work is to analyze certain psychological features in a group of patients diagnosed with Epicrania fugax (EF; that has been recently included in the appendix of the International Classification of Headache Disorders, third edition, beta version), as well as their association with diverse demographic and clinical characteristics of the sample.

DESIGN:

Case-control.

METHOD:

Perceived Stress Scale (PSS), Stress Coping (COPE), Big Five Personality Traits (NEO-FFI), Depression (BDI-II), and Trait Anxiety (STAI) were evaluated in 23 patients with EF and 23 matched healthy controls. Differences between EF patients and controls were analyzed using the Mann-Whitney U test. Differences in psychological features as a function of the demographic and clinical characteristics were examined using one-way Analysis of Variance (ANOVA), Mann-Whitney U test, or Pearson's correlations.

RESULTS:

The two groups differed significantly from each other in Denial, Trait anxiety, and Depression. Low-frequency epicrania patients scored significantly higher than controls in Perceived stress, Neuroticism, Denial, Self-blame, Trait anxiety, and Depression and higher than high-frequency EF in Venting.

CONCLUSIONS:

The results initially suggest the absence of substantial differences between patients suffering of EF and healthy controls. On the contrary, low-frequency EF patients show a distinctive "negative (unhealthy) psychological profile," in opposition to high-frequency EF patients. This circumstance highlights the potential need to consider low-frequency EF patients as a target for psychological intervention in combination with the most common medical procedures. Longitudinal studies are necessary to correctly elucidate the influence of these psychological variables on the course of EF.

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PMID: 27330156 [PubMed - as supplied by publisher]

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20. Am J Obstet Gynecol. 2016 Jun 18. pii: S0002-9378(16)30356-8. doi: 10.1016/j.ajog.2016.06.017. [Epub ahead of print]

Risk of preterm birth by subtype among Medi-Cal participants with mental illness.

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- ³Department of Epidemiology and Biostatistics, University of California San Francisco, San Francisco, CA.

Abstract

BACKGROUND:

Previous studies have demonstrated an association between mental illness and preterm birth (before 37 weeks). However, these investigations have not simultaneously considered gestation of preterm birth, the indication (e.g. spontaneous or medically indicated), and specific mental illness classifications.

OBJECTIVE:

To examine the likelihood of preterm birth across gestational lengths and indications among Medi-Cal (California's Medicaid program) participants with a diagnostic code for mental illness. Mental illnesses were studied by specific illness classification.

STUDY DESIGN:

The study population was drawn from singleton live births in California from 2007 through 2011 in the birth cohort file maintained by the California Office of Statewide Health Planning and Development, which includes birth certificate and hospital discharge records. The sample was restricted to women with Medi-Cal coverage for prenatal care. Women with mental illness were identified using ICD-9 codes from their hospital discharge record. Women without a mental illness ICD-9 code were randomly selected at a 4:1 ratio. Adjusting for maternal characteristics and obstetric complications, relative risks and 95% confidence

intervals were calculated for preterm birth comparing women with a mental illness diagnostic code to women without.

RESULTS:

We identified 6,198 women with a mental illness diagnostic code and selected 24,792 women with no such code. The risk of preterm birth in women with a mental illness were 1.2-times higher than women without a mental illness (adjusted relative risk 1.2, 95% confidence interval 1.1 to 1.3). Among the specific mental illnesses, schizophrenia, major depression and personality disorders had the strongest associations with preterm birth (adjusted relative risks 2.0, 2.0 and 3.3, respectively).

CONCLUSION:

Women receiving prenatal care through California's low-income health insurance who had at least one mental illness diagnostic code were 1.2 to 3.3-times more likely to have a preterm birth than women without a mental illness and these risks persisted across most illness classifications. Although it cannot be determined from these data whether specific treatments for mental illness contribute to the observed associations, elevated risk across different diagnoses suggests that some aspects of mental illness itself may confer risk.

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PMID: 27329688 [PubMed - as supplied by publisher]

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21. J Neural Transm (Vienna). 2016 Jun 21. [Epub ahead of print]

[Association of attention-deficit/hyperactivity disorder with gambling disorder.](#)

[Retz W](#)¹, [Ringling J](#)^{2,3}, [Retz-Junginger P](#)⁴, [Vogelgesang M](#)², [Rösler M](#)⁴.

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Abstract

Attention-deficit/hyperactivity disorder (ADHD) is a frequent mental disorder with childhood onset and high persistence into adulthood. There is much evidence that ADHD increases the risk for the development of other psychiatric disorders and functional problems in several domains of everyday life. In this study, the association of ADHD with gambling disorder (GD) was investigated. 163 adult subjects suffering from GD were examined for childhood and current ADHD according to DSM-5 as well as co-morbid psychiatric disorders. Moreover, characteristics of gambling behavior have been evaluated. The prevalence of lifetime ADHD was 28.8 %, with 25.2 % of the study population presenting ADHD as a full syndrome according to DSM-5. The prevalence of co-morbid substance use disorders and adjustment disorders and cluster B personality disorders was higher in GD patients with current ADHD than in the group without. Also, an increased rate of suicide attempts was detected in gamblers with ADHD. In contrast with gamblers without ADHD, those with ADHD were reported to spend more time with gambling, a sedative effect of gambling and a faster development of GD. The high prevalence of ADHD in patients with GD indicates that childhood ADHD is a risk factor for the development of GD in later life. Moreover, treatment of patients with GD and ADHD is complicated by a high rate of co-morbid disorders. Regarding therapeutic approaches, it should be considered that functional aspects of gambling differ in GD patients with and without ADHD.

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22. Neuropsychobiology. 2016 Jun 22;73(4):241-248. [Epub ahead of print]

[Plasma Brain-Derived Neurotrophic Factor and Psychopathology in Attempted Suicide.](#)

[Ambrus L](#)¹, [Sunnqvist C](#), [Ekman R](#), [Träskman-Bendz L](#), [Westrin Å](#).

Author information:

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Abstract

BACKGROUND/AIMS:

Increasing evidence suggests a link between brain-derived neurotrophic factor (BDNF) and suicidal behaviour (SB). Furthermore, decreased peripheral BDNF levels have been associated with clinical symptoms in various psychiatric disorders as well as with personality dimensions in healthy individuals. However, the relationship between BDNF and psychopathology is poorly investigated regarding SB.

METHODS:

Plasma BDNF concentrations were analysed in 61 recent suicide attempters. Clinical symptoms were evaluated using the Comprehensive Psychopathological Rating Scale. Personality dimensions were assessed using the Marke-Nyman Temperament Scale.

RESULTS:

Plasma BDNF correlated positively and significantly with the personality dimension Solidity but not with the other personality dimensions or with clinical symptoms.

CONCLUSION:

BDNF plays an important role in the regulation of neuroplasticity and neurogenesis in humans. Our results indicate that lower BDNF concentrations are associated with higher levels of impulsiveness and changeability (low scores on the Solidity scale). Furthermore, low plasma BDNF levels may be proposed as a trait marker rather than a state marker for attempted suicide.

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23. Australas Psychiatry. 2016 Jun 20. pii: 1039856216654391. [Epub ahead of print]

Evaluation of changes in prescription medication use after a residential treatment programme for borderline personality disorder.

[Broadbear JH](#)¹, [Nesci J](#)², [Thomas R](#)³, [Thompson K](#)⁴, [Beatson J](#)⁵, [Rao S](#)⁶.

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Abstract

OBJECTIVE:

Residential patients diagnosed with borderline personality disorder were evaluated to determine whether borderline personality disorder-focused psychotherapy reduced prescribing, personality disorder and co-morbid symptom severity.

METHOD:

Psychotropic prescriptions were measured at admission, discharge and 1 year later in 74 female participants with one or more personality disorder diagnosis and co-morbid mood disorders. Changes in pharmacotherapy were examined in the context of improvements in borderline personality disorder and/or co-morbid disorder symptom severity. Residential treatment included individual and group psychotherapy for borderline personality disorder. The Structured Clinical Interview for DSM-IV was used to confirm the borderline personality disorder diagnosis and associated co-morbid conditions. The Beck Depression Inventory was completed at each time point.

RESULTS:

A significant reduction in the incidence and severity of self-rated depression as well as clinician assessed personality disorder, including borderline personality disorder, was accompanied by a reduction in prescription of psychoactive medications.

CONCLUSIONS:

Three to six months of intensive borderline personality disorder-specific psychotherapy showed lasting benefit with regard to symptom severity of personality disorders (borderline personality disorder in particular) as well as depressive symptoms. This improvement corresponded with a reduction in prescriptions for psychoactive medications, which is consistent with current thinking regarding treatment for borderline personality disorder.

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24. J Pers Disord. 2016 Jun 20:i-iii. [Epub ahead of print]

Commemoration of Kenneth Silk, MD (1944-2016) for His Support and Contributions to the Studies of Personality Disorders.

[Ronningstam E](#)¹, [Huprich S](#)².

Author information:

- ¹Past President of ISSPD.
 - ²Treasurer and Secretary of ISSPD.
- PMID: 27322581 [PubMed - as supplied by publisher]

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25. J Pers Disord. 2016 Jun 20:1-13. [Epub ahead of print]

Diagnostic Stability of Comorbid Personality Disorders Among Patients Fully or Partially Remitted From First-Episode Depression: A 5-Year Follow-Up Study.

[Bukh JD](#)¹, [Bech P](#)², [Kessing LV](#)¹.

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Abstract

The diagnostic stability of comorbid personality disorders among patients with depression remains unclear. A total of 262 patients suffering from first-episode depression were assessed using the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) and reassessed after 5 years. A total of 87 patients (33%) were diagnosed with a personality disorder at baseline, and 63 of them (72%) maintained a personality disorder diagnosis at follow-up (kappa coefficient 0.71). At cluster level, 63% maintained a diagnosis within cluster B and 48% maintained a cluster C disorder across the follow-up period (kappa coefficients of 0.54 and 0.64, respectively). Hence, comorbid personality disorders cannot be taken just as artifacts of the depressive mood that will remit spontaneously or with further treatment of the primary depression. Furthermore, the stability of personality disorders diagnoses was not predicted by clinical characteristics of the depression, nor of the course of the affective disorder during follow-up.

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26. Psychol Health Med. 2016 Jun 18:1-12. [Epub ahead of print]

Correlates of general quality of life are different in patients with primary insomnia as compared to patients with insomnia and psychiatric comorbidity.

[van de Laar M](#)¹, [Pevernagie D](#)^{1,2}, [van Mierlo P](#)¹, [Overeem S](#)^{1,3}.

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Abstract

Chronic insomnia is known to have a negative influence on quality of life (QOL). To date, most studies on chronic insomnia have focused on health-related aspects of QOL. General QOL, which is a different construct, has not been studied in detail. Moreover, it is not known

which factors are associated with general QOL in insomnia, and whether the presence of mental disorders, a condition known as comorbid insomnia, affects these variables. The present study focused on identifying sleep and psychosocial variables that might be associated with general QOL in primary and comorbid insomnia. Personality traits, coping variables, anxiety and depressive symptoms, fatigue and subjective sleep variables were assessed in 218 consecutive well-characterized patients with primary and comorbid insomnia, referred to a third line centre for sleep medicine. In primary insomnia, higher extraversion and lower discrepancies in social support were associated with higher QOL. Surprisingly, insomnia severity was not significantly associated with QOL in this group. However, lower fatigue, which can be seen as an important daytime consequence of insomnia was correlated with higher QOL in patients with primary insomnia. In both insomnia groups, low anxiety and depressive symptoms and low fatigue were associated with higher general QOL. In contrast with the primary insomnia group, lower insomnia severity was correlated with higher QOL in patients with comorbid insomnia. These results stress the importance of assessing and treating daytime fatigue in insomnia. In primary insomnia, improving social support might be an important treatment goal. Furthermore, this study supports the concept that treatment of insomnia should not be neglected in patients with comorbid insomnia. Indeed, both insomnia and indices of psychiatric disease are strongly associated with general QOL in this condition.

PMID: 27319226 [PubMed - as supplied by publisher]

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27. Psychiatry Res. 2016 Jun 2;242:302-310. doi: 10.1016/j.psychres.2016.05.060. [Epub ahead of print]

The wandering mind in borderline personality disorder: Instability in self- and other-related thoughts.

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- ⁵Department of Social Neuroscience, Max Planck Institute for Human Cognitive and Brain Sciences, Leipzig, Germany.

Abstract

Diagnostic criteria for borderline personality disorder (BPD) include instability in identity and interpersonal relationships. Here, we probed whether instability is already present in BPD patients' thoughts about themselves and others. We tested BPD patients (N=27) and healthy controls (N=25) with a mind-wandering task that assesses content and variability of stimulus-independent self-generated thoughts. Multi-level modeling revealed that while BPD patients and healthy controls mind-wander to a similar extent, BPD patients' thoughts are colored predominantly negatively. Most importantly, although their thoughts concerned the self and others as much as in controls, they fluctuated more strongly in the degree to which their thoughts concerned themselves and others and also gave more extreme ratings. Self- and other related thoughts that were more extreme were also more negative in valence. The increased variability supports current conceptualizations of BPD and may account for the instability in identity and interpersonal relationships.

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28. J Alzheimers Dis. 2016 Jun 15. [Epub ahead of print]

[Brain Serotonergic and Noradrenergic Deficiencies in Behavioral Variant Frontotemporal Dementia Compared to Early-Onset Alzheimer's Disease.](#)

[Vermeiren Y](#)^{1,2}, [Janssens J](#)¹, [Aerts T](#)¹, [Martin JJ](#)³, [Sieben A](#)^{3,4}, [Van Dam D](#)^{1,2}, [De Deyn pp](#)^{1,2,5,3}.

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Abstract

Routinely prescribed psychoactive drugs in behavioral variant frontotemporal dementia (FTD) for improvement of (non)cognitive symptoms are primarily based on monoamine replacement or augmentation strategies. These were, however, initially intended to symptomatically treat other degenerative, behavioral, or personality disorders, and thus lack disease specificity. Moreover, current knowledge on brain monoaminergic neurotransmitter deficiencies in this presenile disorder is scarce, particularly with reference to changes in Alzheimer's disease (AD). The latter hence favors neurochemical comparison studies in order to elucidate the monoaminergic underpinnings of FTD compared to early-onset AD, which may contribute to better pharmacotherapy. Therefore, frozen brain samples, i.e., Brodmann area (BA) 6/8/9/10/11/12/22/24/46, amygdala, and hippocampus, of 10 neuropathologically confirmed FTD, AD, and control subjects were analyzed by means of reversed-phase high-performance liquid chromatography. Levels of serotonergic, dopaminergic, and noradrenergic compounds were measured. In nine brain areas, serotonin (5-HT) concentrations were significantly increased in FTD compared to AD patients, while 5-hydroxyindoleacetic acid/5-HT ratios were decreased in eight regions, also compared to controls. Furthermore, in all regions, noradrenaline (NA) levels were significantly higher, and 3-methoxy-4-hydroxyphenylglycol/NA ratios were significantly lower in FTD than in AD and controls. Contrarily, significantly higher dopamine (DA) levels and reduced homovanillic acid/DA ratios were only found in BA12 and BA46. Results indicate that FTD is defined by distinct serotonergic and noradrenergic deficiencies. Additional research regarding the interactions between both monoaminergic networks is required. Similarly, clinical trials investigating the effects of 5-HT_{1A} receptor antagonists or NA-modulating agents, such as α 1/2/ β 1-blockers, seem to have a rationale and should be considered. PMID: 27314528 [PubMed - as supplied by publisher]

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29. Curr Neuropharmacol. 2016 Jun 16. [Epub ahead of print]

[Diagnosis and Treatment of Cyclothymia: the "primacy" of temperament.](#)

[Perugi G](#)¹, [Hantouche E](#), [Vannucchi G](#).

Author information:

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Abstract

Contrary to DSM-5 definition, based on the recurrence of hypomanic and depressive symptoms for a period of 2 years, cyclothymia is better defined in a neurodevelopmental perspective as a pathological variant of cyclothymic temperament. Emotional dysregulation with extreme mood instability and reactivity are the core features of the complex symptomatology. Available epidemiological and clinical data showed the frequent association of cyclothymia with anxiety, impulse control, substance use and cluster B and C personality disorders, suggesting a high prevalence in clinical samples and supporting its validity as a distinct form of bipolarity. Unresolved issues concern its diagnostic delimitation and the possible relationships with emotional dysregulation observed in other neurodevelopmental disorders. Further research is necessary to explore the specificity of cyclothymia in the early phase of life and to improve its recognition in youth. Early recognition means avoiding unnecessary complications and establishing specific treatments and clinical management since the beginning.

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30. Int J Methods Psychiatr Res. 2016 Jun 16. doi: 10.1002/mpr.1512. [Epub ahead of print]

[The MATCH cohort study in the Netherlands: rationale, objectives, methods and baseline characteristics of patients with \(long-term\) common mental disorders.](#)

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Abstract

Research in the last decades shows that common mental disorders may be long-term and severely disabling, resulting in severe mental illness (SMI). The percentage of Dutch SMI-patients with common mental disorders receiving mental health services is estimated at 65-70%. However, it is unclear which patients in fact become SMI-patients. We need to know more about the possible course of common mental disorders, understand the origins of chronicity in more detail, and have more insight in related care processes and care use of patients with common mental disorders. The MATCH cohort study is a four-year multicentre naturalistic cohort study, with yearly assessments in primary, secondary, and tertiary services in three large Dutch mental health services. Socio-demographics, mental disorders, course and severity of psychopathology, physiological health indicators, neurocognitive functioning, past and present life events, health care use and contact with mental health services, social functioning and quality of life, and recovery and well-being are assessed. Baseline findings of 283 participating individuals and their key clinicians are described. The sample appears to appropriately represent the distribution of individuals across diagnostic categories in services, and level of care (outpatient, day treatment, inpatient) in the Netherlands and other developed nations. Copyright © 2016 John Wiley & Sons, Ltd.

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31. Schizophr Bull. 2016 Jun 15. pii: sbw081. [Epub ahead of print]

[Impaired Context Processing is Attributable to Global Neuropsychological Impairment in Schizophrenia and Psychotic Bipolar Disorder.](#)

[Reilly JL](#)¹, [Hill SK](#)², [Gold JM](#)³, [Keefe RS](#)⁴, [Clementz BA](#)⁵, [Gershon E](#)⁶, [Keshavan MS](#)⁷, [Pearlson G](#)⁸, [Tamminga CA](#)⁹, [Sweeney JA](#)¹⁰.

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Abstract

BACKGROUND:

Context processing may reflect a specific cognitive impairment in schizophrenia. Whether impaired context processing is observed across psychotic disorders or among relatives of affected individuals, and whether it is a deficit that is independent from the generalized neuropsychological deficits seen in psychotic disorders, are less established.

METHODS:

Schizophrenia, schizoaffective, and psychotic bipolar probands (n = 660), their first-degree relatives (n = 741), and healthy individuals (n = 308) studied by the Bipolar-Schizophrenia Network on Intermediate Phenotypes consortium performed an expectancy task requiring use of contextual information to overcome a pre-potent response. Sensitivity for target detection and false alarm rates on trials requiring inhibition or goal maintenance were measured.

RESULTS:

Proband groups and relatives with psychosis spectrum personality traits demonstrated reduced target sensitivity and elevated false alarm rates. False alarm rate was higher under inhibition vs goal maintenance conditions although this difference was attenuated in schizophrenia and schizoaffective proband groups. After accounting for global neuropsychological impairment, as reflected by the composite score from the Brief Assessment of Cognition in Schizophrenia neuropsychological battery, deficits in schizophrenia and bipolar proband groups were no longer significant. Performance measures were moderately familial.

CONCLUSION:

Reduced target detection, but not a specific deficit in context processing, is observed across psychotic disorders. Impairments in both goal maintenance and response inhibition appear to

contribute comparably to deficits in schizophrenia and schizoaffective disorder, whereas greater difficulty with response inhibition underlies deficits in bipolar disorder. Yet, these deficits are not independent from the generalized neurocognitive impairment observed in schizophrenia and psychotic bipolar disorder.

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32. Eur J Hum Genet. 2016 Jun 15. doi: 10.1038/ejhg.2016.61. [Epub ahead of print]

[Legal approaches regarding health-care decisions involving minors: implications for next-generation sequencing.](#)

[Sénécal K](#)¹, [Thys K](#)², [Vears DF](#)², [Van Assche K](#)³, [Knoppers BM](#)¹, [Borry P](#)².

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Abstract

The development of next-generation sequencing (NGS) technologies are revolutionizing medical practice, facilitating more accurate, sophisticated and cost-effective genetic testing. NGS is already being implemented in the clinic assisting diagnosis and management of disorders with a strong heritable component. Although considerable attention has been paid to issues regarding return of incidental or secondary findings, matters of consent are less well explored. This is particularly important for the use of NGS in minors. Recent guidelines addressing genomic testing and screening of children and adolescents have suggested that as 'young children' lack decision-making capacity, decisions about testing must be conducted by a surrogate, namely their parents. This prompts consideration of the age at which minors can provide lawful consent to health-care interventions, and consequently NGS performed for diagnostic purposes. Here, we describe the existing legal approaches regarding the rights

of minors to consent to health-care interventions, including how laws in the 28 Member States of the European Union and in Canada consider competent minors, and then apply this to the context of NGS. There is considerable variation in the rights afforded to minors across countries. Many legal systems determine that minors would be allowed, or may even be required, to make decisions about interventions such as NGS. However, minors are often considered as one single homogeneous population who always require parental consent, rather than recognizing there are different categories of 'minors' and that capacity to consent or to be involved in discussions and decision-making process is a spectrum rather than a hurdle. *European Journal of Human Genetics* advance online publication, 15 June 2016; doi:10.1038/ejhg.2016.61.

PMID: 27302841 [PubMed - as supplied by publisher]

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33. PLoS One. 2016 Jun 14;11(6):e0154145. doi: 10.1371/journal.pone.0154145. eCollection 2016.

[Deficits in Degraded Facial Affect Labeling in Schizophrenia and Borderline Personality Disorder.](#)

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- ⁴Department of Neuroscience, University Medical Center Groningen, and Department of Psychology, University of Groningen, Groningen, the Netherlands.

Abstract

Although deficits in facial affect processing have been reported in schizophrenia as well as in borderline personality disorder (BPD), these disorders have not yet been directly compared on facial affect labeling. Using degraded stimuli portraying neutral, angry, fearful and angry facial expressions, we hypothesized more errors in labeling negative facial expressions in patients with schizophrenia compared to healthy controls. Patients with BPD were expected

to have difficulty in labeling neutral expressions and to display a bias towards a negative attribution when wrongly labeling neutral faces. Patients with schizophrenia (N = 57) and patients with BPD (N = 30) were compared to patients with somatoform disorder (SoD, a psychiatric control group; N = 25) and healthy control participants (N = 41) on facial affect labeling accuracy and type of misattributions. Patients with schizophrenia showed deficits in labeling angry and fearful expressions compared to the healthy control group and patients with BPD showed deficits in labeling neutral expressions compared to the healthy control group. Schizophrenia and BPD patients did not differ significantly from each other when labeling any of the facial expressions. Compared to SoD patients, schizophrenia patients showed deficits on fearful expressions, but BPD did not significantly differ from SoD patients on any of the facial expressions. With respect to the type of misattributions, BPD patients mistook neutral expressions more often for fearful expressions compared to schizophrenia patients and healthy controls, and less often for happy compared to schizophrenia patients. These findings suggest that although schizophrenia and BPD patients demonstrate different as well as similar facial affect labeling deficits, BPD may be associated with a tendency to detect negative affect in neutral expressions.

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34. PLoS One. 2016 Jun 14;11(6):e0157084. doi: 10.1371/journal.pone.0157084. eCollection 2016.

[Transdiagnostic Psychiatric Symptoms and Event-Related Potentials following Rewarding and Aversive Outcomes.](#)

[Bedwell JS](#)¹, [Potts GF](#)², [Gooding DC](#)³, [Trachik BJ](#)¹, [Chan CC](#)¹, [Spencer CC](#)¹.

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Abstract

There is a need for a better understanding of transdiagnostic psychiatric symptoms that relate to neurophysiological abnormalities following rewarding and aversive feedback in order to inform development of novel targeted treatments. To address this need, we examined a transdiagnostic sample of 44 adults (mean age: 35.52; 57% female), which consisted of individuals with broadly-defined schizophrenia-spectrum disorders (n = 16), bipolar disorders (n = 10), other mood and anxiety disorders (n = 5), and no history of a psychiatric disorder (n = 13). Participants completed a Pavlovian monetary reward prediction task during 32-channel electroencephalogram recording. We assessed the event-related potentials (ERPs) of feedback-related negativity (FRN), feedback-related positivity (FRP), and the late positive potential (LPP), following better and worse than expected outcomes. Examination of symptom relationships using stepwise regressions across the entire sample revealed that an increase in the clinician-rated Negative Symptoms factor score from the Positive and Negative Syndrome Scale, was related to a decreased LPP amplitude during better than expected (i.e., rewarding) outcomes. We also found that increased self-reported scores on the Schizotypal Personality Questionnaire (Brief-Revised) Disorganized factor related to an increased FRN amplitude during worse than expected (i.e., aversive) outcomes. Across the entire sample, the FRP component amplitudes did not show significant relationships to any of the symptoms examined. Analyses of the three diagnostic groups of schizophrenia-spectrum disorders, bipolar disorders, and nonpsychiatric controls did not reveal any statistically significant differences across the ERP amplitudes and conditions. These findings suggest relationships between specific neurophysiological abnormalities following rewarding and aversive outcomes and particular transdiagnostic psychiatric symptoms.

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PMID: 27299996 [PubMed - in process]

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35. J Cardiovasc Nurs. 2016 Jul-Aug;31(4):336-42. doi: 10.1097/JCN.0000000000000264.

[Anger Traits Associated With Cardiovascular Risk Biomarkers in the Metabolic Syndrome.](#)

[Lemche AV](#)¹, [Chaban OS](#), [Lemche E](#).

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Abstract

BACKGROUND:

Recent studies have shown that different personality traits contribute to mortality in different subtypes of cardiovascular disease (CVD). Anger traits have been shown to promote the constellation of the metabolic syndrome (MetS), which in turn increases CVD risks.

OBJECTIVE:

To determine covariation of anger traits with CVD biomarkers, we examined patients (N = 101; 34 men and 67 women; age, 45.6 ± 13.96 years) in a nationally sampled treatment cohort for MetS in the Ukrainian governmental healthcare system.

METHODS:

Data collection was conducted in 2007. Laboratory data of single components of the MetS according to International Diabetes Federation Consensus were dependent measures in regression models with self-reported overt aggressivity and covert hostility in the Buss-Durkee Hostility Inventory and sociodemographic data. Structural equation models (SEMs) were tested.

RESULTS:

The SEM results are in favor of a sex-adjusted 2-factor solution ($R = 0.723$), as indicated by equation-level Bentler-Raykov goodness-of-fit coefficients of 0.81 to 0.97 for paths to biological variables. Two latent components, 1 relating to aggressivity and the other to hostility, combine lipid/obesity-related measures and cholesterol-related measures, respectively.

CONCLUSIONS:

The SEM results suggest that CVD-risk biomarker variables in this MetS sample (a) associate into 2 distinct profiles and (b) that 1 profile associates with overt anger, whereas the other associates with covert hostility. These results could contribute to more personalized prevention and care in CVD patients.

PMID: 27299759 [PubMed - in process]

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Validation of Self-Report Impairment Measures for Section III Obsessive-Compulsive and Avoidant Personality Disorders.

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Author information:

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Abstract

This study examined the validity of newly developed disorder-specific impairment scales (IS), modeled on the Level of Personality Functioning Scale, for obsessive-compulsive (OCPD) and avoidant (AvPD) personality disorders. The IS focused on content validity (items directly reflected the disorder-specific impairments listed in DSM-5 Section III) and severity of impairment. A community sample of 313 adults completed personality inventories indexing the DSM-5 Sections II and III diagnostic criteria for OCPD and AvPD, as well as measures of impairment in the domains of self- and interpersonal functioning. Results indicated that both impairment measures (for AvPD in particular) showed promise in their ability to measure disorder-specific impairment, demonstrating convergent validity with their respective Section II counterparts and discriminant validity with their noncorresponding Section II disorder and with each other. The pattern of relationships between scores on the IS and scores on external measures of personality functioning, however, did not indicate that it is useful to maintain a distinction between impairment in the self- and interpersonal domains, at least for AvPD and OCPD.

PMID: 27292417 [PubMed - as supplied by publisher]

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37. Psychiatr Q. 2016 Jun 11. [Epub ahead of print]

Beyond DSM-5 and IQ Scores: Integrating the Four Pillars to Forensic Evaluations.

[Delgado SV](#)¹, [Barzman DH](#)².

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Abstract

The current adult and child forensic psychiatrist is well trained, familiar, and comfortable with the use of the semi-structured Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, APA 2013 (DSM-5) [In APA, 2003] interview style. The author's assertion is not that this method is invalid or unreliable; rather, that it can be complemented by integrating elements of the defendant's four pillar assessment. Assessing the four pillars expands on the information provided by a semi-structured DSM-5-style interview in psychiatry. The four pillars are the foundation of a person's personality; temperament, cognition (learning abilities or weaknesses), cognitive flexibility (theory of mind) and internal working models of attachment, within the backdrop of the family and of the social and cultural environment in which they have lived. The importance of the study of four pillars is based on the understanding that human behavior and psychopathology as a complex and multifaceted process that includes the level of social-emotional maturity and cognitive abilities (In Delgado et al. Contemporary Psychodynamic Psychotherapy for Children and Adolescents: Integrating Intersubjectivity and Neuroscience. Springer, Berlin, 2015). The four pillars are not new concepts, rather they had been studied by separate non-clinical disciplines, and had not been integrated to the clinical practice. As far as we know, it wasn't until Delgado et al. (Contemporary Psychodynamic Psychotherapy for Children and Adolescents: Integrating Intersubjectivity and Neuroscience. Springer, Berlin, 2015) incorporated the four pillars in a user-friendly manner to clinical practice.

PMID: 27289591 [PubMed - as supplied by publisher]

[Similar articles](#)



38. Eat Behav. 2016 Jun 3;22:119-123. doi: 10.1016/j.eatbeh.2016.06.020. [Epub ahead of print]

[Personality profiles in young adults with disordered eating behavior.](#)

[Raynal P](#)¹, [Melioli T](#)², [Chabrol H](#)².

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Abstract

Personality traits are closely related to eating disorders (ED) and might be involved in their development and maintenance. Nevertheless little is known regarding the association between personality traits and disordered eating in subclinical populations. College students answered questionnaires assessing disordered eating behaviors (DEB) and the following personality disorder (PD) traits: schizotypal, autistic, obsessional, borderline and cyclothymic. Participants with DEB (n=101, 87% women) displayed significantly higher scores for several variables including schizotypy, cyclothymic, borderline and obsessional traits compared to other participants (n=378). Cluster analysis in the DEB subsample led to the identification of three groups: 1) a cluster with a high level of traits (HT); 2) a cluster scoring high on schizotypal, borderline and cyclothymic traits (SBC); 3) a cluster with a low level of traits (LT). Symptoms of depression, suicidal ideations, trait anger and obsessive-compulsive symptoms were higher in the HT and the SBC clusters compared to the LT cluster. Given that two thirds of participants suffering from DEB appeared to display a morbid personality profile, it appears of prime importance to take into account PD traits of individuals with DEB.

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39. Int J Soc Psychiatry. 2016 Jun 10. pii: 0020764016653774. [Epub ahead of print]

[The relationship between childhood trauma and type D personality in university students.](#)

[Demirci K](#)¹, [Yıldız M](#)², [Selvi C](#)³, [Akpınar A](#)⁴.

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Abstract

AIM:

There has been increasing evidence that childhood traumas are related to reduced health-related quality of life, neurobiological changes and long-term adverse effects, such as an increase in the likelihood of psychiatric disorders in adulthoods. The aim of this study was to investigate the relationships between childhood traumas and type D personality.

SUBJECTS AND METHODS:

In total, 187 university students (64 males and 123 females; mean age = 21.69 ± 2.00) were included in the study. All participants were evaluated using the Type D Personality Scale (DS-14), Childhood Trauma Questionnaire (CTQ-28) and Beck Depression Inventory (BDI). The participants were divided into the two groups according to the presence of type D personality. Then, statistical analyses were performed.

RESULTS:

The frequency of type D personality in participants was 43.3% ($n = 81$). The emotional neglect, physical neglect, emotional abuse component of the CTQ-28, total CTQ-28 scores and BDI scores were higher in the group with type D personality than in the group without type D personality ($p < .001$, $p = .003$, $p = .001$, $p < .001$ and $p < .001$, respectively). There were significantly positive correlations between the type D personality scores and BDI scores, emotional neglect, physical neglect, emotional abuse and childhood trauma total scores ($p < .05$, for all). Linear regression analyses showed that the significant and independent predictors of the score of DS-14 were total score of CTQ-28 and BDI score.

CONCLUSION:

Childhood trauma may be associated with type D personality, and there is predictive value of the childhood trauma on the scores of type D personality.

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Neuroimaging cognitive reappraisal in clinical populations to define neural targets for enhancing emotion regulation. A systematic review.

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Abstract

Reduced capacity to cognitively regulate emotional responses is a common impairment across major neuropsychiatric disorders. Brain systems supporting one such strategy, cognitive reappraisal of emotion, have been investigated extensively in the healthy population, a research focus that has led to influential meta-analyses and literature reviews. However, the emerging literature on neural substrates underlying cognitive reappraisal in clinical populations is yet to be systematically reviewed. Therefore, the goal of the current review was to summarize the literature on cognitive reappraisal and highlight common and distinct neural correlates of impaired emotion regulation in clinical populations. We performed a two-stage systematic literature search, selecting 32 studies on cognitive reappraisal in individuals with mood disorders (n=12), anxiety disorders (n=14), addiction (n=2), schizophrenia (n=2), and personality disorders (n=5). Comparing findings across these disorders allowed us to determine underlying mechanisms that were either disorder-specific or common across disorders. Results showed that across clinical populations, individuals consistently demonstrated reduced recruitment of the ventrolateral prefrontal cortex (vlPFC) and dorsolateral prefrontal cortex (dlPFC) during downregulation of negative emotion, indicating that there may be a core deficit in selection, manipulation and inhibition during reappraisal. Further, in individuals with mood disorders, amygdala responses were enhanced during downregulation of emotion, suggesting hyperactive bottom-up responses or reduced modulatory capacity. In individuals with anxiety disorders, however, emotion regulation revealed reduced activity in the dorsal anterior cingulate cortex (dACC) and inferior/superior parietal cortex, possibly indicating a deficit in allocation of attention. The reviewed studies thus provide evidence for both disorder-specific and common deficits across clinical populations. These findings highlight the role of distinct neural substrates as targets for developing/assessing novel therapeutic approaches that are geared towards

cognitive regulation of emotion, as well as the importance of transdiagnostic research to identify both disorder specific and core mechanisms.

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[Similar articles](#)



41. J Nucl Med. 2016 Jun 9. pii: jnumed.116.176032. [Epub ahead of print]

Positive Association Between Limbic Metabotropic Glutamate Receptor 5 Availability and Novelty-Seeking Temperament in Humans: a ¹⁸F-FPEB PET study.

[Leurquin-Sterk G](#)¹, [Van den Stock J](#)², [Crunelle CL](#)³, [de Laat B](#)², [Weerasekera A](#)², [Himmelreich U](#)², [Bormans G](#)⁴, [Van Laere K](#)⁴.

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Abstract

Heritable temperament traits have been linked to several neuropsychiatric illnesses, including disorders associated with metabotropic glutamate receptor 5 (mGluR5) and dopaminergic dysfunctions. Considering its modulating effect on neurotransmission, we hypothesized that cerebral mGluR5 availability is associated with temperament traits in healthy humans.

METHODS:

Cross-sectional investigation of forty-four nonsmoking healthy volunteers (age=40±14 years, range 22-66 years; 22 females). Brain mGluR5 availability was quantified both voxel- and VOI-based by the total distribution volume of ¹⁸F-FPEB using 90 min dynamic PET and arterial input function. Moreover, glutamate-glutamine concentrations in the anterior

cingulate cortex were measured using magnetic resonance spectroscopy. These measures were related to the temperament traits of the 240-item Cloninger Temperament and Character Inventory using a regression analysis with age and gender as nuisance variables.

RESULTS:

High novelty-seeking temperament was robustly associated with increased mGluR5 availability in various regions including the thalamus ($r=0.71$; the strongest association), amygdala, (para)hippocampus, insula, anterior and posterior cingulate cortex, and several primary sensory areas (all $r>0.58$; $P<0.05$, corrected for family-wise error). These associations were specific as no correlations were found with other temperament scales, or with spectroscopic measures of glutamatergic transmission.

CONCLUSION:

Overall, these data posit mGluR5 in key (para)limbic areas as a strong determinant of the temperament trait novelty-seeking. This adds to our understanding of how brain neurochemistry accounts for the variation in human behavior and strongly support further research on mGluR5 as potential therapeutic target in neuropsychiatric disorders associated with abnormal novelty-seeking behaviors.

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42. Expert Rev Neurother. 2016 Jun 30:1-17. [Epub ahead of print]

[Predictors of response to serotonin reuptake inhibitors in obsessive-compulsive disorder.](#)

[Hazari N](#)¹, [Narayanaswamy JC](#)¹, [Arumugham SS](#)¹.

Author information:

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Abstract

INTRODUCTION:

40-60% of patients with obsessive compulsive disorder (OCD) do not respond adequately to serotonin reuptake inhibitors (SRIs). It is important to identify predictors of response to help individualize treatment and identify refractory patients early in the course of treatment.

AREAS COVERED:

We review the current literature on predictors of response to SRIs in adult patients with OCD including clinical features, neuropsychological profile, neuroimaging, genetics and other biological factors. We conducted a literature search in PUBMED database using the MeSH terms 'Obsessive-Compulsive Disorder', 'drug therapy', 'treatment outcome', 'neuroimaging', 'genetics' 'cytokines' and obtained 60 articles. Expert commentary: Poor-insight into obsessions, symmetry/hoarding and contamination/washing dimension and the presence of certain personality disorders are associated with poor response to SRIs. Orbitofrontal cortex, anterior cingulate cortex, caudate, putamen and thalamus volume changes in structural imaging studies and altered activity in the same regions in functional imaging studies were found predictive of poor response. However, there is inconsistency with regards to direction of change. Genes involving serotonergic and glutamatergic signalling pathways have emerged as predictors in recent studies. Studies with large sample size, standardised methodology and rigorous statistical analyses are required before predictors can be utilised in routine clinical practice.

PMID: 27282021 [PubMed - as supplied by publisher]

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43. Personal Disord. 2016 Jun 9. [Epub ahead of print]

Testing Relationships Between DSM-5 Section III Maladaptive Traits and Measures of Self and Interpersonal Impairment in Italian Community Dwelling Adults.

[Fossati A](#), [Borroni S](#), [Somma A](#), [Markon KE](#), [Krueger RF](#).

Abstract

In order to study the relationships between DSM-5 Section III maladaptive personality traits and personality dysfunction, 312 Italian community dwelling adults completed the Italian

translations of the Personality Inventory for DSM-5 (PID-5) and the Measure of Disordered Personality Functioning Scale (MDPF); participants were also administered the Iowa Personality Disorder Screen (IPDS). Consistent with previous findings, 22 (88.0%) PID-5 maladaptive trait scales showed moderate and significant correlations with MDPF Non Coping (median r value = .32), and Non Cooperativeness, (median r value = .24) scales. Regression analyses showed that PID-5 trait scales explained roughly 59% and 35% of the variance in MDPF Non Coping and Non Cooperativeness scales, respectively. PID-5 traits were significantly associated also with the IPDS total score, adjusted $R^2 = .45$, $p < .001$. As a whole, our data seemed to indicate that the wide majority of the PID-5 scales showed significant relationships of at least moderate size with a self-report measure of personality dysfunction, lending further support to the criterion validity of the PID-5. (PsyncINFO Database Record

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PMID: 27280930 [PubMed - as supplied by publisher]

[Similar articles](#)

44. Eur Eat Disord Rev. 2016 Jun 8. doi: 10.1002/erv.2458. [Epub ahead of print]

Obsessional and Eating Disorder-related Intrusive Thoughts: Differences and Similarities Within and Between Individuals Vulnerable to OCD or to EDs.

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- ³Ciber Fisiopatología Obesidad y Nutrición (CIBEROBN), Instituto de Salud Carlos III, Spain.

Abstract

Unwanted intrusive cognitions constitute the normal variant of clinically significant intrusive cognitions found in disorders such as obsessive-compulsive disorder (OCD) and eating disorders (EDs). This study investigates whether individuals who are vulnerable to OCD or EDs experience more intrusions than people with no vulnerability to these disorders, and it examines the consequences of obsessional (OITs) and eating disorder (EDITs) intrusions in

the same individuals, taking into account their susceptibility to OCD, EDs or neither of the two. From a sample of 922 participants, three groups were formed: risk of OCD (n = 92), risk of EDs (n = 41) and a no-risk group (n = 100). EDITs were more frequent than OITs in the two risk groups. Within-group comparisons showed that in the OCD-risk group, the OIT had more negative consequences (interference, emotional distress, dysfunctional appraisals and neutralizing strategies) than the EDIT, whereas in the ED-risk group, the OIT and the EDIT instigated similar negative consequences. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 27273811 [PubMed - as supplied by publisher]

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45. Sci Rep. 2016 Jun 8;6:27617. doi: 10.1038/srep27617.

[Values as determinant of meaning among patients with psychiatric disorders in the perspective of recovery.](#)

[Huguelet P](#)^{1,2}, [Guillaume S](#)^{3,4,5}, [Vidal S](#)¹, [Mohr S](#)¹, [Courtet P](#)^{3,4,5}, [Villain L](#)³, [Girod C](#)³, [Hasler R](#)¹, [Prada P](#)¹, [Olié E](#)^{3,4}, [Perroud N](#)^{1,2}.

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- ⁴Inserm, U1061, Université Montpellier, Montpellier, France.
- ⁵Fondamental Foundation, Foundation of Scientific Cooperation, France.

Abstract

Recovery is a personal process of growth that involves hope, self-identity, meaning in life and responsibility. Determinants of meaning have not been explored among populations of patients with persistent psychiatric conditions. However, an evidence-based approach aiming at assessing such determinants should provide some insight into the psychotherapeutic aspects of recovery. We tested a model hypothesizing that some symptoms and social parameters of patients are related to values, and secondarily to meaning in life, and in turn that meaning is associated with various parameters, such as depressiveness and self-esteem. We assessed 176 patients with schizophrenia, anorexia, borderline personality disorder and

bipolar disorder. Overall, our hypotheses proved correct: firstly, characteristics such as depression, hopelessness, self-esteem and the number of relationships influenced values; secondly, the presence and an enactment of values were associated with meaning, and thirdly, meaning was associated with some symptoms and social characteristics. This model was confirmed in the four psychiatric populations under study. These results support the relevance of addressing values and meaning in the recovery-oriented care of patients with persistent psychiatric disorders, in addition to other psychosocial interventions which are more systematically considered in this area.

PMCID: PMC4897784 **Free PMC Article**

PMID: 27272094 [PubMed - in process]

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46. Hum Psychopharmacol. 2016 Jun 7. doi: 10.1002/hup.2541. [Epub ahead of print]

International prescribing practices in obsessive-compulsive disorder (OCD).

[Brakoulias V](#)¹, [Starcevic V](#)¹, [Belloch A](#)², [Dell'Osso L](#)³, [Ferrão YA](#)⁴, [Fontenelle LF](#)^{5,6}, [Lochner C](#)⁷, [Marazziti D](#)³, [Martin A](#)⁸, [Matsunaga H](#)⁹, [Miguel EC](#)¹⁰, [Reddy YC](#)¹¹, [do Rosário MC](#)¹², [Shavitt RG](#)¹⁰, [Sundar AS](#)¹¹, [Stein DJ](#)⁷, [Viswasam K](#)¹.

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- ¹²Child and Adolescent Psychiatry Unit (UPIA) at the Department of Psychiatry, Federal University of São Paulo, Brazil.

Abstract

OBJECTIVES:

To assess rates of psychotropic medication use in patients with obsessive-compulsive disorder (OCD) in seven different countries on five continents and to compare these with international treatment guidelines.

METHODS:

Researchers in the field of OCD were invited to contribute summary statistics on the characteristics of their patients with OCD and on their incidence of psychotropic use. Consistency of summary statistics across countries was evaluated.

RESULTS:

The data came from Brazil (n = 955), Italy (n = 750), South Africa (n = 555), Japan (n = 382), Australia (n = 213), India (n = 202) and Spain (n = 82). The majority (77.9%; n = 2445) of the total sample of 3139 participants received a psychotropic medication. Consistent with international guidelines, selective serotonin reuptake inhibitors (SSRIs) were most commonly used (73.5%, n = 1796), but their use ranged from 59% in Australia to 96% in Japan. Clomipramine use varied from 5% in Japan and South Africa to 26% in India and Italy. Atypical antipsychotic use ranged from 12% in South Africa to 50% in Japan.

CONCLUSIONS:

Pharmacotherapy for OCD varied significantly across sites. Prospective studies are required to determine the cultural, pharmaco-economic and pharmacogenomic factors that may play a role in the variation in prescribing practices internationally and whether these variations influence treatment outcomes. Copyright © 2016 John Wiley & Sons, Ltd.

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Cannabis and Alcohol Use, Affect, and Impulsivity in Psychiatric Outpatients' Daily Lives.

[Trull TJ¹](#), [Wycoff AM¹](#), [Lane SP¹](#), [Carpenter RW¹](#), [Brown WC²](#).

Author information:

- ¹University of Missouri and Midwest Alcoholism Research Center, Columbia.
- ²Research Institute on Addiction, University at Buffalo, State University of New York, Buffalo, NY.

Abstract

BACKGROUND AND AIMS:

Cannabis and alcohol are the most commonly used (il)licit drugs worldwide. We compared the effects of cannabis and alcohol use on within-person changes in impulsivity, hostility, and positive affect at the momentary and daily levels, as they occurred in daily life.

DESIGN:

Observational study involving ecological momentary assessments collected via electronic diaries 6 random times a day for 28 consecutive days.

SETTING:

Outpatients' everyday life contexts in Columbia, MO, USA.

PARTICIPANTS:

Ninety-three adult psychiatric outpatients (85% female; M = 30.9 years old) with Borderline Personality or Depressive disorders, who reported using only cannabis (n = 3), only alcohol (n = 58), or both (n = 32) at least once during the study period.

MEASUREMENTS:

Real-time, standard self-report measures of impulsivity, hostility, and positive affect, as impacted by momentary reports of cannabis and alcohol use.

FINDINGS:

Cannabis use was associated with elevated feelings of impulsivity at the day level ($b = 0.83$, 95% Confidence Interval [CI] = 0.17-1.49) and increased hostility at the momentary ($b = 0.07$, 95% CI = 0.01-0.12) and person ($b = 0.81$, 95% CI = 0.15-1.47) level. Alcohol use was associated with elevated feelings of impulsivity at the momentary ($b = 0.42$, 95% CI = 0.13-0.71) and day level ($b = 0.82$, 95% CI = 0.22-1.41) and increased positive affect at the momentary ($b = 0.12$, 95% CI = 0.06-0.18) and day ($b = 0.33$, 95% CI = 0.16-0.49) level.

CONCLUSIONS:

Cannabis and alcohol use are associated with increases in impulsivity (both), hostility (cannabis), and positive affect (alcohol) in daily life, and these effects are part of separate processes that operate on different time scales (i.e., momentary versus daily).

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48. J Atten Disord. 2016 Jun 5. pii: 1087054716652478. [Epub ahead of print]

Functioning of Young Adults With ADHD in the Military.

[Fruchter E](#)¹, [Marom-Harel H](#)², [Fenchel D](#)², [Kapara O](#)², [Ginat K](#)³, [Portuguese S](#)³, [Weiser M](#)⁴.

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Abstract

OBJECTIVE:

To assess the functioning of young adults with ADHD in a military setting.

METHOD:

In all, 14,655 young adults with ADHD (mean age at first examination 17.8 ± 0.7) attending mandatory service in the Israeli military were compared with matched controls on several functioning domains.

RESULTS:

Young adults with ADHD had more sessions with mental health care professionals, physician appointments, sick days, and disqualifications of professions than controls ($p < .001$). Young adults with ADHD were also less medically fit for combat service (odds ratio [OR] = 0.75, 95% confidence interval [CI] = [0.72, 0.79]), more medically unfit for military service in general (OR = 1.26, 95% CI = [1.13, 1.40]), and had higher rates of overweight and obesity ($p < .001$). In addition, they were more likely to be diagnosed with a personality disorder (OR = 1.29, 95% CI = [1.07, 1.53]) or with minor affective and anxiety disorders (OR = 1.33, 95% CI = [1.06, 1.67]) than matched controls.

CONCLUSION:

These results support a negative effect of ADHD on the functioning of young adults in a military setting.

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PMID: 27269006 [PubMed - as supplied by publisher]

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49. BMC Psychiatry. 2016 Jun 7;16:190. doi: 10.1186/s12888-016-0894-6.

[A factor analysis of the meanings of anorexia nervosa: intrapsychic, relational, and avoidant dimensions and their clinical correlates.](#)

[Marzola E](#)¹, [Panepinto C](#)¹, [Delsedime N](#)¹, [Amianto F](#)¹, [Fassino S](#)², [Abbate-Daga G](#)¹.

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Abstract

BACKGROUND:

Anorexia nervosa (AN) is a difficult to treat disorder characterized by ambivalence towards recovery and high mortality. Eating symptomatology has a sort of adaptive function for those who suffer from AN but no studies have to date investigated the relationship between the reported meanings of AN and patients' clinical characteristics. Therefore, we aimed to perform a factor analysis of a new measure testing its psychometric properties in order to clarify whether subjective meanings of AN can be related to AN severity, to ascertain if some personality traits correlate with the meanings attributed to AN by patients, and finally to verify to what extent such meanings relate to patients' duration of both illness and treatment.

METHODS:

Eighty-one inpatients affected by AN were recruited for this study and clinical data were recorded. Participants were asked to complete a novel instrument, the Meanings of Anorexia Nervosa Questionnaire (MANQ) focused on the measurement of values that patients attribute to AN and other measures as follows: Eating Disorders Inventory-2, Beck Depression Inventory, Temperament and Character Inventory, and Anorexia Nervosa Stages of Change Questionnaire.

RESULTS:

As measured by the MANQ, body dissatisfaction, problems of adolescence, and distress at school or work mainly triggered the onset of AN. Balance and self-control were mostly reported as meanings of AN while the most frequent negative effects were: being controlled by the illness, obsessive thoughts about body shape, and feeling alone. Differences were found between diagnostic subtypes. When a factorial analysis was performed, three factors emerged: intrapsychic (e.g., balance/safety, self-control, control/power, way to be valued), relational (e.g., communication, way to be recognized), and avoidant (e.g., the avoidance of negative feelings, emotions, and experiences). These factors correlated with patients' personality and motivation to treatments but were unrelated to duration of both illness and treatments.

CONCLUSIONS:

Given the ego-syntonic nature of AN, the understanding of patients' value of their disorder could be relevant in treatment; moreover, the positive value of AN resulted to be unrelated to the duration of both illness and treatments. Future research is warranted to replicate these findings and test their clinical implications.

PMCID: PMC4897918 **Free PMC Article**

PMID: 27267935 [PubMed - in process]

[Similar articles](#)



50. Arch Suicide Res. 2016 Jun 7. [Epub ahead of print]

Descriptive Characteristics and Initial Psychometric Properties of the Non-Suicidal Self-Injury Disorder Scale.

[Elizabeth Victor S](#)¹, [Davis T](#)², [Klonsky ED](#)¹.

Author information:

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Abstract

Non-suicidal self-injury (NSSI) is highly prevalent and associated with tissue damage, emotional distress, and psychiatric disorders. While often discussed in the context of Borderline Personality Disorder and suicide, research demonstrates that NSSI is distinct from these constructs and should be viewed as an independent diagnostic category. Recently, Non-Suicidal Self-Injury Disorder (NSSID) was included in the revised Diagnostic and Statistical Manual of Mental Disorders as a condition for further study. In this article, we describe the properties of a self-report measure designed to assess proposed criteria for NSSID. Undergraduate students at two large, public universities completed the NSSID Scale (NSSIDS) along with other measures of NSSI characteristics and psychopathology. Among participants with a history of NSSI, approximately half (54.55%) met diagnostic criteria for NSSID. Participants were most frequently excluded from an NSSID diagnosis on the basis of criterion A (frequency of NSSI) and criterion E (distress or impairment related to NSSI), while participants were least likely to be excluded from diagnosis on the basis of criterion D (NSSI method exclusions) and criterion F (diagnostic "rule-outs"). Consistent with previous literature, the most commonly reported precipitants to NSSI were negative feelings or thoughts (criterion C2). Participants who met criteria for NSSID reported more severe depression, anxiety, and NSSI than participants who engaged in NSSI but did not meet criteria for NSSID. These results support the use of the NSSIDS as a reliable and valid self-report measure of NSSID symptoms.

PMID: 27267416 [PubMed - as supplied by publisher]

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Mental health literacy in Hong Kong.

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Abstract

BACKGROUND AND AIMS:

The aim of this study was to investigate Hong Kong nationals' ability to recognize 13 different mental disorders and to examine whether there may be a relationship between their mental health literacy (MHL) and their tendency to describe/explain symptoms of mental disorders in physical terms.

METHODS:

A total of 299 participants took part in this study and the vignettes depict post-traumatic stress disorder, depression, obsessive-compulsive disorder (OCD), dependent personality disorder, schizotypal personality disorder, generalized anxiety disorder, agoraphobia, bipolar disorder, social phobia, panic disorder, narcissistic personality disorder, schizophrenia and antisocial personality disorder.

RESULTS:

Overall, OCD was the best identified and the personality disorders were the worst. A significant negative correlation was found between participants' MHL and the rate of offering a 'physical' rather than a 'psychological' explanation. Some mental disorders were better recognized than others such as OCD (40.1%) and depression (36.3%). However, the majority of the other disorders were very poorly recognized and labelled with the rest having 'correct response' rates of lower than 15%. Over half of the mental disorders had 'correct' response rates of lower than 5%.

CONCLUSION:

In accordance with many other studies in the area, this study found Asian participants poor at recognizing mental disorders. This is probably due to the fact that mental illnesses of all kinds remain a taboo topic.

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PMID: 27261468 [PubMed - as supplied by publisher]

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52. J Gambl Stud. 2016 Jun 3. [Epub ahead of print]

[Comorbidity of Alcohol and Gambling Problems in Emerging Adults: A Bifactor Model Conceptualization.](#)

[Tackett JL](#)¹, [Krieger H](#)², [Neighbors C](#)², [Rinker D](#)², [Rodriguez L](#)³, [Edward G](#)⁴.

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Abstract

Addictive disorders, such as pathological gambling and alcohol use disorders, frequently co-occur at greater than chance levels. Substantive questions stem from this comorbidity regarding the extent to which shared variance between gambling and alcohol use reflects a psychological core of addictive tendencies, and whether this differs as a function of gender. The aims of this study were to differentiate both common and unique variance in alcohol and gambling problems in a bifactor model, examine measurement invariance of this model by gender, and identify substantive correlates of the final bifactor model. Undergraduates (N = 4475) from a large northwestern university completed an online screening questionnaire which included demographics, quantity of money lost and won when gambling, the South Oaks Gambling Screen, the AUDIT, gambling motives, drinking motives, personality, and the Brief Symptom Inventory. Results suggest that the bifactor model fit the data well in the full sample. Although the data suggest configural invariance across gender, factor loadings could not be constrained to be equal between men and women. As such, general and specific factors were examined separately by gender with a more intensive subsample of females and males (n = 264). Correlations with motivational

tendencies, personality traits, and mental health symptoms indicated support for the validity of the bifactor model, as well as gender-specific patterns of association. Results suggest informative distinctions between shared and unique attributes related to problematic drinking and gambling.

PMID: 27260007 [PubMed - as supplied by publisher]

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53. PLoS One. 2016 Jun 3;11(6):e0156601. doi: 10.1371/journal.pone.0156601. eCollection 2016.

[The Relationship between Personality Traits, the 5HTT Polymorphisms, and the Occurrence of Anxiety and Depressive Symptoms in Elite Athletes.](#)

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Abstract

The purpose of this study was to determine the relationship between personality, the serotonin transporter (5HTT) polymorphisms and the occurrence of anxiety and depressive symptoms in elite athletes. 133 healthy participants completed the NEO Five-Factor Inventory (NEO-FFI). The mood states were assessed using the Profile of Mood States (POMS) questionnaire. The athlete's mental skills were assessed through the Sport Performance Psychological Inventory (IPPS-48). The occurrence of psychiatric and personality disorders was assessed using the Clinical Interview for DSM-IV Disorders. A polymerase chain reaction was employed to identify genotypes at the 5HTTLPR polymorphism. The 5HTTLPR s/s genotype was associated with both neuroticism ($p < 0.001$) and tension/anxiety symptoms according to the POMS ($p < 0.02$), cognitive anxiety and emotional arousal control according to the IPPS-48 ($p < 0.01$). Significant correlations were proved between neuroticism and symptoms of anxiety and depression ($p < 0.05$). Neuroticism mediates the association between the 5HTTLPR polymorphism and symptoms of cognitive

anxiety and emotional arousal control ($p < 0.05$). These results suggest a significant interaction between the 5HTTLPR polymorphism, neuroticism and sport related stress that predict adverse mental health outcomes in athletes. Identification of homogeneous groups of athletes having predispositions to anxiety and depressive symptoms may help to implement early prevention programs.

PMCID: PMC4892635 **Free PMC Article**

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54. Personal Ment Health. 2016 Jun 3. doi: 10.1002/pmh.1345. [Epub ahead of print]

Primary emotional traits in patients with personality disorders.

[Karterud S](#)^{1,2}, [Pedersen G](#)², [Johansen M](#)², [Wilberg T](#)^{1,2}, [Davis K](#)³, [Panksepp J](#)⁴.

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Abstract

There is a longstanding tradition that connects temperament pathology and personality disorders. Emotions are the major constituents of temperament. In mammals, seven primary emotions have been identified: SEEKING, FEAR, CARE, RAGE, SADNESS/PANIC, LUST and PLAY. The study aimed at exploring the relationship between primary emotions and personality disorders (PDs). Five hundred forty-six patients with different degrees and qualities of personality pathology, admitted to treatment in specialized PD services, were diagnosed according to Structured Clinical Interview for DSM-IV Axis II Personality Disorders, and their primary emotional profiles were assessed by the Affective Neuroscience Personality Scales. The Affective Neuroscience Personality Scales explained 19% of the variance in borderline and avoidant criteria. The DSM-IV PD categories displayed different patterns of association to the primary emotions, e.g. the borderline PD profile suggested low thresholds for RAGE and SADNESS, but on the positive side a propensity for SEEKING. In contrast, the dependent PD profile suggested a low threshold for SADNESS but a high threshold for RAGE and SEEKING. The results are promising for a more coherent and

evolution-based overall theory of PDs, and the correlations found in this study indicate testable causal pathways to PDs. Copyright © 2016 John Wiley & Sons, Ltd.

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55. Med J Aust. 2016 Jun 6;204(10):381-3.

[The Port Arthur massacre and the National Firearms Agreement: 20 years on, what are the lessons?](#)

[Dudley MJ](#)¹, [Rosen A](#)², [Alpers PA](#)³, [Peters R](#)⁴.

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Abstract

The 20th anniversary of the National Firearms Agreement (NFA) offers lessons for mental health and public health. Along with similar international legislation, the NFA exemplifies how firearms regulation can prevent firearm mortality and injuries. The gun lobby claims that mental illness underpins gun violence and should be a key site for intervention. A modest but significant link exists between mental disorders and community violence. However, the vast majority of mentally ill individuals are not violent. Despite media portrayals of their dangerousness, they are more likely to be victims of violence and of suicide. Most violent individuals do not have mental illness, and most mass murderers do not have identifiable severe mental illness. Many have maladaptive personality configurations. Gun availability and gun ownership, not severe mental illness, determines most gun homicides. Following recent gun massacres in the United States, there have been calls for better resourcing of mental health services to help identify and respond to those at risk and to regulate firearms access. Screening mentally ill populations for violence risk is misguided. However, clinicians can play a key role in working with legal authorities to monitor and assist regulation of firearm access, especially among high risk populations. Clinician involvement must be complemented by wider gun control measures. The gun lobby's turning

the firearms availability debate into a question about whether people with mental illness histories should access such weapons is a calculated appeal to prejudice.

PMID: 27256649 [PubMed - in process]

[Similar articles](#)



56. BMC Psychiatry. 2016 Jun 3;16:180. doi: 10.1186/s12888-016-0885-7.

Borderline personality disorder and violence in the UK population: categorical and dimensional trait assessment.

[González RA](#)^{1,2}, [Igoumenou A](#)³, [Kallis C](#)⁴, [Coid JW](#)⁴.

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Abstract

BACKGROUND:

Borderline personality disorder (BPD) is characterised by difficulties with impulse control and affective dysregulation. It is unclear whether BPD contributes to the perpetration of violence or whether this is explained by comorbidity. We explored independent associations between categorical and dimensional representations of BPD and violence in the general population, and differential associations from individual BPD criteria.

METHODS:

We used a representative combined sample of 14,753 men and women from two British national surveys of adults (≥ 16 years). BPD was assessed using the Structured Clinical Interview II- Questionnaire. We measured self-reported violent behaviour in the past 5 years, including severity, victims and locations of incidents. Associations for binary, dimensional

and trait-level exposures were performed using weighted logistic regression, adjusted for demography and comorbid psychopathology.

RESULTS:

Categorical diagnosis of BPD was associated only with intimate partner violence (IPV). Associations with serious violence leading to injuries and repetitive violence were better explained by comorbid substance misuse, anxiety and antisocial personality disorder (ASPD). However, anger and impulsivity BPD items were independently associated with most violent outcomes including severity, repetition and injury; suicidal behaviours and affective instability were not associated with violence. Both trait-level and severity-dimensional analyses showed that BPD symptoms might impact males and females differently in terms of violence.

CONCLUSIONS:

For individuals diagnosed BPD, violence is better explained by comorbidity. However, BPD individual traits show different pathways to violence at the population level. Gender differences in BPD traits and their severity indicate distinct, underlying mechanisms towards violence. BPD and traits should be evaluated in perpetrators of IPV.

PMCID: PMC4891918 [Free PMC Article](#)

PMID: 27255770 [PubMed - in process]

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57. Behav Cogn Psychother. 2016 Jul;44(4):444-59. doi: 10.1017/S1352465815000582.

[The Impact of Obsessive Compulsive Personality Disorder on Cognitive Behaviour Therapy for Obsessive Compulsive Disorder.](#)

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Abstract

BACKGROUND:

It is often suggested that, in general, co-morbid personality disorders are likely to interfere with CBT based treatment of Axis I disorders, given that personality disorders are regarded as dispositional and are therefore considered less amenable to change than axis I psychiatric disorders.

AIMS:

The present study aimed to investigate the impact of co-occurring obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD) on cognitive-behavioural treatment for OCD.

METHOD:

92 individuals with a diagnosis of OCD participated in this study. Data were drawn from measures taken at initial assessment and following cognitive-behavioural treatment at a specialist treatment centre for anxiety disorders.

RESULTS:

At assessment, participants with OCD and OCPD had greater overall OCD symptom severity, as well as doubting, ordering and hoarding symptoms relative to those without OCPD; however, participants with co-morbid OCD and OCPD demonstrated greater treatment gains in terms of OCD severity, checking and ordering than those without OCPD. Individuals with OCD and OCPD had higher levels of checking, ordering and overall OCD severity at initial assessment; however, at post-treatment they had similar scores to those without OCPD.

CONCLUSION:

The implications of these findings are discussed in the light of research on axis I and II co-morbidity and the impact of axis II disorders on treatment for axis I disorders.

PMID: 27246860 [PubMed - in process]

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Psychopathology in adolescents with TLE and FLE.

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Abstract

BACKGROUND:

To describe the rates and types of psychiatric disorders among adolescents with chronic symptomatic epilepsies and to evaluate syndrome-specific differences between temporal lobe (TLE) and frontal lobe (FLE) epilepsies.

METHODS:

A cross-sectional single-center study design applying the Youth Self Report (YSR) to investigate psychopathological symptoms and the Weinberger Adjustment Inventory (WAI) to investigate personality dimensions was used. Consecutive adolescents between 14 and 18 years of age with drug-resistant symptomatic TLE and FLE were investigated during pre-surgical evaluation prior to epilepsy surgery. Data from twenty-eight patients (19 with TLE and 9 with FLE) were analyzed for this report.

RESULTS:

Compared with the test norm, higher prevalence rates and a wider range of psychopathological symptoms were seen in patients with TLE. This result was not seen in patients with FLE. Concerning personality dimensions, significantly higher values of repressive defensiveness and significantly lower values of positive emotion and confidence were found in patients with TLE. In contrast, significantly lower levels of distress and

significantly higher levels of repressive defensiveness and denial of distress were seen in patients with FLE. Comparing TLE with FLE, a significantly higher mean score for distress, and a significantly lower mean score for positive emotion and denial of distress were found in patients with TLE.

CONCLUSION:

In summary, psychiatric comorbidity was frequently found in this sample of youths with chronic drug-resistant localization-related epilepsies. Although results have to be interpreted with caution because of the small sample size, psychiatric symptomatology was significantly different between TLE and FLE. Our results show that continuous and syndrome-specific psychiatric monitoring is essential in young patients with epilepsy.

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PMID: 27474513 [PubMed - as supplied by publisher]



2. Trials. 2016 Jul 29;17(1):371.

[The Cognitive Remediation in Bipolar \(CRiB\) pilot study: study protocol for a randomised controlled trial.](#)

[Strawbridge R](#)^{1,2}, [Fish J](#)^{3,4,5}, [Halari R](#)^{6,7}, [Hodsoll J](#)^{3,8}, [Reeder C](#)^{3,5}, [Macritchie K](#)^{6,7}, [McCrone P](#)⁹, [Wykes T](#)^{3,5}, [Young AH](#)^{6,3,7}.

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Abstract

BACKGROUND:

People with bipolar disorder often show difficulties with cognitive functioning, and though these difficulties are identified as important targets for intervention, few treatment options are available. Preliminary evidence suggests that cognitive remediation therapy (a psychological treatment proven beneficial for people diagnosed as having schizophrenia) is helpful for people with bipolar disorders. We are conducting a pilot trial to determine whether individual, computerised, cognitive remediation therapy (CRT) for people with bipolar disorder 1) increases cognitive function; 2) improves global functioning, goal attainment and mood symptoms; 3) is acceptable and feasible for participants; and 4) can be addressed in a comprehensive, larger, randomised, controlled trial.

METHODS/DESIGN:

The study is designed as a two-arm, randomised, controlled trial comparing cognitive remediation therapy with treatment-as-usual (TAU) for euthymic bipolar patients. Participants are eligible to take part if aged between 18 and 65 with a diagnosis of bipolar disorder (type I) and currently in euthymic state, and no neurological, substance or personality disorder diagnoses. Sixty participants will be recruited (mainly through secondary and tertiary care) and will be block-randomised to receive either treatment-as-usual alone or in addition to a 12-week course of cognitive remediation therapy totalling 20-40 therapy hours. The intervention will comprise regular sessions with a therapist and computer-based training. Research assessments will take place before and after the intervention period and at a 12-week follow-up, and will include evaluation of neuropsychological, symptom-related, demographic and social factors, as well as collecting qualitative data regarding CRT expectations and satisfaction. Intention-to-treat analyses will examine the efficacy of cognitive remediation therapy primarily on cognition and additionally on functioning, quality of life and mood symptoms. Furthermore, we will examine the acceptability of CRT and undertake a preliminary health economics analysis to ascertain the cost of delivering the intervention.

DISCUSSION:

The results of this trial will provide valuable information about whether cognitive remediation therapy may be beneficial for people diagnosed with bipolar disorder in a euthymic state.

TRIAL REGISTRATION:

ISRCTN registry, ISRCTN32290525 . Registered on 2 March 2016.

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PMID: 27472964 [PubMed - as supplied by publisher]



3. J Clin Med. 2016 Jul 27;5(8). pii: E67. doi: 10.3390/jcm5080067.

Supplementation with Omega-3 Fatty Acids in Psychiatric Disorders: A Review of Literature Data.

[Bozzatello P](#)¹, [Brignolo E](#)², [De Grandi E](#)³, [Bellino S](#)⁴.

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Abstract

A new application for omega-3 fatty acids has recently emerged, concerning the treatment of several mental disorders. This indication is supported by data of neurobiological research, as highly unsaturated fatty acids (HUFAs) are highly concentrated in neural phospholipids and are important components of the neuronal cell membrane. They modulate the mechanisms of brain cell signaling, including the dopaminergic and serotonergic pathways. The aim of this review is to provide a complete and updated account of the empirical evidence of the efficacy and safety that are currently available for omega-3 fatty acids in the treatment of psychiatric disorders. The main evidence for the effectiveness of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) has been obtained in mood disorders, in particular in the treatment of depressive symptoms in unipolar and bipolar depression. There is some evidence

to support the use of omega-3 fatty acids in the treatment of conditions characterized by a high level of impulsivity and aggression and borderline personality disorders. In patients with attention deficit hyperactivity disorder, small-to-modest effects of omega-3 HUFAs have been found. The most promising results have been reported by studies using high doses of EPA or the association of omega-3 and omega-6 fatty acids. In schizophrenia, current data are not conclusive and do not allow us either to refuse or support the indication of omega-3 fatty acids. For the remaining psychiatric disturbances, including autism spectrum disorders, anxiety disorders, obsessive-compulsive disorder, eating disorders and substance use disorder, the data are too scarce to draw any conclusion. Concerning tolerability, several studies concluded that omega-3 can be considered safe and well tolerated at doses up to 5 g/day.

Free Article

PMID: 27472373 [PubMed]



4. Int Rev Psychiatry. 2016 Jul 29:1-5. [Epub ahead of print]

[Cheating and sports: history, diagnosis and treatment.](#)

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Abstract

This paper focuses on "cheating" in modern day athletics from youth through professional sports. We briefly summarize a history of cheating in the sports world. We examine the current role cheating plays in sports as well as its causes including, psychodynamic issues, the development of personality disorders and how personality traits become pathological resulting in deception, dishonesty, and underhandedness. We describe management and treatment including psychotherapeutic intervention as well as medication. Finally we discuss a systems approach involving outreach to coaches, families, and related sports organizations (like FIFA, WADA, etc) or the professional leagues which have institutional control and partial influence on the athlete.

PMID: 27471817 [PubMed - as supplied by publisher]



5. Eat Disord. 2016 Jul 27:1-16. [Epub ahead of print]

[A prospective study on the reciprocal influence between personality and attitudes, behaviors, and psychological characteristics salient in eating disorders in a sample of non-clinical adolescents.](#)

[De Caro EF¹](#), [Di Blas L¹](#).

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Abstract

Eating disorders are mosy likely to occur for the first time in adolescence. Delineating vulnerable personality profiles of unhealthy conditions helps prevent their onset and development. This study investigated a non-clinical sample of 142 adolescents and how some theoretically salient individual differences in personality contribute to predict changes in behaviors, attitudes, and psychological characteristics that are clinically significant in eating disorders (EDs). The results from cross-lagged pattern analyses supported the influence of depression, obsessiveness, and self-esteem in the trajectories favoring the development of psychological characteristics, such as ineffectiveness and interoceptive awareness, which are salient in the ED risk process. Results also confirmed that body mass index, perfectionism, and body dissatisfaction predict increases in dysfunctional concerns with weight control and food consumption. Empirical support for the impact of ED-relevant variables on personality self-views emerged as well. Trajectories linking EDs and personality in relation to sex differences and permeability to transitory psychological conditions in adolescence were also confirmed.

PMID: 27463887 [PubMed - as supplied by publisher]

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6. Front Neurol Neurosci. 2016;39:8-23. doi: 10.1159/000445409. Epub 2016 Jul 26.

Peculiarities of Neurological Disorders and Study Designs.

[Beghi E](#), [Pupillo E](#), [Giussani G](#).

Abstract

BACKGROUND:

Neurological disorders are heterogeneous clinical conditions with variable course and outcome.

SUMMARY:

The basic aspects of the commonest neurological disorders are addressed along with the proposed structure of randomized clinical trials (RCTs). Dementing disorders, including Alzheimer's disease (AD), are clinical conditions in which altered cognitive functions are associated with behavioral and personality changes. Parkinson's disease (PD) is a multisystem disorder characterized by motor dysfunction associated with dysautonomia, sleep and olfactory disturbances, cognitive changes, and depression. Amyotrophic lateral sclerosis (ALS) is an invariably fatal clinical condition involving motor neurons. The available treatments are purely symptomatic for PD but virtually ineffective for AD and ALS. Headache disorders, multiple sclerosis, and epilepsy, three diseases characterized by recurrent symptoms and chronic or episodic course, can be fairly easily controlled by current treatments, but cannot be prevented nor cured. The objectives of treatments of neurodegenerative disorders include primary prevention, slowing or arrest of disease progression, and control of symptoms. Stroke is an acute clinical condition causing frequent disability and death, with only one approved treatment. There are many challenges to acute stroke clinical trials; among them, the very short therapeutic window and the issue of stroke heterogeneity. In this chapter, only the core elements of the study designs are outlined.

KEY MESSAGES:

The design of an RCT must be adapted to the basic characteristics of each clinical condition.

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PMID: 27463686 [PubMed - in process]

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Most of the genetic covariation between major depressive and alcohol use disorders is explained by trait measures of negative emotionality and behavioral control.

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Abstract

BACKGROUND:

Mental health disorders commonly co-occur, even between conceptually distinct syndromes, such as internalizing and externalizing disorders. The current study investigated whether phenotypic, genetic, and environmental variance in negative emotionality and behavioral control account for the covariation between major depressive disorder (MDD) and alcohol use disorder (AUD).

METHOD:

A total of 3623 members of a national twin registry were administered structured diagnostic telephone interviews that included assessments of lifetime histories of MDD and AUD, and were mailed self-report personality questionnaires that assessed stress reactivity (SR) and behavioral control (CON). A series of biometric models were fitted to partition the proportion of covariance between MDD and AUD into SR and CON.

RESULTS:

A statistically significant proportion of the correlation between MDD and AUD was due to variance specific to SR (men = 0.31, women = 0.27) and CON (men = 0.20, women = 0.19). Further, genetic factors explained a large proportion of this correlation (0.63), with unique environmental factors explaining the rest. SR explained a significant proportion of the genetic (0.33) and environmental (0.23) overlap between MDD and AUD. In contrast, variance specific to CON accounted for genetic overlap (0.32), but not environmental overlap (0.004).

In total, SR and CON accounted for approximately 70% of the genetic and 20% of the environmental covariation between MDD and AUD.

CONCLUSIONS:

This is the first study to demonstrate that negative emotionality and behavioral control confer risk for the co-occurrence of MDD and AUD via genetic factors. These findings are consistent with the aims of NIMH's RDoC proposal to elucidate how transdiagnostic risk factors drive psychopathology.

PMID: 27460396 [PubMed - as supplied by publisher]

[Similar articles](#)



8. J Appl Res Intellect Disabil. 2016 Jul 26. doi: 10.1111/jar.12277. [Epub ahead of print]

[Dialectical Behaviour Therapy \[DBT\] with People with Intellectual Disabilities: A Systematic Review and Narrative Analysis.](#)

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Abstract

BACKGROUND:

There is mixed evidence regarding the effectiveness of psychological therapies for people with intellectual and developmental disorders. Although systematic reviews have supported the use of dialectical behaviour therapy with people with borderline personality disorder, there are no comparable reviews regarding DBT with people with intellectual and development disabilities.

METHODS:

Studies were identified using a systematic approach and were selected if they reported an intervention that included a DBT skills group and then assessed using the Evaluative Method for Determining Evidence Based Practice.

RESULTS:

Seven studies reported adaptations and outcomes of DBT for people with intellectual and development disabilities, four of which delivered full DBT programmes with three describing DBT skills groups. All studies were appraised with regard to methodological quality and the adaptations and results examined.

CONCLUSIONS:

The findings indicate that DBT and DBT skills groups can be adapted for people with intellectual and development disabilities, but further high-quality research is needed to make conclusions about efficacy and effectiveness.

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PMID: 27456814 [PubMed - as supplied by publisher]

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9. J Head Trauma Rehabil. 2016 Jul 21. [Epub ahead of print]

[The Prevalence of Traumatic Brain Injury Among People With Co-Occurring Mental Health and Substance Use Disorders.](#)

[McHugo GJ](#)¹, [Krassenbaum S](#), [Donley S](#), [Corrigan JD](#), [Bogner J](#), [Drake RE](#).

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Abstract

OBJECTIVE:

To estimate the rate and severity of traumatic brain injury (TBI) among people with co-occurring mental health and substance use disorders and to compare demographic, diagnostic, and institutionalization differences between those who screen positive or negative.

SETTING:

Outpatient community mental health center in Washington, District of Columbia.

PARTICIPANTS:

A total of 295 people with co-occurring mental health and substance use disorders enrolled in a prospective study of integrated treatment of substance abuse.

DESIGN:

Cross-sectional baseline assessment.

MAIN MEASURES:

The Ohio State University TBI Identification Method. Standardized measures assessed psychiatric diagnoses, symptom severity, current and lifetime substance use, and history of institutionalization.

RESULTS:

Eighty percent screened positive for TBI, and 25% reported at least 1 moderate or severe TBI. TBI was associated with current alcohol use and psychiatric symptom severity and with lifetime institutionalization and homelessness. It was more common among participants with posttraumatic stress disorder, borderline personality disorder, and antisocial personality disorder. Men (vs women) and participants with psychotic disorders (vs those with mood disorders) had an earlier age of first TBI with loss of consciousness.

CONCLUSION:

TBI is common among people with co-occurring mental health and substance use disorders. Repeated and serious TBIs are common in this population. Failure to detect TBI in people with co-occurring disorders who are seeking integrated treatment could lead to misdiagnosis and inappropriately targeted treatment and rehabilitation.

PMID: 27455436 [PubMed - as supplied by publisher]

[Similar articles](#)



10. J Psychiatr Res. 2016 Jul 4;82:16-22. doi: 10.1016/j.jpsychires.2016.06.022. [Epub ahead of print]

The association between post-traumatic stress disorder and lifetime DSM-5

psychiatric disorders among veterans: Data from the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III).

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Abstract

This study examined the prevalence, correlates and psychiatric comorbidity of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) posttraumatic stress disorder (PTSD) in a nationally representative sample of U.S. veterans using data from the National Epidemiologic Survey on Alcohol and Related Conditions-III (n = 3119 veteran respondents). The overall prevalence of lifetime PTSD was 6.9%. Lifetime PTSD prevalence was higher among veterans who were female (13.2%), aged 18-29 years (15.3%), Native American (24.1%) or Black (11.0%), previously or never married (9.6% and 11.2, respectively), had incomes less than \$70,000 (7.2%-10.1%) and had >2 traumatic events (5.2%-14.7%). After adjusting for sociodemographic characteristics, comorbidity between lifetime PTSD and other psychiatric disorders was highest for any personality disorder (adjusted odds ratio [AOR] = 11.1, 95% confidence interval [CI], 5.7, 21.5), any mood disorder (AOR = 9.7, 95% CI, 4.6, 20.4) and any anxiety disorder (AOR = 9.6, 95% CI, 5.1, 17.7), followed by nicotine, drug, and alcohol use disorders (AOR = 3.4, 95% CI, 1.8, 6.5; AOR = 3.1, 95% CI, 2.0, 5.9; 2.1, 95% CI, 1.5, 3.1, respectively). Associations remained with any mood, anxiety, and personality disorders after controlling for other psychiatric disorders (AOR = 3.7, 95% CI, 1.2, 10.9; AOR = 3.5, 95% CI, 1.6, 7.4; AOR = 4.5, 95% CI, 2.3, 8.7, respectively). Veterans who sought treatment for PTSD had more comorbid conditions, although treatment was only associated with comorbid drug use disorder (AOR = 2.4, 95% CI, 1.0, 5.7). In U.S. veterans, PTSD is highly comorbid with other psychiatric disorders. Although many veterans remain untreated, comorbidity may influence treatment seeking.

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PMID: 27455424 [PubMed - as supplied by publisher]

[Similar articles](#)

11. J Affect Disord. 2016 Jul 19;206:23-30. doi: 10.1016/j.jad.2016.07.036. [Epub ahead of print]

Effect of a human serotonin 5-HT_{2A} receptor gene polymorphism on impulsivity: Dependence on cholesterol levels.

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Abstract

BACKGROUND:

Impulsivity is multidimensional: Low impulse control may result in behavioural disorders, but acting on the spur of moment may also be advantageous. Previous studies have shown negative associations between different facets of impulsivity and serotonergic function. Other investigations have found negative correlations between serum lipid levels and impulsivity.

METHODS:

We have investigated whether the functional polymorphism -1438A/G in the serotonin 5-HT_{2A} receptor gene (HTR2A) is associated with impulsivity levels and whether there is any interaction with serum lipid levels. This analysis was based on data of the population-

representative Estonian Children Personality Behaviour and Health Study at age 25. Impulsivity was self-reported with the Adaptive and Maladaptive Impulsivity Scale.

RESULTS:

Subjects with the A/A genotype of the HTR2A -1438A/G polymorphism had higher scores of Maladaptive impulsivity, but not Adaptive impulsivity. In females, high LDL and total cholesterol levels increased the genotype effect. In males, in the highest quartile of total or LDL cholesterol the genotype effect was altered, with G/G homozygotes having the highest Maladaptive impulsivity levels.

LIMITATIONS:

Only one cohort of the European Youth Heart Study (EYHS) was used in the current study and impulsivity measures were self-reported.

CONCLUSIONS:

Our results do not support the notion that low cholesterol levels universally lead to higher impulsivity, but it was found that high total and LDL cholesterol levels moderate the effect of the HTR2A gene promoter polymorphism. This suggests that future studies on impulsivity need to consider the interaction of serotonergic measures with the whole range of cholesterol levels.

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12. Psychiatry Res. 2016 Jul 7;244:24-27. doi: 10.1016/j.psychres.2016.06.028. [Epub ahead of print]

Instrumental measurements of spontaneous dyskinesia and schizotypy in subjects with auditory verbal hallucinations and healthy controls.

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Abstract

Spontaneous dyskinesia is associated with non-affective psychosis. Few studies investigated dyskinesia in individuals with subclinical psychotic experiences. We examined dyskinesia using instrumental measurements of force variability in 34 individuals with frequent auditory verbal hallucinations but without a clinical psychotic disorder and 31 matched healthy controls. Schizotypy was assessed using the Schizotypal Personality Questionnaire. We found a positive correlation between dyskinesia and schizotypy in the total group. In addition, when using a cut-off point based on the 95th percentile of force variability in the control group, we found a greater proportion of subjects with dyskinesia in the group with auditory verbal hallucinations than in the control subjects. Current findings are in agreement with the concept of psychosis as a continuous phenomenon and with movement disorders being an integral part of psychosis.

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PMID: 27455147 [PubMed - as supplied by publisher]

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13. BMC Psychiatry. 2016 Jul 22;16(1):258. doi: 10.1186/s12888-016-0974-7.

[Factors associated with high use of general practitioner and psychiatrist services](#)

among patients attending an addiction rehabilitation center.

[Huỳnh C](#)^{1,2}, [Ngamini Ngui A](#), [Kairouz S](#)³, [Lesage A](#)⁴, [Fleury MJ](#)^{5,6}.

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Abstract

BACKGROUND:

This study aimed to 1) identify the characteristics of individuals with substance use disorders (SUDs) who make high use of services provided by general practitioners (GP) and psychiatrists while receiving services concurrently from an addiction rehabilitation center (ARC), and 2) to compare high service users to moderate and low service users.

METHODS:

Data were compiled for 4,407 individuals with SUDs who were receiving services from an ARC in 2004. The data came from the merging of four databases: the ARC data registry (January 1(st), 2004-December 31, 2004), the Quebec Health Insurance Board database (March 31, 2003-April 1st, 2005), the Quebec provincial database for hospitalizations (March 31, 2003-April 1st, 2005), and the Quebec National Institute of Public Health database (2004). Independent variables were grouped according to the Andersen Behavioral Model of Health Services Use: predisposing, enabling and need factors. Generalized estimating equations analyses were performed to assess the influence of individual and neighborhood-level characteristics on high use of services outside the ARC provided by GPs

and psychiatrists. Benjamini-Hochberg's procedure was applied to correct for multiple comparisons.

RESULTS:

About 97 % of individuals attending the ARC consulted a GP or a psychiatrist during the two-year study period, for a mean of 1.5 consultations per month. Findings revealed that 5 % of the sample made 26 % of all consultations over the two years, and they were defined as high users. No single predisposing factor was associated with high use. One enabling factor significantly increased the risk of being a high user of services from general practitioners and psychiatrists: receiving services at the ARC for three years prior to 2004. Four needs factors, all related to mental health diagnoses (schizophrenia, mood disorder, anxiety disorder, personality disorder), predicted high use of general practitioner and psychiatrist services.

CONCLUSIONS:

This study found that nearly all individuals with SUDs receiving services from an ARC were users of health services from GPs and psychiatrists outside the ARC. High users most probably accessed them in inpatient settings. No previous study has compared high service users with low and moderate users among individuals with SUDs. Considering that ARCs are treating individuals with complex needs, some of whom make high use of medical professionals, both ARCs and their clients could benefit from increased collaboration and integration between the addictions and mental healthcare sectors.

PMCID: PMC4957405 [Free PMC Article](#)

PMID: 27450676 [PubMed - in process]

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14. Curr Med Chem. 2016 Jul 21. [Epub ahead of print]

Nitric Oxide's Involvement in the Spectrum of Psychotic Disorders.

[Maia-de-Oliveira JP](#), [Nunes EA](#), [Machado-de-Sousa JP](#), [Hallak JE](#)¹.

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Abstract

BACKGROUND:

Recent findings suggest that dopaminergic abnormalities found in psychotic disorders may be secondary to nitric oxide dysfunctions. Nitric oxide seems to influence glutamatergic and dopaminergic neurotransmission, both of which have been associated with psychosis.

OBJECTIVE:

To search and review published works which examined the influence of nitric oxide in psychotic disorders subjects.

METHOD:

The research was executed in the on-line collections of Pubmed and ISI Web of Science. The key aspects utilized were "Psychotic Disorders AND Nitric Oxide", "Psychosis AND Nitric Oxide", "Schizotypal Personality Disorder AND Nitric Oxide", "Delusional Disorder AND Nitric Oxide", "Brief Psychotic Disorder AND Nitric Oxide", "Schizophreniform Disorder AND Nitric Oxide", "Schizoaffective Disorder AND Nitric Oxide", and "Schizophrenia AND Nitric Oxide". Empirical works utilizing human subjects, published in the last 10 years, in English language were included.

RESULTS:

Initially, the search yielded a total of 95 studies. Then, 39 were elected according to the inclusion requirements. The selected articles were divided into five groups: biochemical studies (n=15; 38.5%), genetic studies (n=11; 28.2%), postmortem studies (n=6; 15.4%), clinical trials (n=6; 15.4%), and case reports (n=1; 2.5%). The studies evaluated only schizophrenic or schizoaffective disorder subjects. The great majority of them found evidence of nitric oxide dysfunctions in psychosis.

CONCLUSION:

The results of the review strengthen the idea that nitric oxide has a key participation in psychotic disorders and deserves deeper investigation as a target for future pharmacological intervention.

PMID: 27450675 [PubMed - as supplied by publisher]

[Similar articles](#)

15. J Affect Disord. 2016 Jul 5;205:200-206. doi: 10.1016/j.jad.2016.07.009. [Epub ahead of print]

A comparison of methods of self-harm without intent to die: Cutting versus self-poisoning.

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Abstract

BACKGROUND:

Non-suicidal self-injury (NSSI) in DSM-5 Section 3 is restricted to damaging the skin, while self-poisoning is not considered NSSI even if there was no suicidal intent. The objective of this study was to compare correlates of people who self-cut and those who self-poison without suicidal intent, to determine whether people who harm themselves by cutting are a distinct subgroup.

METHODS:

There were 12,435 presentations to adult psychiatric services in the emergency departments of tertiary care hospitals in Manitoba between January 2009 and December 2013. Chart reviews were conducted for all presentations with self-harm without suicidal intent (n=219; 1.8% of the total sample). People presenting with cutting (n=47) were compared to those presenting with self-poisoning (n=116).

RESULTS:

There were no differences between the groups on most demographic measures, except for age, where the people who cut were younger. Mental disorders were common in both groups. 31.9% of the cutting group had an alcohol use disorder, as did 25% of the self-poisoning

group. Cluster B personality traits/disorder was diagnosed more frequently in the cutting group (51.1%) than the self-poisoning group (37.9%), but this difference was non-significant. Previous non-suicidal self-harm was more common among people cutting.

LIMITATIONS:

We were unable to draw conclusions about the risk of suicide.

CONCLUSIONS:

People who engage in non-suicidal self-harm have high rates of mental disorders. The method that people use to harm themselves does not appear to distinguish these groups; they appear to be similar on most demographic and diagnostic correlates. Further study is required to determine the validity of NSSI, including studies that compare those who self-harm with and without suicidal intent.

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PMID: 27449552 [PubMed - as supplied by publisher]

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16. Psicothema. 2016 Aug;28(3):278-83. doi: 10.7334/psicothema2015.292.

Personality disorders and smoking in Spanish general and clinical population.

[Fernández Del Río E¹](#), [López-Durán A](#), [Martínez Ú](#), [Becoña E](#).

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- ¹Universidad de Santiago de Compostela.

Abstract

BACKGROUND:

There is consistent evidence about the relationship between smoking and mental health. This study compares the relationship between tobacco use and personality disorders (PDs) in Spanish adults from general and clinical population, taking into account nicotine dependence (ND), and the presence of any mental disorder.

METHOD:

The sample was made up of 1,079 smokers (519 from general population, 560 from clinical population). PDs were assessed by means of the International Personality Disorder Examination Questionnaire, Module DSM-IV.

RESULTS:

Individuals seeking treatment to quit smoking had a higher likelihood of presenting a paranoid, schizoid, schizotypal, borderline, antisocial, and dependent PD compared to smokers from the general population. This likelihood was higher when ND was taken into account. Among smokers from the general population, ND was associated with a higher likelihood of presenting a borderline and dependent PD.

CONCLUSIONS:

A significant relationship between smoking and several PDs exist, especially in nicotine dependent smokers. Relevance of the findings regarding the influence of PDs in smoking cessation interventions is discussed.

PMID: 27448261 [PubMed - in process]

[Similar articles](#)

17. Scand J Psychol. 2016 Jul 22. doi: 10.1111/sjop.12312. [Epub ahead of print]

Enhanced visual performance in obsessive compulsive personality disorder.

[Ansari Z](#)¹, [Fadardi JS](#)².

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Abstract

Visual performance is considered as commanding modality in human perception. We tested whether Obsessive-compulsive personality disorder (OCPD) people do differently in visual performance tasks than people without OCPD. One hundred ten students of Ferdowsi University of Mashhad and non-student participants were tested by Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II), among whom 18 (mean age = 29.55; SD = 5.26; 84% female) met the criteria for OCPD classification; controls were 20 persons (mean age = 27.85; SD = 5.26; female = 84%), who did not met the OCPD criteria. Both groups were tested on a modified Flicker task for two dimensions of visual performance (i.e., visual acuity: detecting the location of change, complexity, and size; and visual contrast sensitivity). The OCPD group had responded more accurately on pairs related

to size, complexity, and contrast, but spent more time to detect a change on pairs related to complexity and contrast. The OCPD individuals seem to have more accurate visual performance than non-OCPD controls. The findings support the relationship between personality characteristics and visual performance within the framework of top-down processing model.

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PMID: 27447368 [PubMed - as supplied by publisher]

[Similar articles](#)



18. Eur Psychiatry. 2016 Jul 19;37:1-7. doi: 10.1016/j.eurpsy.2016.04.007. [Epub ahead of print]

[Anxiety symptoms in a major mood and schizophrenia spectrum disorders.](#)

[Karpov B](#)¹, [Joffe G](#)¹, [Aaltonen K](#)¹, [Suvisaari J](#)², [Baryshnikov I](#)¹, [Näätänen P](#)¹, [Koivisto M](#)¹, [Melartin T](#)³, [Oksanen J](#)², [Suominen K](#)⁴, [Heikkinen M](#)¹, [Paunio T](#)⁵, [Isometsä E](#)⁶.

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Abstract

BACKGROUND:

Comorbid anxiety symptoms and disorders are present in many psychiatric disorders, but methodological variations render comparisons of their frequency and intensity difficult. Furthermore, whether risk factors for comorbid anxiety symptoms are similar in patients with mood disorders and schizophrenia spectrum disorders remains unclear.

METHODS:

The Overall Anxiety Severity and Impairment Scale (OASIS) was used to measure anxiety symptoms in psychiatric care patients with schizophrenia or schizoaffective disorder (SSA, n=113), bipolar disorder (BD, n=99), or depressive disorder (DD, n=188) in the Helsinki University Psychiatric Consortium Study. Bivariate correlations and multivariate linear regression models were used to examine associations of depressive symptoms, neuroticism, early psychological trauma and distress, self-efficacy, symptoms of borderline personality disorder, and attachment style with anxiety symptoms in the three diagnostic groups.

RESULTS:

Frequent or constant anxiety was reported by 40.2% of SSA, 51.5% of BD, and 55.6% of DD patients; it was described as severe or extreme by 43.8%, 41.4%, and 41.2% of these patients, respectively. SSA patients were significantly less anxious ($P=0.010$) and less often avoided anxiety-provoking situations ($P=0.009$) than the other patients. In regression analyses, OASIS was associated with high neuroticism, symptoms of depression and borderline personality disorder and low self-efficacy in all patients, and with early trauma in patients with mood disorders.

CONCLUSIONS:

Comorbid anxiety symptoms are ubiquitous among psychiatric patients with mood or schizophrenia spectrum disorders, and in almost half of them, reportedly severe. Anxiety symptoms appear to be strongly related to both concurrent depressive symptoms and personality characteristics, regardless of principal diagnosis.

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PMID: 27447101 [PubMed - as supplied by publisher]

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19. Borderline Personal Disord Emot Dysregul. 2016 Jul 20;3:6. doi: 10.1186/s40479-016-0041-5. eCollection 2016.

Dialectical behavior therapy skills use and emotion dysregulation in personality

disorders and psychopathy: a community self-report study.

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- ²Duke University Medical Center, 2213 Elba St., Rm 123, Durham, NC 27710 USA.

Abstract

BACKGROUND:

Emotion dysregulation is a critical transdiagnostic mental health problem that needs to be further examined in personality disorders (PDs). The current study examined dialectical behavior therapy (DBT) skills use, emotion dysregulation, and dysfunctional coping among adults who endorsed symptoms of cluster B PDs and psychopathy. We hypothesized that skills taught in DBT and emotion dysregulation are useful for adults with PDs other than borderline personality disorder (BPD).

METHODS:

Using a self-report questionnaire, we examined these constructs in three groups of community adults: those who reported symptoms consistent with borderline personality disorder (BPD; N = 29), those who reported symptoms consistent with any other cluster B PD (N = 22), and those with no reported cluster B PD symptoms (N = 77) as measured by the Personality Diagnostic Questionnaire-4 + .

RESULTS:

Both PD groups reported higher emotion dysregulation and dysfunctional coping when compared to the no PD group. Only the BPD group had significantly lower DBT skills use. DBT skills use was found to be a significant predictor of cluster B psychopathology but only before accounting for emotion dysregulation. When added to the regression model, emotion dysregulation was found to be a significant predictor of cluster B psychopathology but DBT skills use no longer had a significant effect. Across all groups, DBT skills use deficits and maladaptive coping, but not emotion dysregulation, predicted different facets of psychopathy.

CONCLUSION:

Emotion dysregulation and use of maladaptive coping are problems in cluster B PDs, outside of BPD, but not in psychopathy. Inability to use DBT skills may be unique to BPD. Because this study relied exclusively on self-report, this data is preliminary and warrants further investigation.

PMCID: PMC4955139 [Free PMC Article](#)

PMID: 27446589 [PubMed]

[Similar articles](#)



20. Psychol Med. 2016 Jul 22:1-12. [Epub ahead of print]

[A developmental model for alcohol use disorders in Swedish men.](#)

[Kendler KS](#)¹, [Ohlsson H](#)², [Edwards AC](#)¹, [Sundquist J](#)², [Sundquist K](#)².

Author information:

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- ²Center for Primary Health Care Research, Lund University, Malmö, Sweden.

Abstract

BACKGROUND:

Alcohol use disorder (AUD) is a classic multifactorial syndrome and it is critical to understand the diversity of the relevant risk factors and how they inter-relate over development.

METHOD:

We examined 21 risk factors for AUD in four developmental tiers reflecting (i) birth, (ii) childhood and early adolescence, (iii) late adolescence, and (iv) early adulthood in 47 414 Swedish men of whom 3907 (8.2%) were registered for AUD at or after age 25 with a mean length of follow-up of 33.9 (6.6) years. Structural equation model fitting was performed using Mplus.

RESULTS:

The best-fitting model provided a good fit to the data and explained 23.4% of the variance in AUD. The five strongest predictors were: externalizing behaviors, criminal behavior, father's

alcohol consumption, genetic risk, and low educational attainment. Two developmentally early familial/genetic risk factors had substantial direct paths to AUD: father's alcohol consumption and genetic liability. Other broad developmental pathways to risk for AUD were evident: externalizing, psychosocial and internalizing. Overall, the externalizing pathway to AUD was the strongest. However, these pathways were substantially interwoven over time such that risk factors from one domain were commonly predicted by and/or predicted risk factors from the other broad domains of risk.

CONCLUSION:

AUD in men is an etiologically complex syndrome influenced by familial-genetic, psychosocial, internalizing, and especially externalizing risk factors that act and interact over development and have complicated mediational pathways.

PMID: 27443147 [PubMed - as supplied by publisher]

[Similar articles](#)



21. Int J Adolesc Med Health. 2016 Jul 21. pii: /j/ijamh.ahead-of-print/ijamh-2016-0036/ijamh-2016-0036.xml. doi: 10.1515/ijamh-2016-0036. [Epub ahead of print]

[A retrospective chart review: adolescents with borderline personality disorder, borderline personality traits, and controls.](#)

[Jopling EN](#), [Khalid-Khan S](#), [Chandrakumar SE](#), [Segal SC](#).

Abstract

With an estimated lifetime prevalence as high as 5.9% in the general population, borderline personality disorder (BPD) is a psychiatric disorder characterized by marked impulsivity as well as difficulties in interpersonal relationships, self-image, and affects. The burden on the health care system is immense with BPD patients accounting for 10%-20% of the patients in mental health outpatient facilities and 15%-40% in mental health inpatient facilities. Further, while 75%-80% of BPD patients attempt to commit suicide, 10% succeed; this mortality rate exceeds even that of anorexia nervosa which, with a weighted mortality rate of 5.1%, has often been considered to have the highest mortality rate of any mental disorder. In order to provide treatment and to implement preventative measures, a risk profile as well as clinical features must be identified within the adolescent population. This is presently crucial, as the current criteria for BPD are not developmentally focused, and as a result, criteria initially developed for the adult population are being applied in diagnoses of adolescents. A population of adolescents (n=80) between 16 and 19 years of age meeting the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) criteria either for BPD traits (n=46) or for

BPD (n=36) were included in a retrospective chart review; a control group consisting of n=30 mood and anxiety control subjects were included to allow for further comparisons. Complex significant differences were discovered between the three groups in the following areas: history of sexual abuse, suicidal ideation, internalizing/externalizing symptoms, interpersonal difficulties, impulsivity, pre-perinatal stress, bullying, substance abuse, anxiety disorders, disruptive disorders, and finally, learning disorders.

PMID: 27442360 [PubMed - as supplied by publisher]

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22. BMC Psychiatry. 2016 Jul 20;16(1):253. doi: 10.1186/s12888-016-0940-4.

[Psychopathological Functioning Levels \(PFLs\) and their possible relevance in psychiatric treatments: a qualitative research project.](#)

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Abstract

BACKGROUND:

Symptoms description is often not enough to provide clinicians with guidelines for treatments and patients' clinical history does not represent an exhaustive source of data. Psychopathological dysfunctions are known to relate to the core disturbances that underlie different forms of psychopathology so the identification of such dysfunctions could be helpful for treatments. Some tools are available although highly complex and lengthy. This study aimed to provide clinicians with an easy-to-administer instrument able to capture

different levels of impairment in psychopathological functioning, namely the Psychopathological Functioning Levels - Rating Scale (PFL-RS).

METHODS:

The Psychopathological Functioning Level - Research and Training Committee (PFL-RTC) has been established in Turin since 2002 including psychiatrists and clinical psychologists with extensive clinical and research experience. Our research was grounded on the Qualitative Research Criteria (QRC) 1-7 and conducted with subsequent steps in order to identify those core psychopathological dysfunctions to be rated by this tool.

RESULTS:

From 2002 until 2014, 316 outpatients were administered the clinical interview on at least two different occasions. Diagnoses were mixed and included: Schizophrenic and Psychotic Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, Somatic Symptoms Disorders, Eating Disorders and Personality Disorders. Focus groups were conducted to identify those psychopathological dysfunctions which needed to be rated, according to two Phenomenological Selection Criteria (PhSC) and four Etiopathogenetic Selection Criteria (EtSC). As a result, five dysfunctional areas emerged: Identity (ID); Comprehension (CO); Negative Emotions (NE); Action-Regulation (AR); Social Skills (SS). After checking such dimensions for consistency with the existing instruments, 7 levels of severity were identified for each area. Finally, a provisional Italian schedule of Psychopathological Functioning Levels - Rating Scale (PFL-RS) was obtained and checked for semantic comprehension and then administered gathering preliminary data.

CONCLUSIONS:

Psychopathological dysfunctions underlying mental disorders have been recognized in the present study with the PFL-RS. This instrument seems promising to inform in a specific way treatments strategies and goals, specifically concerning psychotherapy. Notwithstanding, further research is needed in order to confirm validity, sensitivity and reliability of this instrument.

PMCID: PMC4955138 **Free PMC Article**

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23. BMC Psychiatry. 2016 Jul 19;16(1):249. doi: 10.1186/s12888-016-0939-x.

Prevalence rates of borderline personality disorder symptoms: a study based on the

Netherlands Mental Health Survey and Incidence Study-2.

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Abstract

BACKGROUND:

Despite increasing knowledge of the prevalence of borderline personality disorder (BPD) in the general population, and rising awareness of mental disorders both as a categorical and a dimensional construct, research is still lacking on the prevalence of the number of BPD symptoms and their associated consequences, such as comorbidity, disability, and the use of mental health services) in the general population.

METHODS:

Data were obtained from the second wave of the Netherlands Mental Health Survey and Incidence Study-2 (N = 5303), a nationally representative face-to-face survey of the general population. BPD symptoms were measured by means of questions from the International Personality Disorder Examination. Comorbidity of common mental disorders was assessed with the Composite International Diagnostic Interview version 3.0.

RESULTS:

Of the total population studied, 69.9 % reported no BPD symptoms, while 25.2 % had 1-2 symptoms, 3.8 % had 3-4 symptoms, and 1.1 % had ≥ 5 BPD symptoms. The number of BPD symptoms reported was found to be positively associated with not living with a partner, having no paid job, and/or having a comorbid mood, anxiety or substance use disorder. Even after adjustment for sociodemographic characteristics and comorbidity, the number of BPD symptoms turned out to be uniquely associated with disability. It also showed a positive

relationship with using services for dealing with mental health problems, although this relationship was strongly affected by the presence of comorbid disorders.

CONCLUSIONS:

Because even a relatively low number of BPD symptoms appears to be associated with psychiatric comorbidity and functional disability, not only full-blown BPD but also subthreshold levels of BPD symptoms need to be identified in clinical practice and research.

PMCID: PMC4949762 **Free PMC Article**

PMID: 27435813 [PubMed - in process]

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24. Int J Dev Neurosci. 2016 Jul 16;53:53-57. doi: 10.1016/j.ijdevneu.2016.07.002. [Epub ahead of print]

Neurological soft signs in Chinese adolescents with schizophrenia and schizotypal personality traits.

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Abstract

OBJECTIVE:

Neurological soft signs (NSSs) may reflect neurodevelopmental anomalies in association with the spectrum of schizophrenia disorders. We examined NSSs in Chinese adolescents with schizophrenia and schizotypal personality traits.

METHODS:

Eighty-seven schizophrenic adolescents (SCH group), 85 adolescents with only schizotypal personality traits (SPT group), and 88 healthy controls (HC group) were enrolled. The NSS subscales of the Cambridge Neurological Inventory (CNI) were administered to all 260 participants.

RESULTS:

The NSS prevalence rates were higher in the SCH group than in the other two groups for both hands in the fist-edge-palm, Oseretsky, and graphesthesia tests. Relative to HCs, the SCH group also showed higher NSS prevalence rates in the right finger agnosia and right mirror movement of finger opposition tests. SCH>SPT>HC trends were observed for all NSS subscale scores and for the left, right, and total NSS scores.

CONCLUSIONS:

To our knowledge, the present study is the first to examine NSSs in adolescents with schizophrenia and adolescents with schizotypal personality traits. These results provide preliminary findings suggesting that schizophrenia spectrum disorders may be characterized by developmental abnormalities in the central nervous system, and support the notion that NSSs may be schizophrenia spectrum disorder biomarkers.

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25. Seizure. 2016 Aug;40:133-5. doi: 10.1016/j.seizure.2016.06.016. Epub 2016 Jul 1.

Psychiatric disorders comorbid with epilepsy in a prison sample.

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Abstract

PURPOSE:

Epilepsy is an extremely widespread and serious neurological disease. Although comorbidities of psychiatric disorders are prevalent in epilepsy patients, quite often this coexistence could be overlooked. Studies in this area demonstrated that depression, anxiety disorders and schizophrenia are the most common psychiatric disorders accompanying epilepsy. Mental health problems are known to be more common in prisoners compared to general population. The present study aims to demonstrate the psychiatric comorbidities in prisoners diagnosed with epilepsy.

METHOD:

In this study, demographic data and the psychiatric comorbidity of 200 patients who were diagnosed with epilepsy by a neurologist at Ankara Penal Institution Campus State Hospital between January 2013 and January 2014 were analyzed retrospectively.

RESULTS:

The mean age of study population was 32.6 ± 10.1 years. 181 of these patients were male (90.5%). 81 of 200 patients (40.5%) had a comorbid psychiatric disorder. The most common comorbid psychiatric disorders were depression (18.5%), anxiety (11%), and personality disorders (11%), respectively.

CONCLUSION:

The most common psychiatric comorbid disorders among prisoners diagnosed with epilepsy were depression and anxiety as general population with epilepsy whereas some disorders, personality disorder, substance dependence and bipolar affective disorders, were found to be more common among prisoners compared to the general population with epilepsy. It is crucial to question psychiatric symptoms and comorbidities while evaluating the patients with epilepsy, especially among prisoners.

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Neural, electrophysiological and anatomical basis of brain-network variability and its characteristic changes in mental disorders.

[Zhang J](#)¹, [Cheng W](#)², [Liu Z](#)³, [Zhang K](#)⁴, [Lei X](#)⁵, [Yao Y](#)², [Becker B](#)⁶, [Liu Y](#)², [Kendrick KM](#)⁶, [Lu G](#)⁷, [Feng J](#)⁸.

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Abstract

SEE MATTAR ET AL DOI101093/AWW151 FOR A SCIENTIFIC COMMENTARY ON THIS ARTICLE: Functional brain networks demonstrate significant temporal variability and dynamic reconfiguration even in the resting state. Currently, most studies investigate temporal variability of brain networks at the scale of single (micro) or whole-brain (macro) connectivity. However, the mechanism underlying time-varying properties remains unclear, as the coupling between brain network variability and neural activity is not readily apparent when analysed at either micro or macroscales. We propose an intermediate (meso) scale analysis and characterize temporal variability of the functional architecture associated with a particular region. This yields a topography of variability that reflects the whole-brain and, most importantly, creates an analytical framework to establish the fundamental relationship between variability of regional functional architecture and its neural activity or structural connectivity. We find that temporal variability reflects the dynamical reconfiguration of a brain region into distinct functional modules at different times and may be indicative of brain flexibility and adaptability. Primary and unimodal sensory-motor cortices demonstrate low temporal variability, while transmodal areas, including heteromodal association areas and limbic system, demonstrate the high variability. In particular, regions with highest variability such as hippocampus/parahippocampus, inferior and middle temporal gyrus, olfactory gyrus and caudate are all related to learning, suggesting that the temporal variability may indicate the level of brain adaptability. With simultaneously recorded electroencephalography/functional magnetic resonance imaging and functional magnetic resonance imaging/diffusion tensor imaging data, we also find that variability of regional functional architecture is modulated by local blood oxygen level-dependent activity and α -band oscillation, and is governed by the ratio of intra- to inter-community structural connectivity. Application of the mesoscale variability measure to multicentre datasets of three mental disorders and matched controls involving 1180 subjects reveals that those regions demonstrating extreme, i.e. highest/lowest variability in controls are most liable to change in mental disorders. Specifically, we draw attention to the identification of diametrically opposing patterns of variability changes between schizophrenia and attention deficit hyperactivity disorder/autism. Regions of the default-mode network demonstrate lower variability in patients with schizophrenia, but high variability in patients with autism/attention deficit hyperactivity disorder, compared with respective controls. In contrast, subcortical regions, especially the thalamus, show higher variability in schizophrenia patients, but lower variability in patients with attention deficit hyperactivity disorder. The changes in variability of these regions are also closely related to symptom scores. Our work provides insights into the dynamic organization of the resting brain and how it changes in brain disorders. The nodal variability measure may also be potentially useful as a predictor for learning and neural rehabilitation.

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PMID: 27421791 [PubMed - in process]

27. Women Birth. 2016 Jul 12. pii: S1871-5192(16)30067-1. doi: 10.1016/j.wombi.2016.06.007.
[Epub ahead of print]

Prediction of posttraumatic stress disorder symptomatology after childbirth - A Croatian longitudinal study.

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- ⁴Biometrika Healthcare Research, Zagreb, Croatia.

Abstract

BACKGROUND:

Following childbirth, a vast number of women experience some degree of mood swings, while some experience symptoms of postpartum posttraumatic stress disorder.

AIM:

Using a biopsychosocial model, the primary aim of this study was to identify predictors of posttraumatic stress disorder and its symptomatology following childbirth.

METHODS:

This observational, longitudinal study included 372 postpartum women. In order to explore biopsychosocial predictors, participants completed several questionnaires 3-5 days after childbirth: the Impact of Events Scale Revised, the Big Five Inventory, The Edinburgh Postnatal Depression Scale, breastfeeding practice and social and demographic factors. Six

to nine weeks after childbirth, participants re-completed the questionnaires regarding psychiatric symptomatology and breastfeeding practice.

FINDINGS:

Using a multivariate level of analysis, the predictors that increased the likelihood of postpartum posttraumatic stress disorder symptomatology at the first study phase were: emergency caesarean section (odds ratio 2.48; confidence interval 1.13-5.43) and neuroticism personality trait (odds ratio 1.12; confidence interval 1.05-1.20). The predictor that increased the likelihood of posttraumatic stress disorder symptomatology at the second study phase was the baseline Impact of Events Scale Revised score (odds ratio 12.55; confidence interval 4.06-38.81). Predictors that decreased the likelihood of symptomatology at the second study phase were life in a nuclear family (odds ratio 0.27; confidence interval 0.09-0.77) and life in a city (odds ratio 0.29; confidence interval 0.09-0.94).

CONCLUSION:

Biopsychosocial theory is applicable to postpartum psychiatric disorders. In addition to screening for depression amongst postpartum women, there is a need to include other postpartum psychiatric symptomatology screenings in routine practice.

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PMID: 27421663 [PubMed - as supplied by publisher]

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28. Psychol Bull. 2016 Jul 14. [Epub ahead of print]

Sleep and Mental Disorders: A Meta-Analysis of Polysomnographic Research.

[Baglioni C](#), [Nanovska S](#), [Regen W](#), [Spiegelhalder K](#), [Feige B](#), [Nissen C](#), [Reynolds CF](#), [Riemann D](#).

Abstract

Investigating sleep in mental disorders has the potential to reveal both disorder-specific and transdiagnostic psychophysiological mechanisms. This meta-analysis aimed at determining the polysomnographic (PSG) characteristics of several mental disorders. Relevant studies were searched through standard strategies. Controlled PSG studies evaluating sleep in affective, anxiety, eating, pervasive developmental, borderline and antisocial personality disorders, attention-deficit-hyperactivity disorder (ADHD), and schizophrenia were

included. PSG variables of sleep continuity, depth, and architecture, as well as rapid-eye movement (REM) sleep were considered. Calculations were performed with the "Comprehensive Meta-Analysis" and "R" software. Using random effects modeling, for each disorder and each variable, a separate meta-analysis was conducted if at least 3 studies were available for calculation of effect sizes as standardized means (Hedges' *g*). Sources of variability, that is, sex, age, and mental disorders comorbidity, were evaluated in subgroup analyses. Sleep alterations were evidenced in all disorders, with the exception of ADHD and seasonal affective disorders. Sleep continuity problems were observed in most mental disorders. Sleep depth and REM pressure alterations were associated with affective, anxiety, autism and schizophrenia disorders. Comorbidity was associated with enhanced REM sleep pressure and more inhibition of sleep depth. No sleep parameter was exclusively altered in 1 condition; however, no 2 conditions shared the same PSG profile. Sleep continuity disturbances imply a transdiagnostic imbalance in the arousal system likely representing a basic dimension of mental health. Sleep depth and REM variables might play a key role in psychiatric comorbidity processes. Constellations of sleep alterations may define distinct disorders better than alterations in 1 single variable. (PsycINFO Database Record

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PMID: 27416139 [PubMed - as supplied by publisher]

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29. Scand J Psychol. 2016 Jul 14. doi: 10.1111/sjop.12305. [Epub ahead of print]

[The higher you climb: Dark side personality and job level.](#)

[Gøtzsche-Astrup O](#)¹, [Jakobsen J](#)², [Furnham A](#)^{1,3}.

Author information:

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- ³Norwegian Business School, Oslo, Norway.

Abstract

The purpose of this study was to explore the idea that there are dark side personality differences in the profiles of people at different levels in organizations. This study replicates and extends existing leadership research by focusing on self-defeating behavioral tendencies. A Danish consultancy provided data on 264 adults based on assessment reports. This paper explored linear and quadratic relationships between personality and de facto job level. More senior managers scored high on Cluster B/Moving Against Others scales of Bold, Colorful and Imaginative, and low on Cautious and Dutiful. These Danish data are compared to data from Great Britain and New Zealand which show very similar findings. Practice should take

into account that dark side personality traits associated with an assertive, sometimes hostile, interpersonal orientation, predict leadership level up to a point.

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30. Psychopathology. 2016 Jul 15. [Epub ahead of print]

Resilience Factors in Women with Severe Early-Life Maltreatment.

[Hillmann K¹](#), [Neukel C](#), [Hagemann D](#), [Herpertz SC](#), [Bertsch K](#).

Author information:

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Abstract

INTRODUCTION:

Early-life maltreatment (ELM) has long-lasting negative consequences and is the most important general risk factor for mental disorders. Nevertheless, a number of maltreated children grow up to become healthy adults and have therefore been called 'resilient'. The aim of the current study is to investigate 'resilience factors' in the context of severe ELM.

METHOD:

The study was part of the large multicenter project Understanding and Breaking the Intergenerational Cycle of Abuse (UBICA). A total of 89 women were examined, 33 with ELM and at least one lifetime mental disorder (nonresilient), 19 with ELM but without lifetime mental disorders (resilient), and 37 without ELM and without lifetime mental disorders (controls). ELM and other circumstances before the age of 18 years were assessed with the Childhood Experience of Care and Abuse (CECA) Interview. Additional relevant person and situation factors were measured with the Structured Clinical Interview for Mental Disorders (SCID-I), International Personality Disorder Examination (IPDE), Difficulties in Emotion Regulation Scale (DERS), Vulnerable Attachment Style Questionnaire (VASQ), Barratt Impulsiveness Scale (BIS), NEO Five-Factor Inventory (NEO-FFI), and Multiple-Choice Vocabulary Intelligence Test (MWT-B). Factor analyses and paired t tests were performed to identify those variables which differentiate best between the three groups. In

addition, a discriminant analysis was conducted to detect the accuracy of assigning women to their specific group.

RESULTS:

The factor analyses revealed 10 resilience factors based on which we could correctly assign 80% of the women to their group in the discriminant analysis. t tests of factor scores showed that resilient and nonresilient maltreated women mainly differed in current individual attributes (e.g. impulsivity, attachment style), while resilient and nonresilient maltreated women differed from controls in both their current individual attributes and their view of their situation as a child.

CONCLUSION:

The 4 variables neuroticism, extraversion, vulnerable attachment, and perceived loneliness during childhood were identified as most important in differentiating all three examined groups. Therefore, prevention and intervention programs focusing on the individual's development of secure attachment and social competence may be of particular importance in the context of ELM.

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31. Psychol Assess. 2016 Jul 14. [Epub ahead of print]

Evaluating Item Endorsement Rates for the MMPI-2-RF F-r and Fp-r Scales Across Ethnic, Gender, and Diagnostic Groups With a Forensic Inpatient Sample.

[Glassmire DM](#), [Jhavar A](#), [Burchett D](#), [Tarescavage AM](#).

Abstract

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) F(p) (Infrequency-Psychopathology) scale was developed to measure overreporting in a manner that was minimally confounded by genuine psychopathology, which was a problem with using the MMPI-2 F (Infrequency) scale among patients with severe mental illness. Although revised versions of both of these scales are included on the MMPI-2-Restructured Form and used in

a forensic context, no item-level research has been conducted on their sensitivity to genuine psychopathology among forensic psychiatric inpatients. Therefore, we examined the psychometric properties of the scales in a sample of 438 criminally committed forensic psychiatric inpatients who were adjudicated as not guilty by reason of insanity and had no known incentive to overreport. We found that 20 of the 21 Fp-r items (95.2%) demonstrated endorsement rates $\leq 20\%$, with 14 of the items (66.7%) endorsed by less than 10% of the sample. Similar findings were observed across genders and across patients with mood and psychotic disorders. The one item endorsed by more than 20% of the sample had a 23.7% overall endorsement rate and significantly different endorsement rates across ethnic groups, with the highest endorsements occurring among Hispanic/Latino (43.3% endorsement rate) patients. Endorsement rates of F-r items were generally higher than for Fp-r items. At the scale level, we also examined correlations with the Restructured Clinical Scales and found that Fp-r demonstrated lower correlations than F-r, indicating that Fp-r is less associated with a broad range of psychopathology. Finally, we found that Fp-r demonstrated slightly higher specificity values than F-r at all T score cutoffs. (PsycINFO Database Record

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PMID: 27414151 [PubMed - as supplied by publisher]

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32. Dement Geriatr Cogn Disord. 2016 Jul 15;41(5-6):324-333. [Epub ahead of print]

[A Longitudinal Analysis of General Practitioner Service Use by Patients with Mild Cognitive Disorders in Australia.](#)

[O'Donoghue Jenkins L](#), [Butterworth P](#), [Anstey KJ](#).

Abstract

BACKGROUND:

The aim of this study was to ascertain if participants diagnosed with any mild cognitive disorder (MCD) visited a general practitioner (GP) more than those without MCD and the effect of either depression or arthritis on GP use longitudinally.

METHODS:

2,551 participants aged 60-64 years at baseline completed the Personality and Total Health Through Life (PATH) study in Canberra. Follow-up data were collected after 4 and 8 years. A cognitive screening battery was used to screen participants into a substudy of MCD.

RESULTS:

Participants with any MCD had greater GP use than cognitively healthy participants across all three waves (wave 1, M = 7.35 vs. 5.59; wave 2, M = 7.77 vs. 5.86; wave 3, M = 9.01 vs. 6.81). After adjusting for demographic and health factors, MCD was a significant predictor of GP use at all three waves ($p < 0.05$, CI 0.84-0.99).

CONCLUSION:

This study has shown that MCD is associated with a higher use of GP visits, especially if the patient has a comorbid condition.

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PMID: 27414026 [PubMed - as supplied by publisher]

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33. Assessment. 2016 Jul 13. pii: 1073191116659741. [Epub ahead of print]

[What Lies Beyond Neuroticism? An Examination of the Unique Contributions of Social-Cognitive Vulnerabilities to Internalizing Disorders.](#)

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Abstract

Extensive research has identified various social-cognitive vulnerabilities for internalizing disorders. However, few studies have assessed multiple disorders simultaneously, so it is unclear whether these vulnerabilities are transdiagnostic or specific risk factors. Their unique associations with disorders are also uncertain, given that they correlate strongly with neuroticism and one other. Psychiatric outpatients completed self-report and interview measures of six disorders (depression, generalized anxiety disorder, posttraumatic stress disorder, social anxiety, panic, obsessive-compulsive disorder), and personality (the Big

Five, neuroticism facets, and four vulnerabilities: anxiety sensitivity, intolerance of uncertainty, perfectionism, experiential avoidance). All constructs were modeled as latent variables using structural equation modeling. All four vulnerabilities were closely associated with neuroticism, loading on its anxiety facet in factor analyses. Furthermore, after accounting for the contribution of neuroticism facets, intolerance of uncertainty and experiential avoidance were not uniquely associated with any disorders, and perfectionism was only related to obsessive-compulsive disorder. However, anxiety sensitivity accounted for substantial unique variance in several disorders (i.e., depression, social anxiety, posttraumatic stress disorder, and panic). We discuss theoretical and clinical implications of these results.

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PMID: 27411679 [PubMed - as supplied by publisher]

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34. Nat Rev Cardiol. 2016 Jul 14. doi: 10.1038/nrcardio.2016.108. [Epub ahead of print]

[Psychosocial and psychoneuroendocrinal aspects of Takotsubo syndrome.](#)

[Kastaun S¹](#), [Gerriets T²](#), [Tschernatsch M³](#), [Yeniguen M³](#), [Juenemann M³](#).

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Abstract

Great advances have been made in our understanding of Takotsubo syndrome in the past decade, but the aetiology of the condition remains incompletely understood. The most established theory, that catecholamine-mediated myocardial stunning is provoked by emotional or physiological stress, is supported by the presence of supraphysiological levels

of plasma catecholamines in patients with Takotsubo syndrome. For this reason, the hyperexcitability of the autonomic nervous system under conditions of physical and emotional stress is often assessed in these patients. Observational studies have indicated that a predisposing influence of chronic or traumatic stress, anxiodepressive disorders, and maladaptive personality traits are linked to the pathogenesis of Takotsubo syndrome. Chronic stress can influence autonomic function through dysregulation of the hypothalamic-pituitary-adrenal axis and contribute to the development of cardiovascular disorders. In this Perspectives article, we discuss the current knowledge of the psychoneuroendocrinological and psychosocial mechanisms underlying the pathophysiology of Takotsubo syndrome. PMID: 27411402 [PubMed - as supplied by publisher]

[Similar articles](#)



35. Int Psychogeriatr. 2016 Jul 14:1-2. [Epub ahead of print]

[Eye movement desensitization and reprocessing therapy for personality disorders in older adults?](#)

[Gielkens EM](#)¹, [Sobczak S](#)¹, [Van Alphen SP](#)¹.

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Abstract

Eye Movement Desensitization and Reprocessing (EMDR) is a kind of psychotherapy, which is growing in popularity, particularly for treatment of post-traumatic stress disorder (PTSD). When Shapiro first introduced EMDR in 1989, it was approached as a controversial treatment because of lack of evidence. However, nowadays there is growing evidence for EMDR efficacy in PTSD (Mc Guire et al., 2014) and EMDR is recommended by international and national treatment guidelines for PTSD. Moreover, EMDR is also used for the treatment of other anxiety disorders, such as panic disorders (De Jongh et al., 2002). Furthermore, research continues on effects of EMDR in addiction, somatoform disorders and psychosis. So far, there is no empirical research on the efficacy of EMDR treatment in older adults.

PMID: 27411286 [PubMed - as supplied by publisher]

[Similar articles](#)



An investigation of the mediating role of personality and family functioning in the association between attachment styles and eating disorder status.

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Abstract

BACKGROUND:

This study examined relationships between attachment style, eating disorders (EDs), personality variables and family functioning.

METHODS:

In our study, 253 women ($M = 25.72$ years, $SD = 8.73$) were grouped into one of four categories either according to self-reported ED diagnosis or by exceeding cut-offs for a clinical diagnosis on the Eating Disorder Examination Questionnaire (EDE-Q) or Short Evaluation of Eating Disorders (SEED): anorexia nervosa (AN), bulimia nervosa (BN), other eating disorder (O-ED), no eating disorder (Non-ED). The ED group (AN, BN, O-ED) included 106 women ($M = 24.74$ years, $SD = 7.71$), and the Non-ED group 147 women ($M = 26.42$ years, $SD = 9.37$). Approximately half of the ED group had a comorbid disorder (59.4 %), while the majority of the Non-ED group had no psychological disorder (89.1 %).

RESULTS:

Participants with an ED were significantly more often insecurely attached (Adult Attachment Scale; AAS), emotionally unstable, less extraverted (Big-Five-Test of Personality; B5T) and showed less positive family functioning (Experiences in Personal Social Systems

Questionnaire; EXIS.pers). Results showed partial mediation for attachment and EDs through neuroticism, extraversion and family functioning.

DISCUSSION:

The study found further evidence for elevated problems with attachment, personality, and family experiences in individuals with EDs, while suggesting mechanisms that may link these constructs. Implications for research and practice were discussed.

CONCLUSION:

This study supports findings that acknowledge the mediating role played by personality factors and family functioning in the relationship between attachment and EDs.

PMCID: PMC4942999 **Free PMC Article**

PMID: 27405420 [PubMed - in process]

[Similar articles](#)



37. Infant Behav Dev. 2016 Jul 8;44:148-158. doi: 10.1016/j.infbeh.2016.06.002. [Epub ahead of print]

Postpartum depression and infant-mother attachment security at one year: The impact of co-morbid maternal personality disorders.

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Abstract

Previous studies on effects of postpartum depression (PPD) on infant-mother attachment have been divergent. This may be due to not taking into account the effects of stable difficulties not specific for depression, such as maternal personality disorder (PD). Mothers

(N=80) were recruited for a longitudinal study either during pregnancy (comparison group) or eight weeks postpartum (clinical group). Infants of mothers with depressive symptoms only or in combination with a PD diagnosis were compared with infants of mothers with no psychopathology. Depression and PD were assessed using self-report and clinical interviews. Infant-mother attachment was assessed when infants were 13 months using Strange Situation Procedure (SSP). Attachment (in)security was calculated as a continuous score based on the four interactive behavioral scales of the SSP, and the conventional scale for attachment disorganization was used. PPD was associated with attachment insecurity only if the mother also had a PD diagnosis. Infants of PPD mothers without co-morbid PD did not differ from infants of mothers with no psychopathology. These results suggest that co-existing PD may be crucial in understanding how PPD impacts on parenting and infant social-emotional development. Stable underlying factors may magnify or buffer effects of PPD on parenting and child outcomes.

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PMID: 27400381 [PubMed - as supplied by publisher]

[Similar articles](#)



38. Personal Disord. 2016 Jul 11. [Epub ahead of print]

[Clarifying the Associations Between Individual Differences in General Attachment Styles and Psychopathy.](#)

[Christian E. Sellbom M, Wilkinson RB.](#)

Abstract

The association between individual differences in general attachment styles and psychopathy is currently unclear, despite the potential utility attachment theory could provide regarding the interpersonal characteristics of psychopathy and the etiology of this construct. The purpose of the current investigation was to clarify these associations. For this purpose, we analyzed responses from an Australian community sample (N = 249) and a U.S. community sample (N = 292) containing validated measures of psychopathy (Triarchic Psychopathy Measure and Expanded-Levenson Self-Report Psychopathy Scales [Australian sample only]) and general attachment styles (Experiences in Close Relationships-Revised-General Short Form and Attachment Styles Questionnaire) to replicate our findings across measures and samples. The psychopathy domain of boldness was consistently negatively associated with insecure attachment styles. Psychopathy's affective domain (meanness, callousness) was consistently associated with avoidant attachment, whereas its behavioral domain (disinhibition, antisocial) was consistently associated with insecure attachment styles,

particularly anxious attachment. Our findings suggest that there are consistent associations between individual differences in general attachment styles and psychopathy in adult samples and provides preliminary support for further consideration of attachment theory in psychopathy research. (PsycINFO Database Record

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PMID: 27399151 [PubMed - as supplied by publisher]

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39. CNS Drugs. 2016 Jul 9. [Epub ahead of print]

Aripiprazole and Acute Extrapyrasidal Symptoms in Children and Adolescents: A Meta-Analysis.

[Bernagie C](#)¹, [Danckaerts M](#)^{2,3}, [Wampers M](#)⁴, [De Hert M](#)^{3,4}.

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Abstract

BACKGROUND:

Both the US FDA and the European Medicines Agency (EMA) have approved aripiprazole for use in adolescents for specific indications. Given the assumed favorable side-effect profile of aripiprazole, its use in children and adolescents has increased for both official and off-label indications (anxiety disorders, eating disorders, personality disorders). However, several cases of children and adolescents with new-onset extrapyramidal symptoms (EPS) after commencing treatment with aripiprazole have been reported, and a more systematic appraisal of this possible risk is lacking.

OBJECTIVE:

We conducted a systematic review and a meta-analysis to assess the evidence for acute EPS (acute dystonia, akathisia, Parkinsonism) associated with the use of aripiprazole in children and adolescents.

METHOD:

We searched the MEDLINE and Embase databases (2003-10 April 2016) for clinical trials in pediatric patients (aged 0-18 years) using the keywords 'aripiprazole' (regardless of the formulation) and 'extrapyramidal symptoms'. We evaluated the abstracts of papers using the following exclusion criteria: (1) study design: case report, letter to the editor, editorial, or poster presentation data; (2) unrelated PICOS (population, intervention, comparators, outcomes, study) structure. We performed a meta-analysis, in which we used effect sizes with 95 % confidence intervals (CIs). To examine the homogeneity of the effect size distribution, we used a Q-statistic. When we observed heterogeneity in effect sizes, we assessed the possible influence of moderator variables (age and sex, mean dose, study duration, and method of measuring EPS incidence) and evaluated the suitability of either a fixed or a random model. Finally, we assessed the incidence of EPS in children and adolescents treated with aripiprazole compared with placebo.

RESULTS:

An initial search via PubMed and Embase yielded 328 hits. A manual search of the reference lists of review papers revealed seven additional relevant articles. We included 41 studies, with 2114 pediatric patients, in the meta-analysis. For the analysis of the mean incidence of EPS, data were provided by 24 studies, with a total of 1446 pediatric patients. Meta-analysis revealed a mean EPS incidence of 17.1 % (95 % CI 0.128-0.223). In terms of the incidence of various extrapyramidal side effects, overall, no significant effects of age, sex, mean dose, study duration, or measuring method could be demonstrated. The side effects 'EPS', 'parkinsonism', and 'tremor' were significantly more common in children and adolescents treated with aripiprazole than in those treated with placebo.

CONCLUSION:

Our meta-analysis provides evidence for a non-negligible incidence of acute EPS in children and adolescents treated with aripiprazole. Although the study has several limitations and further investigation is needed, these findings may help clinicians make more balanced treatment choices and more closely monitor the use of this drug in youth.

PMID: 27395403 [PubMed - as supplied by publisher]

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Effectiveness of a modified dialectical behaviour therapy for adolescents within a stepped-care model.

[Khalid-Khan S](#), [Segal SC](#), [Jopling EN](#), [Southmayd K](#), [Marchand P](#).

Abstract

OBJECTIVE:

Early intervention with evidence-based treatment is important to halt the progression from early manifestations of personality disorder traits to adult personality disorders. The purpose of this study is to evaluate dialectical behaviour therapy (DBT) modified for an adolescent population with borderline personality disorder (BPD), offered within a stepped-care model.

METHODS:

Seven adolescents (M=1, F=6, Mage=16.86) diagnosed with either BPD or BPD traits participated in a modified 15-week DBT group. The group was offered within a stepped-care model, which required participants to have previously completed an 8-week distress-tolerance module. Pre/post scores on self-report measures of BPD symptomatology, including impulse control, emotional regulation and awareness, anxiety, depression, and substance use, were collected.

RESULTS:

Participants showed a post-treatment decrease in anxiety symptoms (large effect size) and disruptive behaviours (medium effect size). There was also an increase in emotional symptoms (medium effect size) and hyperactivity/inattention (medium effect size).

CONCLUSION:

The modified DBT group shows promise in alleviating symptoms of anxiety and some of the disruptive behaviours associated with BPD. The increase in emotional symptoms may be due to the expressive nature of DBT, and may contribute to their eventual therapeutic processing in the next step of the program.

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Co-morbidity of personality disorder in schizophrenia among psychiatric outpatients in China: data from epidemiologic survey in a clinical population.

[Wei Y](#)^{1,2}, [Zhang T](#)², [Chow A](#)³, [Tang Y](#)², [Xu L](#)², [Dai Y](#)², [Liu X](#)², [Su T](#)¹, [Pan X](#)¹, [Cui Y](#)¹, [Li Z](#)¹, [Jiang K](#)², [Xiao Z](#)², [Tang Y](#)⁴, [Wang J](#)^{5,6}.

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Abstract

BACKGROUND:

The reported rates of personality disorder (PD) in subjects with schizophrenia (SZ) are quite varied across different countries, and less is known about the heterogeneity of PD among subjects with SZ. We examined the co-morbidity of PD among patients who are in the stable phase of SZ.

METHOD:

850 subjects were randomly sampled from patients diagnosed with SZ in psychiatric and psycho-counseling clinics at Shanghai Mental Health Center. Co-morbidity of PDs was assessed through preliminary screening and patients were administered several modules of

the SCID-II. Evidence of heterogeneity was evaluated by comparing patients diagnosed with SZ with those who presented with either affective disorder or neurosis (ADN).

RESULTS:

204 outpatients (24.0 %) in the stable phase of SZ met criteria for at least one type of DSM-IV PD. There was a higher prevalence of Cluster-A (odd and eccentric PD) and C (anxious and panic PD) PDs in SZ (around 12.0 %). The most prevalent PD was the paranoid subtype (7.65 %). Subjects with SZ were significantly more likely to have schizotypal PD (4.4 % vs. 2.1 %, $p = 0.003$) and paranoid PD (7.6 % vs. 5.4 %, $p = 0.034$), but much less likely to have borderline, obsessive-compulsive, depressive, narcissistic and histrionic PD.

CONCLUSIONS:

These findings suggest that DSM-IV PD is common in patients with SZ than in the general population. Patterns of co-morbidity with PDs in SZ are different from ADN.

PMCID: PMC4939030 **Free PMC Article**

PMID: 27391323 [PubMed - in process]

[Similar articles](#)



42. Cereb Cortex. 2016 Jul 7. [Epub ahead of print]

Correlations Between Personality and Brain Structure: A Crucial Role of Gender.

[Nostro AD](#)¹, [Müller VI](#)¹, [Reid AT](#)², [Eickhoff SB](#)¹.

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Abstract

Previous studies have shown that males and females differ in personality and gender differences have also been reported in brain structure. However, effects of gender on this "personality-brain" relationship are yet unknown. We therefore investigated if the neural correlates of personality differ between males and females. Whole brain voxel-based

morphometry was used to investigate the influence of gender on associations between NEO FFI personality traits and gray matter volume (GMV) in a matched sample of 182 males and 182 females. In order to assess associations independent of and dependent on gender, personality-GMV relationships were tested across the entire sample and separately for males and females. There were no significant correlations between any personality scale and GMV in the analyses across the entire sample. In contrast, significant associations with GMV were detected for neuroticism, extraversion, and conscientiousness only in males. Interestingly, GMV in left precuneus/parieto-occipital sulcus correlated with all 3 traits. Thus, our results indicate that brain structure-personality relationships are highly dependent on gender, which might be attributable to hormonal interplays or differences in brain organization between males and females. Our results thus provide possible neural substrates of personality-behavior relationships and underline the important role of gender in these associations.

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PMID: 27390020 [PubMed - as supplied by publisher]

[Similar articles](#)



43. BMC Psychiatry. 2016 Jul 7;16(1):210. doi: 10.1186/s12888-016-0937-z.

Associations between personality disorder characteristics and treatment outcomes in people with co-occurring alcohol misuse and depression.

[McCarter KL](#)¹, [Halpin SA](#)², [Baker AL](#)³, [Kay-Lambkin FJ](#)^{4,5}, [Lewin TJ](#)^{5,6}, [Thornton LK](#)^{4,5}, [Kavanagh DJ](#)⁷, [Kelly BJ](#)^{3,5}.

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Abstract

BACKGROUND:

Personality disorders are highly comorbid with alcohol misuse and depressive symptomatology; however, few studies have investigated treatment outcomes in this population. The aim of this study was to examine relationships between baseline personality disorder cluster profiles and overall and treatment-related changes for those with co-occurring alcohol misuse and depression.

METHODS:

Secondary analysis was conducted using a subset of data (N = 290) from two randomised controlled trials of psychological interventions for co-occurring alcohol misuse and depression, which did not specifically target personality disorders. Baseline dimensional personality disorder cluster scores were derived from the International Personality Disorder Examination Questionnaire (IPDEQ). Four treatment conditions were compared: a brief integrated intervention, followed by no further treatment, or nine further sessions of integrated-, alcohol-, or depression-focused treatment. Associations between IPDEQ scores and changes in alcohol use, depressive symptoms and functioning from baseline to the 6- and the 12-month follow-ups were of primary interest.

RESULTS:

Personality disorder cluster scores moderately negatively impacted on overall change (primarily Cluster C), as well as treatment-related outcomes (primarily Cluster A), particularly changes in depressive symptoms and psychosocial functioning. Longer interventions appeared to be more effective in the longer-term (e.g., at 12-month follow-up), with integrated interventions relatively more effective than single-focused ones for individuals with higher personality disorder cluster scores.

CONCLUSIONS:

Greater attention needs to be paid to particular personality disorder clusters during the assessment and treatment of individuals with co-occurring alcohol misuse and depression. Integrated interventions, incorporating motivational interviewing and cognitive behaviour therapy, may provide a useful therapeutic framework. Integrated interventions also provide opportunities for adjunctive components focussing on other issues and coping strategies (e.g., to offset negative affective states), potentially tailored to the characteristics and needs of individual participants.

PMCID: PMC4936287 **Free PMC Article**

PMID: 27389521 [PubMed - in process]

[Similar articles](#)



44. Int J Audiol. 2016 Jul 7:1-11. [Epub ahead of print]

Anxiety and depression, personality traits relevant to tinnitus: A scoping review.

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Author information:

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Abstract

OBJECTIVE:

Scoping reviews of existing literature were conducted to identify key personality traits relevant to tinnitus, and examine the relationship between affective disorders and tinnitus.

DESIGN:

The methodological framework of Arksey and O'Malley was followed.

STUDY SAMPLE:

Sixty studies were chosen for charting the data, 14 studies examined personality traits exclusively, 31 studies examined affective disorders exclusively, and 15 studies investigated both.

RESULTS:

The presence of one or more specific personality traits of high neuroticism, low extraversion, high stress reaction, higher alienation, lower social closeness, lower well-being, lower self control, lower psychological acceptance, presence of a type D personality, and externalized locus of control were associated with tinnitus distress. Anxiety and depression were more prevalent among the tinnitus clinical population and at elevated levels.

CONCLUSIONS:

Personality traits have a consistent association with the distress experienced by adult tinnitus help-seekers, and help-seekers are also more likely to experience affective symptoms and/or disorders.

PMID: 27387463 [PubMed - as supplied by publisher]

[Similar articles](#)



45. Borderline Personal Disord Emot Dysregul. 2016 Jul 6;3:5. doi: 10.1186/s40479-016-0039-z. eCollection 2016.

[Analyzing subcomponents of affective dysregulation in borderline personality disorder in comparison to other clinical groups using multiple e-diary datasets.](#)

[Santangelo PS](#)¹, [Limberger MF](#)¹, [Stiglmayr C](#)², [Houben M](#)³, [Coosemans J](#)³, [Verleysen G](#)³, [Kuppens P](#)³, [Tuerlinckx F](#)³, [Vanpaemel W](#)³, [Ebner-Priemer UW](#)⁴.

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Abstract

BACKGROUND:

Affective dysregulation is widely regarded as being the core problem in patients with borderline personality disorder (BPD). Moreover, BPD is the disorder mainly associated with affective dysregulation. However, the empirical confirmation of the specificity of affective dysregulation for BPD is still pending. We used a validated approach from basic affective science that allows for simultaneously analyzing three interdependent components of affective dysregulation that are disturbed in patients with BPD: homebase, variability, and attractor strength (return to baseline).

METHODS:

We applied two types of multilevel models on two e-diary datasets to investigate group differences regarding three subcomponents between BPD patients (n = 43; n = 51) and patients with posttraumatic stress disorder (PTSD; n = 28) and those with bulimia nervosa (BN; n = 20) as clinical control groups in dataset 1, and patients with panic disorder (PD; n = 26) and those with major depression (MD; n = 25) as clinical control groups in dataset 2. In addition, healthy controls (n = 28; n = 40) were included in the analyses. In both studies, e-diaries were used to repeatedly collect data about affective experiences during participants' daily lives. In study 1 a high-frequency sampling strategy with assessments in 15 min-intervals over 24 h was applied, whereas the assessments occurred every waking hour over 48 h in study 2. The local ethics committees approved both studies, and all participants provided written informed consent.

RESULTS:

In contradiction to our hypotheses, BPD patients did not consistently show altered affective dysregulation compared to the clinical patient groups. The only differences in affective dynamics in BPD patients emerged with regard to one of three subcomponents, affective homebase. However, these results were not even consistent. Conversely, comparing the patients to healthy controls revealed a pattern of more negative affective homebases, higher levels of affective variability, and (partially) reduced returns to baseline in the patient groups.

CONCLUSIONS:

Our results indicate that affective dysregulation constitutes a transdiagnostic mechanism that manifests in similar ways in several different mental disorders. We point out promising prospects that might help to elucidate the common and distinctive mechanisms that underlie several different disorders and that should be addressed in future studies.

PMCID: PMC4934004 **Free PMC Article**

PMID: 27386138 [PubMed]

[Similar articles](#)



46. Personal Disord. 2016 Jul 4. [Epub ahead of print]

Psychopathy and Low Communion: An Overlooked and Underappreciated Core Feature.

[Sherman ED, Lynam DR.](#)

Abstract

Psychopathy is a personality disorder that is robustly linked to interpersonal difficulties, delinquency, aggression, and general antisocial conduct. Previous research has explored a number of potential deficits underlying these behaviors including reduced fear, impaired emotional responding, and poor response modulation. Drawing from extant personality work that has demonstrated the importance of interpersonal antagonism as a core feature of psychopathy, the present project examines low communion as a potential core feature of the disorder in a novel manner-using a social discounting lab task. This possibility was examined in 195 undergraduate students (49% male) via a multimethod approach. In addition to a measure of psychopathy, participants completed a novel social discounting laboratory task designed to measure communion. Participants also completed self-report measures of communion and related constructs including the NEO Personality Inventory-Revised, Multidimensional Personality Questionnaire, and Interpersonal Adjective Scales. Results indicate that psychopathic individuals are lower in their level of communion and value social relationships less. Dysfunctions in communion should be studied more specifically in psychopathy as it may be a core feature of the disorder. (PsycINFO Database Record

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PMID: 27380432 [PubMed - as supplied by publisher]

[Similar articles](#)

47. Twin Res Hum Genet. 2016 Jul 4:1-9. [Epub ahead of print]

Hair Cortisol and Its Association With Psychological Risk Factors for Psychiatric Disorders: A Pilot Study in Adolescent Twins.

[Rietschel L](#)¹, [Streit F](#)², [Zhu G](#)³, [McAloney K](#)³, [Kirschbaum C](#)⁴, [Frank J](#)², [Hansell NK](#)³, [Wright MJ](#)³, [McGrath JJ](#)⁵, [Witt SH](#)², [Rietschel M](#)², [Martin NG](#)³.

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Abstract

Measuring cortisol in hair is a promising method to assess long-term alterations of the biological stress response system, and hair cortisol concentrations (HCC) may be altered in psychiatric disorders and in subjects suffering from chronic stress. However, the pattern of associations between HCC, chronic stress and mental health require clarification. Our exploratory study: (1) assessed the association between HCC and perceived stress, symptoms of depression and neuroticism, and the trait extraversion (as a control variable); and (2) made use of the twin design to estimate the genetic and environmental covariance between the variables of interest. Hair samples from 109 (74 female) subjects (age range 12-21 years, mean 15.1) including 8 monozygotic (MZ) and 21 dizygotic (DZ) twin pairs were analyzed. Perceived stress was measured with the Perceived Stress Scale and/or the Daily Life and Stressors Scale, neuroticism, and extraversion with the NEO-Five Factor Inventory or the Junior Eysenck Personality Questionnaire, and depressive symptoms with the Somatic and Psychological Health Report. We found a modest positive association between HCC and the three risk factors - perceived stress, symptoms of depression, and neuroticism ($r = 0.22-0.33$) - but no correlation with extraversion (-0.06). A median split revealed that the associations between HCC and risk factors were stronger ($0.47-0.60$) in those subjects with HCC >11.36 pg/mg. Furthermore, our results suggest that the genetic effects underlying HCC are largely shared with those that influence perceived stress, depressive symptoms, and neuroticism. These results of our proof of principle study warrant replication in a bigger sample but raise the interesting question of the direction of causation between these variables.

PMID: 27374135 [PubMed - as supplied by publisher]

[Similar articles](#)



1. JAMA Psychiatry. 2016 Aug 31. doi: 10.1001/jamapsychiatry.2016.1728. [Epub ahead of print]

[Parental Psychiatric Disease and Risks of Attempted Suicide and Violent Criminal Offending in Offspring: A Population-Based Cohort Study.](#)

[Mok PL](#)¹, [Pedersen CB](#)², [Springate D](#)³, [Astrup A](#)⁴, [Kapur N](#)¹, [Antonsen S](#)⁴, [Mors O](#)⁵, [Webb RT](#)¹.

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- ⁵The Lundbeck Foundation Initiative for Integrative Psychiatric Research, iPSYCH, Aarhus, Denmark⁶Psychosis Research Unit, Aarhus University Hospital, Risskov, Denmark.

Abstract

Importance:

Self-directed and interpersonal violence share some common risk factors such as a parental history of mental illness. However, relationships between the full spectrum of parental psychiatric disease and these 2 related outcomes are unclear.

Objective:

To examine associations between the full spectrum of parental psychiatric disease and risks of attempted suicide and violent offending among offspring.

Design, Setting, and Participants:

Population-based cohort study of all persons born in Denmark 1967 through 1997, followed up from their 15th birthday until occurrence of adverse outcome or December 31, 2012, whichever came first.

Exposures:

Array of parental psychiatric disorders and parental suicide attempt, delineated from records of secondary care treatments.

Main Outcomes and Measures:

Using survival analyses techniques, incidence rate ratios were estimated for offspring suicide attempt and violent offending.

Results:

We examined 1 743 525 cohort members (48.7% female; total follow-up, 27.2 million person-years). Risks for offspring suicide attempt and violent offending were elevated across virtually the full spectrum of parental psychiatric disease. Incidence rate ratios were the most elevated for parental diagnoses of antisocial personality disorder (suicide attempt, 3.96; 95% CI, 3.72-4.21; violent offending, 3.62; 95% CI, 3.41-3.84) and cannabis misuse (suicide attempt, 3.57; 95% CI, 3.25-3.92; violent offending, 4.05; 95% CI, 3.72-4.39), and for parental suicide attempt (suicide attempt, 3.42; 95% CI, 3.29-3.55; violent offending, 3.31; 95% CI, 3.19-3.44). Parental mood disorders (and bipolar disorder in particular) conferred more modest risk increases. A history of mental illness or suicide attempt in both parents was associated with double the risks compared with having just 1 affected parent. Associations between parental psychiatric disease and offspring violent offending were stronger for female than for male offspring, whereas little sex difference in risk was found for offspring suicide attempt.

Conclusions and Relevance:

The similarities in risk patterns observed between the 2 outcomes may evidence a shared etiology. Early interventions to tackle parental mental disorders may be beneficial to both parents and children.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMID: 27580483 [PubMed - as supplied by publisher]

2. Eur Eat Disord Rev. 2016 Aug 31. doi: 10.1002/erv.2472. [Epub ahead of print]

Enduring Changes in Decision Making in Patients with Full Remission from Anorexia Nervosa.

[Steward T](#)^{1,2}, [Mestre-Bach G](#)^{1,2}, [Agüera Z](#)^{1,2}, [Granero R](#)^{2,3}, [Martín-Romera V](#)⁴, [Sánchez I](#)^{1,2}, [Riesco N](#)^{1,2}, [Tolosa-Sola I](#)¹, [Fernández-Formoso JA](#)², [Fernández-García JC](#)^{2,5}, [Tinahones FJ](#)^{2,5}, [Casanueva FF](#)^{2,6}, [Baños RM](#)^{2,7}, [Botella C](#)^{2,8}, [Crujeiras AB](#)^{2,6}, [de la Torre R](#)^{2,9,10}, [Fernández-Real JM](#)^{2,11}, [Frühbeck G](#)^{2,12}, [Ortega FJ](#)^{2,11}, [Rodríguez A](#)^{2,12}, [Jiménez-Murcia S](#)^{1,2,13}, [Menchón JM](#)^{1,13,14}, [Fernández-Aranda F](#)^{1,2,13}.

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Abstract

BACKGROUND:

Deficits in neuropsychological functioning have consistently been identified in patients with anorexia nervosa (AN). However, little is known on how decision making in AN patients evolves in response to treatment or whether impairments are reversible.

METHOD:

AN patients (n = 42) completed the Iowa Gambling Task (IGT) upon admission to a 3-month day-hospital treatment programme and at a 1-year follow-up. Patient IGT performance was compared to age-matched controls (n = 46).

RESULTS:

AN patients displayed poorer performance on the IGT at admission compared to controls ($p < .001$). Patients with full remission (n = 31; 73.9%) at the 1-year follow-up improved IGT performance ($p = 0.007$), and scores were similar compared to controls ($p = 0.557$). AN patients with partial/no remission at follow-up (n = 11; 26.1%) did not improve IGT scores ($p = 0.867$).

CONCLUSIONS:

These findings uphold that enduring remission from AN can reverse decision-making impairments, and they might be most likely explained by clinical state rather than a trait vulnerability. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

TRIAL REGISTRATION:

ClinicalTrials.gov .

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PMID: 27578322 [PubMed - as supplied by publisher]

3. BMC Psychiatry. 2016 Aug 30;16:302. doi: 10.1186/s12888-016-1017-0.

Predicting personality disorder functioning styles by the Chinese Adjective Descriptors of Personality: a preliminary trial in healthy people and personality disorder patients.

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Abstract

BACKGROUND:

Cultural and personality factors might contribute to the clinical differences of psychiatric patients all over the world including China. One cultural oriented Chinese Adjective Descriptors of Personality (CADP) designed to measure normal personality traits, might be specifically associated with different personality disorder functioning styles.

METHODS:

We therefore have invited 201 healthy volunteers and 67 personality disorder patients to undergo CADP, the Parker Personality Measure (PERM), and the Plutchik-van Praag Depression Inventory (PVP) tests.

RESULTS:

Patients scored significantly higher on PVP scale and all 11 PERM personality disorder functioning styles, as well as CADP Emotional and Unsocial traits. The PVP was significantly correlated with some CADP traits and PERM styles in both groups. In healthy volunteers, only one CADP trait, Unsocial, prominently predicted 11 PERM styles. By contrast in patients, CADP Intelligent predicted the PERM Narcissistic and Passive-Aggressive styles; CADP Emotional the PERM Paranoid, Borderline, and Histrionic styles; CADP Conscientious the PERM Obsessive-Compulsive style; CADP Unsocial the PERM Schizotypal, Antisocial, Narcissistic, Avoidant, Dependent, and Passive-Aggressive styles; CADP Agreeable the PERM Antisocial style.

CONCLUSION:

As a preliminary study, our results demonstrated that, in personality disorder patients, all five CADP traits were specifically associated with almost all 11 personality disorder functioning styles, indicating that CADP might be used as an aid to diagnose personality disorders in China.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMID: 27578005 [PubMed - in process]

4. J Clin Psychiatry. 2016 Aug 30. doi: 10.4088/JCP.15m09963. [Epub ahead of print]

Psychiatric Disorders Among Patients Seeking Treatment for Co-Occurring Chronic Pain and Opioid Use Disorder.

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Abstract

OBJECTIVE:

Psychiatric comorbidities complicate treatment of patients with chronic pain and opioid use disorder, but the prevalence of specific comorbid psychiatric disorders in this population has not been systematically investigated.

METHODS:

170 consecutive participants entering a treatment research program for co-occurring chronic pain and opioid use disorder between March 2009 and July 2013 were evaluated with the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I/P) and the Diagnostic Interview for DSM-IV Personality Disorders (DIPD-IV).

RESULTS:

The prevalence of any lifetime (and current) comorbid Axis I disorder was 91% (75%); 52% met criteria for lifetime anxiety disorder (48% current), 57% for lifetime mood disorder (48% current), and 78% for lifetime nonopioid substance use disorder (34% current). Common current anxiety diagnoses were posttraumatic stress disorder (21%), generalized anxiety disorder (16%), and panic disorder without agoraphobia (16%). Common current mood diagnoses were major depressive disorder (40%) and dysthymia (11%). A majority of patients had a personality disorder (52%).

CONCLUSIONS:

High rates and persistence of co-occurring psychiatric disorders, including anxiety or mood disorders, may explain in part the difficulty providers have treating patients with co-occurring opioid use disorder and chronic pain and suggest possible targets for improving treatment.

TRIAL REGISTRATION:

ClinicalTrials.gov identifiers: buprenorphine/naloxone treatment ([NCT00634803](#)), opioid treatment program-based methadone maintenance treatment ([NCT00727675](#)).

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PMID: 27574837 [PubMed - as supplied by publisher]

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5. Behav Cogn Psychother. 2016 Aug 30:1-15. [Epub ahead of print]

Schema Therapy for Personality Disorders: a Qualitative Study of Patients' and Therapists' Perspectives.

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Abstract

BACKGROUND:

Several studies have evaluated the (cost) effectiveness of schema therapy for personality disorders, but little research has been done on the perspectives of patients and therapists.

AIM:

The present study aims to explore patients' and therapists' perspectives on schema therapy.

METHOD:

Qualitative data were collected through in-depth semi-structured interviews with 15 patients and a focus group of 8 therapists. A thematic analysis was performed.

RESULTS:

Most patients and therapists agreed that helpful aspects in schema therapy were the highly committed therapeutic relationship, the transparent and clear theoretical model, and the specific schema therapy techniques. About unhelpful aspects, several patients and some therapists shared the opinion that 50 sessions was not enough. Furthermore, patients lacked clear advance information about the possibility that they might temporarily experience stronger emotions during therapy and the possibility of having telephone contact outside session hours. They missed practical goals in the later stage of therapy. With regard to imagery, patients experienced time pressure and they missed a proper link between the past and the present. For therapists, it was hard to manage the therapeutic relation, to get used to a new kind of therapy and to keep the treatment focused on personality problems.

CONCLUSIONS:

Patients and therapists found some aspects of the schema therapy protocol helpful. Their views about which aspects are unhelpful and their recommendations need to be taken into consideration when adjusting the protocol and implementing schema therapy.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMID: 27573409 [PubMed - as supplied by publisher]

[Similar articles](#)



6. J Affect Disord. 2016 Aug 16;205:365-371. doi: 10.1016/j.jad.2016.08.019. [Epub ahead of print]

[The Dutch Measure for quantification of Treatment Resistance in Depression \(DM-TRD\): an extension of the Maudsley Staging Method.](#)

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Abstract

BACKGROUND:

Treatment resistant depression (TRD) is common in daily practice. An empirical, widely accepted and applicable measure to quantify TRD is lacking. Previously, the Maudsley Staging Method (MSM) showed good validity. We aimed to improve the MSM by refining and extending its items resulting in the Dutch Measure for quantification of TRD (DM-TRD).

METHODS:

In addition to duration, severity and failed treatments in the current depressive episode, we added items for functional impairment, comorbid anxiety, personality disorders and psychosocial stressors. We extended the augmentation section and added items for failed psychotherapy and intensified treatment. We examined psychometric properties of the DM-TRD and tested prediction of future depressive symptoms and remission after 16 weeks in 274 (DSM-IV) depressed in- and outpatients entering naturalistic treatment.

RESULTS:

The DM-TRD showed excellent inter-/intra-rater reliability. Higher scores were associated with more symptoms and less remission during follow-up. The DM-TRD outperformed the MSM in prediction of future depressive symptomatology. Remission was predicted equally well by both measures. Longer duration of the current episode, larger functional impairment and larger baseline symptom severity were the strongest predictors of symptomatology at follow-up. Longer duration and larger functional impairment were negatively associated with remission.

LIMITATIONS:

Longer follow-up could have increased predictive power. Addition of items for somatic comorbidity, childhood adversity and psychotic features must be investigated further.

CONCLUSION:

The DM-TRD has excellent psychometric properties and better predictive validity for clinical outcome than other sophisticated measure published to date. Its use in clinical practice and research will improve treatment planning in TRD-patients.

TRIAL REGISTRATION:

ClinicalTrials.gov .

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PMID: 27568174 [PubMed - as supplied by publisher]

[Similar articles](#)



7. Psychiatry Res. 2016 Aug 4;245:291-296. doi: 10.1016/j.psychres.2016.08.007. [Epub ahead of print]

Self-awareness of cognitive dysfunction: Self-reported complaints and cognitive performance in patients with alcohol- induced mild or major neurocognitive disorder.

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Abstract

Patients with Korsakoff's syndrome (KS) typically have difficulties in recognizing the impact of their alcohol-related cognitive deficits on daily-life functioning. In this study, mean scores on self-reported complaints (measured with Minnesota Multiphasic Personality Inventory-2-Restructured Form; MMPI-2-RF) and cognitive performance (measured with the Wechsler Adult Intelligence Scale-Third edition; WAIS-III; and the California Verbal Learning Test; CVLT) are compared between two matched patient groups with severe (KS) and mild alcohol-related cognitive disorders or non KS (NKS). KS patients demonstrate significantly lower scores on the WAIS-III indices and on the CVLT than the matched NKS group, and significantly higher scores on MMPI-2-RF validity scales that indicate denial of psychological complaints. Both groups are in the normal range on MMPI-2-RF Cognitive Complaints (COG) and Neurological Complaints (NUC) scales compared with the normative sample. Finally, self-reported complaints and cognitive performance are not correlated significantly in both groups. Despite their alcohol-related cognitive impairments, both groups report no cognitive complaints at all indicating self-awareness impairment. In addition to KS patients, also NKS patients are at risk that their apparently "without cognitive complaints" appearance on self-report questionnaires can be easily overlooked. These findings may have important clinical implications for diagnostic and treatment purposes.

TRIAL REGISTRATION:

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PMID: 27567191 [PubMed - as supplied by publisher]

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8. Int J Eat Disord. 2016 Aug 27. doi: 10.1002/eat.22606. [Epub ahead of print]

[Impulsivity-related traits distinguish women with co-occurring bulimia nervosa in a psychiatric sample.](#)

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Abstract

OBJECTIVE:

This study investigated impulsivity-related personality traits using the Revised NEO Personality Inventory (NEO PI-R) in women diagnosed with co-occurring bulimia nervosa and borderline personality disorder (BN-BPD), borderline personality disorder (BPD no-BN), or major depressive disorder (MDD-only).

METHOD:

The sample included 672 adult female admissions to a psychiatric day hospital treatment program. The NEO PI-R facets of impulsiveness (N5), excitement-seeking (E5), self-discipline (C5), and deliberation (C6) provided a proxy assessment of impulsivity-related traits tapping negative urgency, sensation-seeking, lack of perseverance, and lack of premeditation/planning.

RESULTS:

After adjusting for age, BN-BPD displayed significantly higher levels of negative urgency and lack of premeditation than BPD without co-occurring BN. Women with BN-BPD also had significantly higher levels of impulsivity traits than MDD across domains, except for lack of perseverance.

DISCUSSION:

Impulsivity-related traits of negative urgency and lack of premeditation significantly differentiated women with versus without co-occurring BN among women with borderline personality disorder. Lower levels of impulsivity-related traits in women with MDD indicated that effects were not simply attributable to any form of psychopathology. Of the impulsivity traits, negative urgency demonstrated the strongest effect, providing further evidence of the important relationship between negative urgency and the expression of bulimic symptomatology. © 2016 Wiley Periodicals, Inc.(Int J Eat Disord 2016).

TRIAL REGISTRATION:

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PMID: 27567004 [PubMed - as supplied by publisher]

[Similar articles](#)



9. Compr Psychiatry. 2016 Aug 4;70:181-189. doi: 10.1016/j.comppsy.2016.07.014. [Epub ahead of print]

[How temperament and character affect our career, relationships, and mental health.](#)

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Abstract

BACKGROUND:

On the way toward an agreed dimensional taxonomy for personality disorders (PD), several pivotal questions remain unresolved. We need to know which dimensions produce problems and in what domains of life; whether impairment can be found at one or both extremes of each dimension; and whether, as is increasingly advocated, some dimensions measure personality functioning whereas others reflect style.

METHOD:

To gain this understanding, we administered the Temperament and Character Inventory to a sample of 862 consecutively attended outpatients, mainly with PDs (61.2%). Using regression analysis, we examined the ability of personality to predict 39 variables from the Life Outcome Questionnaire concerning career, relationships, and mental health.

RESULTS:

Persistence stood out as the most important dimension regarding career success, with 24.2% of explained variance on average. Self-directedness was the best predictor of social functioning (21.1%), and harm avoidance regarding clinical problems (34.2%). Interpersonal dimensions such as reward dependence and cooperativeness were mostly inconsequential. In general, dimensions were detrimental only in one of their poles.

CONCLUSIONS:

Although personality explains 9.4% of life problems overall, dimensions believed to measure functioning (character) were not better predictors than those measuring style (temperament). The notion that PD diagnoses can be built upon the concept of "personality functioning" is unsupported.

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PMID: 27565773 [PubMed - as supplied by publisher]

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10. Aging Ment Health. 2016 Aug 26:1-7. [Epub ahead of print]

Relationship between hospitalization and functional and cognitive impairment in hospitalized older adults patients.

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Abstract

OBJECTIVES:

To study changes in the cognitive status and dependency of patients aged over 65 years during hospitalization for bone fracture and how these changes relate to the total number of days of admission and absolute rest during hospitalization. Along with cognitive decline, musculoskeletal disorders are considered key factors in this patient population. As well as requiring hospital admission and/or surgical treatment, fractures increase the risk factors that contribute to disability and dependency in older adults.

METHOD:

A longitudinal case-series study with repeated follow-up assessments was conducted. The sample consisted of 259 older adults. The following tests were administered: Barthel index, Lawton-Brody's scale, Phototest, and informant questionnaire on cognitive decline in the elderly.

RESULTS:

The main variable which fosters functional dependency, cognitive decline, and functional loss and diminishes functional gain (both in the hospital and at home) is the number of days of bed rest during hospitalization.

CONCLUSIONS:

The present study reveals that the greater impact on levels of functional dependency and cognitive decline comes from the patient's days of bed rest in hospital, rather than the total days of hospitalization. These findings could be taken into consideration when discussing post-discharge functional recovery.

TRIAL REGISTRATION:

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PMID: 27564919 [PubMed - as supplied by publisher]

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Assessment of personality-related levels of functioning: a pilot study of clinical assessment of the DSM-5 level of personality functioning based on a semi-structured interview.

[Thylstrup B](#)¹, [Simonsen S](#)², [Nemery C](#)³, [Simonsen E](#)⁴, [Noll JF](#)⁴, [Myatt MW](#)², [Hesse M](#)⁵.

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- ⁵Center for Alcohol and Drug Research, Aarhus University, Bartholins Allé 10, 8000, Aarhus C, Denmark.

Abstract

BACKGROUND:

The personality disorder categories in the Diagnostic and Statistical Manual of Mental Disorders IV have been extensively criticized, and there is a growing consensus that personality pathology should be represented dimensionally rather than categorically. The aim of this pilot study was to test the Clinical Assessment of the Level of Personality Functioning Scale, a semi-structured clinical interview, designed to assess the Level of Personality Functioning Scale of the DSM-5 (Section III) by applying strategies similar to what characterizes assessments in clinical practice.

METHODS:

The inter-rater reliability of the assessment of the four domains and the total impairment in the Level of Personality Functioning Scale were measured in a patient sample that varied in terms of severity and type of pathology. Ratings were done independently by the interviewer and two experts who watched a videotaped Clinical Assessment of the Level of Personality Functioning Scale interview.

RESULTS:

Inter-rater reliability coefficients varied between domains and were not sufficient for clinical practice, but may support the use of the interview to assess the dimensions of personality functioning for research purposes.

CONCLUSIONS:

While designed to measure the Level of Personality Functioning Scale with a high degree of similarity to clinical practice, the Clinical Assessment of the Level of Personality Functioning Scale had weak reliabilities and a rating based on a single interview should not be considered a stand-alone assessment of areas of functioning for a given patient.

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ClinicalTrials.gov .

PMCID: PMC5000451 **Free PMC Article**

PMID: 27562651 [PubMed - in process]

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12. Acta Obstet Gynecol Scand. 2016 Aug 25. doi: 10.1111/aogs.13007. [Epub ahead of print]

[Prevalence of maternal chronic diseases during pregnancy - a nationwide population based study from 1989 to 2013.](#)

[Jølving LR](#)¹, [Nielsen J](#)¹, [Kesmodel US](#)², [Nielsen RG](#)³, [Beck-Nielsen SS](#)³, [Nørgård BM](#)¹.

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Abstract

INTRODUCTION:

There is substantial evidence of a negative impact of maternal chronic disease during pregnancy on reproductive outcomes. Knowledge of the prevalence of chronic diseases during pregnancy is limited, but essential for a focused preventive effort regarding optimal disease control during pregnancy. We aimed to analyse the prevalence of chronic diseases during pregnancy.

MATERIAL AND METHODS:

This register-based cohort study included all women giving birth in Denmark between 1989 and 2013 based on data from Danish health registers. Maternal chronic diseases included 23 disease categories of both physical and mental health conditions recorded within a period of 10 years before childbirth.

RESULTS:

We included 1,362,200 childbirths during the study period. The overall prevalence of maternal chronic disease increased from 3.71% in 1989 to 15.76% in 2013. The most frequently registered chronic diseases were chronic lung diseases/asthma (1.73%), thyroid disorders (1.50%) and anxiety and personality disorders (1.33%). Taking increasing maternal age at birth into account, the relative risk for women to have a chronic disease from 2009 to 2013 was 4.14 (95% CI 4.05-4.22), compared to mothers giving birth from 1989-1993.

CONCLUSIONS:

We found an increasing prevalence of maternal chronic disease during pregnancy and more than a four-fold increased risk of maternal chronic disease during pregnancy for childbirths in the period 2009 through 2013, compared to 1989 through 1993. The main limitation of our study is related to a potentially greater awareness and hence more careful registration of maternal chronic disease over time and thereby an increased tendency to register diseases. This article is protected by copyright. All rights reserved.

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On the Role of Neurogenesis and Neural Plasticity in the Evolution of Animal Personalities and Stress Coping Styles.

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Abstract

Individual variation in how animals react to stress and environmental change has become a central topic in a wide range of biological disciplines, from evolutionary ecology to biomedicine. Such variation manifests phenotypically as correlated trait-clusters (referred to as coping styles, behavioral syndromes, shyness-boldness, or personality traits). Thresholds for switching from active coping (fight-flight) to inhibition and passive behavior when exposed to stress depend on experience and genetic factors. Comparative research has revealed a range of neuroendocrine-behavioral associations which are conserved throughout the vertebrate subphylum, including factors affecting perception, learning, and memory of stimuli and events. Here we review conserved aspects of the contribution of neurogenesis and other aspects of neural plasticity to stress coping. In teleost fish, brain cell proliferation and neurogenesis have received recent attention. This work reveals that brain cell proliferation and neurogenesis are associated with heritable variation in stress coping style, and they are also differentially affected by short- and long-term stress in a biphasic manner. Routine-dependent and inflexible behavior in proactive individuals is associated with limited neural plasticity. These evolutionarily conserved relationships hold the potential to illuminate the biological background for stress-related neurobiological disorders.

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Autism Spectrum Disorder and Co-occurring Substance Use Disorder - A Systematic Review.

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Abstract

OBJECTIVE:

Patients with co-occurring autism spectrum disorders (ASD) and substance use disorder (SUD) require special attention from clinical services. Screening for this co-occurrence is not generally an integral part of routine clinical assessments, and failure to identify and understand this group of patients may contribute to a worsening of their symptoms and/or an increase in drug abuse. Thus, there is a need to review the evidence base on patients with co-occurring ASD and SUD in order to enhance clinical practice and future research.

METHODS:

We reviewed all identified papers on patients with co-occurring ASD and SUD. The focus of the review was on epidemiology, patient characteristics, function of drug use, and the effect of current interventions.

RESULTS:

A total of 18 papers were included in the analysis. Eleven papers were based on epidemiological studies, although only one study reported the prevalence of ASD in an SUD population. Two papers explored the role of personality, three papers studied subgroups of individuals serving prison for violent or sexual crimes, and one paper explored the function of drugs in the ASD patient group. There were no studies testing specific treatment interventions.

CONCLUSIONS:

In most of the treatment settings studied, there were relatively few patients with co-occurring ASD and SUD, but due to differences in study samples it was difficult to establish a general prevalence rate. The one consistent finding was the lack of focused treatment studies. There is clearly a need for research on interventions that take account of the special needs of this patient group.

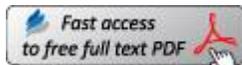
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15. Eur Child Adolesc Psychiatry. 2016 Aug 24. [Epub ahead of print]

Prospective risk for suicidal thoughts and behaviour in adolescents with onset, maintenance or cessation of direct self-injurious behaviour.

[Koenig J](#)¹, [Brunner R](#)^{2,3}, [Fischer-Waldschmidt G](#)^{1,3}, [Parzer P](#)³, [Plener PL](#)⁴, [Park J](#)¹, [Wasserman C](#)^{5,6}, [Carli V](#)⁷, [Hoven CW](#)^{7,8}, [Sarchiapone M](#)⁵, [Wasserman D](#)⁷, [Resch F](#)³, [Kaess M](#)^{9,10}.

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Abstract

Direct self-injurious behaviour (D-SIB) is associated with suicidal behaviour and suicide risk. It is not known if D-SIB cessation reduces these risks. The aim of this study was to explore trajectories of D-SIB and their prospective influence on suicidal thoughts and behaviour during adolescence. Data (n = 506; 62.06 % females, 14.53 years) from the Saving and Empowering Young Lives in Europe study were analysed. D-SIB and suicidal thoughts and behaviour were assessed at baseline (T0), 1- (T1) and 2-year follow-up (T2). Onset and maintenance of D-SIB between T0 and T1 were associated with a two to threefold increased odds ratio for suicidal thoughts and behaviour at T2. Suicidal thoughts and behaviour in those terminating D-SIB before T1 were similar compared to those with no life-time history of D-SIB. Late onset and maintenance of D-SIB prospectively indicate risk for suicidal thoughts and behaviour. This is the first study showing that D-SIB cessation reduces later risk for suicidal thoughts and behaviour in adolescence. Suicide prevention efforts should set one focus on reducing adolescent D-SIB.

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PMID: 27558490 [PubMed - as supplied by publisher]

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16. Front Hum Neurosci. 2016 Aug 9;10:399. doi: 10.3389/fnhum.2016.00399. eCollection 2016.

Mild Developmental Foreign Accent Syndrome and Psychiatric Comorbidity:

Altered White Matter Integrity in Speech and Emotion Regulation Networks.

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Abstract

Foreign accent syndrome (FAS) is a speech disorder that is defined by the emergence of a peculiar manner of articulation and intonation which is perceived as foreign. In most cases of acquired FAS (AFAS) the new accent is secondary to small focal lesions involving components of the bilaterally distributed neural network for speech production. In the past few years FAS has also been described in different psychiatric conditions (conversion disorder, bipolar disorder, and schizophrenia) as well as in developmental disorders (specific language impairment, apraxia of speech). In the present study, two adult males, one with atypical phonetic production and the other one with cluttering, reported having developmental FAS (DFAS) since their adolescence. Perceptual analysis by naïve judges could not confirm the presence of foreign accent, possibly due to the mildness of the speech disorder. However, detailed linguistic analysis provided evidence of prosodic and segmental errors previously reported in AFAS cases. Cognitive testing showed reduced communication

in activities of daily living and mild deficits related to psychiatric disorders. Psychiatric evaluation revealed long-lasting internalizing disorders (neuroticism, anxiety, obsessive-compulsive disorder, social phobia, depression, alexithymia, hopelessness, and apathy) in both subjects. Diffusion tensor imaging (DTI) data from each subject with DFAS were compared with data from a group of 21 age- and gender-matched healthy control subjects. Diffusion parameters (MD, AD, and RD) in predefined regions of interest showed changes of white matter microstructure in regions previously related with AFAS and psychiatric disorders. In conclusion, the present findings militate against the possibility that these two subjects have FAS of psychogenic origin. Rather, our findings provide evidence that mild DFAS occurring in the context of subtle, yet persistent, developmental speech disorders may be associated with structural brain anomalies. We suggest that the simultaneous involvement of speech and emotion regulation networks might result from disrupted neural organization during development, or compensatory or maladaptive plasticity. Future studies are required to examine whether the interplay between biological trait-like diathesis (shyness, neuroticism) and the stressful experience of living with mild DFAS lead to the development of internalizing psychiatric disorders.

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17. Int J Obes (Lond). 2016 Aug 24. doi: 10.1038/ijo.2016.149. [Epub ahead of print]

Oxytocin's inhibitory effect on food intake is stronger in obese than normal-weight men.

[Thienel M](#)^{1,2,3}, [Fritsche A](#)^{2,3,4}, [Heinrichs M](#)^{5,6}, [Peter A](#)^{2,3,4}, [Ewers M](#)¹, [Lehnert H](#)⁷, [Born J](#)^{1,2,3}, [Hallschmid M](#)^{1,2,3}.

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Abstract

BACKGROUND/OBJECTIVES:

Animal studies and pilot experiments in men indicate that the hypothalamic neuropeptide oxytocin limits food intake, and raise the question of its potential to improve metabolic control in obesity.

SUBJECTS/METHODS:

We compared the effect of central nervous oxytocin administration (24 IU) via the intranasal route on ingestive behaviour and metabolic function in 18 young obese men with the results in a group of 20 normal-weight men. In double-blind, placebo-controlled experiments, ad-libitum food intake from a test buffet was examined in fasted subjects 45 min after oxytocin administration, followed by the assessment of postprandial, reward-driven snack intake. Energy expenditure was repeatedly assessed by indirect calorimetry and blood was sampled to determine concentrations of blood glucose and hormones.

RESULTS:

Oxytocin markedly reduced hunger-driven food intake in the fasted state in obese but not in normal-weight men, and led to a reduction in snack consumption in both groups, while energy expenditure remained generally unaffected. Hypothalamic-pituitary-adrenal axis secretion and the postprandial rise in plasma glucose were blunted by oxytocin in both groups.

CONCLUSIONS:

Oxytocin exerts an acutely inhibitory impact on food intake that is enhanced rather than decreased in obese compared to normal-weight men. This pattern puts it in contrast to other metabolically active neuropeptides and bodes well for clinical applications of oxytocin in the treatment of metabolic disorders. International Journal of Obesity accepted article preview online, 24 August 2016. doi:10.1038/ijo.2016.149.

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18. Heart Lung. 2016 Aug 20. pii: S0147-9563(16)30149-2. doi: 10.1016/j.hrtlng.2016.07.008. [Epub ahead of print]

Psychiatric history, post-discharge distress, and personality characteristics among incident female cases of takotsubo cardiomyopathy: A case-control study.

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Abstract

BACKGROUND:

The role of psychological factors in the onset of takotsubo cardiomyopathy (TC) is still controversial. Associations with previous psychiatric conditions are registry-based; associations with personality characteristics and psychological sequelae of TC have been largely unexplored. This case-control study sought to study pre-admission psychiatric morbidity, personality traits, and post-discharge distress in incident cases of TC.

METHODS:

TC cases (Mayo clinic criteria) and acute myocardial infarction (MI) controls were recruited among women admitted to two Emergency Departments in New England. Healthy controls (HC) were recruited from a volunteers' registry. Preadmission psychiatric history (DSM-IV-TR) was abstracted from the medical record. PTSD symptoms (Impact of Events Scale);

distress (Hospital Anxiety and Depression Scale); perceived stress (PS scale) and personality traits (optimism; hostility, type D personality) were collected via phone interview one month after discharge.

RESULTS:

From March 2013 through October 2015, 107 participants (45 TC, 32 MI and 30 HC) were enrolled. The prevalence of preadmission anxiety disorders was 24.4% in TC, 9.4% in MI, and 0 in HC ($p = 0.007$) while that of mood disorders was similar across groups. TC had higher psychological distress, perceived stress, and PTSD symptoms post-discharge vs. MI and HC. In adjusted models, PTSD symptoms remained higher in TC vs. MI ($b = 0.55$, $p < 0.05$) and vs. HC ($b = 0.92$, $p < 0.01$). Optimism and hostility scores were similar across groups, while type D (social inhibition) scores were higher in TC and MI vs. HC.

CONCLUSIONS:

Preadmission anxiety, but not depression, was associated with the occurrence of TC. High distress and PTSD symptoms post-discharge indicate that TC women may be at risk for poor psychological adjustment.

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19. Clin Gastroenterol Hepatol. 2016 Aug 20. pii: S1542-3565(16)30560-2. doi: 10.1016/j.cgh.2016.08.017. [Epub ahead of print]

[Alterations in Diets of Patients with Non-celiac Gluten Sensitivity Compared to Healthy Individuals.](#)

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Abstract

BACKGROUND & AIMS:

There is evidence that food components beyond gluten cause symptoms in patients with gluten sensitivity without celiac disease (non-celiac gluten sensitivity, NCGS). We investigated the diets and nutritional characteristics of patients with NCGS.

METHODS:

We performed a prospective observational study of 29 patients with NCGS seen at the outpatient clinic for Celiac Disease and other food intolerances of the University of Salerno in Italy from September 2015 through April 2016. Our study also included 37 controls. An experienced dietitian administered a validated food frequency questionnaire (from the European Prospective Investigation into Cancer and Nutrition) to collect information on amounts of common foods consumed. Patients and controls also completed the Eating Attitudes Test for diet-related disorders. Patients with NCGS completed the Minnesota Multiphasic Personality Inventory 2-I questionnaire. Differences in frequencies between patients and controls were calculated using χ^2 test, while differences between continuous variables were calculated using t-test. All tests were two-tailed with significance level set at $p < 0.05$.

RESULTS:

Comparing the mean value of food daily eaten, we found that patients with NCGS ate smaller amounts of bread, rice, pasta, and cheese than controls. The patients ingested lower mean amounts of carbohydrates ($p < 0.001$), proteins ($p 0.04$), fiber ($p 0.005$), and polyunsaturated fatty acids ($p 0.01$). More patients with NCGS than controls reported avoiding fruit, vegetables, milk, and dairy products, as well as snacks and mixed spices that are traditionally considered unsafe for people with gastrointestinal symptoms. Seven patients and 3 controls with scores ≥ 20 on the Eating Attitudes Test were invited for a psychological consultation; it did not confirm the presence of altered eating behaviours. Patients with NCGS had scores greater than 65 from the Minnesota Multiphasic Personality Inventory, indicating a high level of concern for their health.

CONCLUSION:

In an observational study, we found that patients with NCGS eat different foods than healthy individuals; patients consume lower levels of proteins, carbohydrates, fiber, and

polyunsaturated fatty acids. Their diets should be routinely analyzed and possibly corrected to avoid nutritional deficiencies.

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20. J Psychiatr Res. 2016 Aug 12;83:29-36. doi: 10.1016/j.jpsychires.2016.08.008. [Epub ahead of print]

Suicide risk and suicide method in patients with personality disorders.

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Abstract

OBJECTIVE:

The influence of psychopathology on suicide method has revealed different distributions among different psychiatric disorders. However, evidence is still scarce. We hypothesized that having a diagnosis of personality disorder (PD) affect the suicide method, and that

different PD clusters would influence the suicide method in different ways. In addition, we hypothesized that the presence of psychiatric and somatic co-morbidity also affects the suicide method.

METHOD:

We examined 25,217 individuals aged 15-64 who had been hospitalized in Sweden with a main diagnosis of PD the years 1987-2013 (N = 25,217). The patients were followed from the date of first discharge until death or until the end of the follow-up period, i.e. December 31, 2013, for a total of 323,508.8 person-years, with a mean follow up time of 11.7 years. The SMR, i.e. the ratio between the observed number of suicides and the expected number of suicides, was used as a measure of risk.

RESULTS:

Overall PD, different PD-clusters, and comorbidity influenced the suicide method. Hanging evidenced highest SMR in female PD patients (SMR 34.2 (95% CI: 29.3-39.8)), as compared to non-PD patients and jumping among male PD patients (SMR 24.8 (95% CI: 18.3-33.6)), as compared to non PD-patients. Furthermore, the elevated suicide risk was related to both psychiatric and somatic comorbidity.

CONCLUSION:

The increased suicide risk was unevenly distributed with respect to suicide method and type of PD. However, these differences were only moderate and greatly overshadowed by the overall excess suicide risk in having PD. Any attempt from society to decrease the suicide rate in persons with PD must take these characteristics into account.

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Cannabinoid type 1 receptor antagonism ameliorates harmaline-induced essential tremor in rat.

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Abstract

BACKGROUND AND PURPOSE:

Essential tremor (ET) is a neurological disorder with unknown etiology. Its symptoms include cerebellar motor disturbances, cognitive and personality changes, hearing and olfactory deficits. Excitotoxic cerebellar climbing fibre hyperactivity may underlie essential tremor and has been emulated in rodents by systemic harmaline administration. Cannabinoid receptor agonists can cause motor disturbances although there are also anecdotal reports of therapeutic benefits of cannabis in motor disorders. We set out to establish the effects of cannabinoid type 1 receptor agonism and antagonism in an established rodent model of ET using a battery of accepted behaviour assays in order to determine risk and therapeutic potential of endocannabinoid system modulation in ET.

EXPERIMENTAL APPROACH:

The behavioural effects of systemic cannabinoid (CB) receptor agonist (0.1, 0.5 and 1 mg kg⁻¹ WIN55, 212-2) and antagonist (1 mg kg⁻¹ AM251 and 10 mg kg⁻¹ rimonabant) treatment on harmaline-induced (30 mg kg⁻¹) tremor in rats was assessed using tremor scoring, open field, rotarod, grip and gait tests.

KEY RESULTS:

Overall, harmaline induced robust tremor that was typically worsened across the measured behavioural domains by CB type 1 (CB₁) receptor agonism but ameliorated by cannabinoid type 1 receptor antagonism.

CONCLUSIONS AND IMPLICATIONS:

These results provide the first evidence of effects of endocannabinoid system modulation on motor function in the harmaline model of essential tremor and suggest that CB₁ receptor manipulation warrants clinical investigation as a therapeutic approach to protection against behavioural disturbances associated with essential tremor.

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22. CNS Drugs. 2016 Aug 19. [Epub ahead of print]

The Psychiatric Inclusion and Exclusion Criteria in Placebo-Controlled Monotherapy Trials of Bipolar Depression: An Analysis of Studies of the Past 20 Years.

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Abstract

BACKGROUND:

Concerns about the generalizability of pharmacotherapy efficacy trials to "real-world" patients have been raised for more than 40 years. Almost all of this literature has focused on treatment studies of major depressive disorder (MDD).

OBJECTIVE:

The aim of the study was to review the psychiatric inclusion and exclusion criteria used in placebo-controlled trials that assessed the efficacy of medications for bipolar depression (bipolar disorder efficacy trials [BDETs]) and compare the criteria used in BDETs with those used in efficacy trials of antidepressants to treat MDD (antidepressant efficacy trials [AETs]).

METHODS:

We searched the MEDLINE, Embase, and PsycINFO databases for articles published from January 1995 through December 2014. We identified 170 placebo-controlled AETs and 22 BDETs published during these 20 years. Two of the authors independently reviewed each article and completed a pre-specified information extraction form listing the psychiatric inclusion and exclusion criteria used in the study.

RESULTS:

Six inclusion/exclusion criteria were used in at least half of the BDETs: minimum severity on a depression symptom severity scale, significant suicidal ideation, diagnosis of alcohol or drug use disorder, presence of a comorbid nondepressive, nonsubstance use Axis I disorder, current episode of depression being too long, and absence of current manic symptoms. BDETs were significantly less likely than AETs to exclude patients with a history of psychotic features/disorders, borderline personality disorder, and post-traumatic stress disorder and more likely to exclude individuals who scored too low on the first item of the Hamilton Depression Rating Scale. Nearly two-thirds of the BDETs placed an upper limit on the duration of the current depressive episode, three times higher than the rate in the AETs. There was no difference on other variables between the AETs and BDETs.

CONCLUSIONS:

Similar to treatment studies of nonbipolar MDD, the treatment studies of bipolar depression frequently excluded patients with comorbid psychiatric and substance use disorders and insufficient severity of depressive symptoms as rated on standardized scales. These findings indicate that concerns about the generalizability of data from trials of recently approved medications for the treatment of bipolar depression are as relevant as the concerns that have been raised about studies of antidepressants for nonbipolar depression.

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Positive Social Interactions in a Lifespan Perspective with a focus on Opioidergic and Oxytocinergic systems: Implications for Neuroprotection.

[Colonnello V](#)¹, [Petrocchi N](#), [Farinelli M](#), [Ottaviani C](#).

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Abstract

In recent years, a growing interest has emerged in the beneficial effects of positive social interactions on health. The present work aims to review animal and human studies linking social interactions and health throughout the lifespan, with a focus on current knowledge of the possible mediating role of opioids and oxytocin. During the prenatal period, a positive social environment contributes to regulating maternal stress response and protecting the fetus from exposure to maternal active glucocorticoids. Throughout development, positive social contact with the caregiver acts as a "hidden regulator" and promotes infant neuro affective development. Postnatal social neuro protection interventions involving caregiver-infant physical contact seem to be crucial important for rescuing preterm infants at risk for neurodevelopmental disorders. Attachment figures and friendships in adulthood continue to have a protective role for health and brain functioning, counteracting brain aging. In humans, implementation of meditative practices that promote compassionate motivation and prosocial behavior appears beneficial for health in adolescents and adults. Human and animal studies suggest the oxytocinergic and opioidergic systems are important mediators of the effects of positive social interactions. However, most of the studies focus on a specific phase of life (i.e., adulthood). Future studies should focus on the role of opioids and oxytocin in positive social interactions adopting a lifespan perspective.

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Structural alterations of the pyramidal pathway in schizoid and schizotypal cluster A personality disorders.

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Abstract

AIM:

Schizoid (ScPD) and Schizotypal (SPD) personality disorders are rare and severe disorders. They are associated with high liability to schizophrenia and present an attenuated form of its

negative symptoms, which are considered a putative endophenotype for schizophrenia. The trans-diagnostic study of negative symptoms in non-psychotic populations such as ScPD/SPD might provide useful markers of a negative-symptom domain; however, little is known about their neurobiological substrates. The aim of the study was to investigate differences in gray and white matter volumes in subjects with ScPD/SPD compared to a group of healthy controls.

METHODS:

Structural magnetic resonance images were obtained from 20 never-psychotic subjects with ScPD/SPD and 28 healthy controls. Resulting values from clusters of differences were correlated in patients with relevant clinical variables (O-LIFE scale).

RESULTS:

ScPD/SPD presented greater bilateral white matter volume compared to healthy controls in the superior part of the corona radiata, close to motor/premotor regions, which correlated with the O-LIFE subtest of cognitive disorganization. No differences were found in regional gray matter or global gray/white matter volumes.

CONCLUSION:

Greater volumes in motor pathways might relate to cognitive symptoms and motor alterations commonly present in schizophrenia-related disorders. Given the established link between motor signs and psychosis, structural alterations in motor pathways are suggested as a putative biomarker of a negative-symptom domain in psychosis subject to further testing.

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25. Int J Mol Sci. 2016 Aug 5;17(8). pii: E1279. doi: 10.3390/ijms17081279.

[Epigenetic Modifications of Major Depressive Disorder.](#)

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Abstract

Major depressive disorder (MDD) is a chronic disease whose neurological basis and pathophysiology remain poorly understood. Initially, it was proposed that genetic variations were responsible for the development of this disease. Nevertheless, several studies within the last decade have provided evidence suggesting that environmental factors play an important role in MDD pathophysiology. Alterations in epigenetics mechanism, such as DNA methylation, histone modification and microRNA expression could favor MDD advance in response to stressful experiences and environmental factors. The aim of this review is to describe genetic alterations, and particularly altered epigenetic mechanisms, that could be determinants for MDD progress, and how these alterations may arise as useful screening, diagnosis and treatment monitoring biomarkers of depressive disorders.

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Neuroticism's prospective association with mental disorders halves after adjustment for baseline symptoms and psychiatric history, but the adjusted association hardly decays with time: a meta-analysis on 59 longitudinal/prospective studies with 443 313 participants.

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Abstract

BACKGROUND:

This meta-analysis seeks to quantify the prospective association between neuroticism and the common mental disorders (CMDs, including anxiety, depression, and substance abuse) as well as thought disorders (psychosis/schizophrenia) and non-specific mental distress. Data on the degree of confounding of the prospective association of neuroticism by baseline symptoms and psychiatric history, and the rate of decay of neuroticism's effect over time, can inform theories about the structure of psychopathology and role of neuroticism, in particular the vulnerability theory.

METHOD:

This meta-analysis included 59 longitudinal/prospective studies with 443 313 participants.

RESULTS:

The results showed large unadjusted prospective associations between neuroticism and symptoms/diagnosis of anxiety, depression, and non-specific mental distress ($d = 0.50-0.70$). Adjustment for baseline symptoms and psychiatric history reduced the associations by half

($d = 0.10-0.40$). Unadjusted prospective associations for substance abuse and thought disorders/symptoms were considerably weaker ($d = 0.03-0.20$), but were not attenuated by adjustment for baseline problems. Unadjusted prospective associations were four times larger over short (<4 year) than long (≥ 4 years) follow-up intervals, suggesting a substantial decay of the association with increasing time intervals. Adjusted effects, however, were only slightly larger over short v. long time intervals. This indicates that confounding by baseline symptoms and psychiatric history masks the long-term stability of the neuroticism vulnerability effect.

CONCLUSION:

High neuroticism indexes a risk constellation that exists prior to the development and onset of any CMD. The adjusted prospective neuroticism effect remains robust and hardly decays with time. Our results underscore the need to focus on the mechanisms underlying this prospective association.

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27. Eur J Neurosci. 2016 Aug 13. doi: 10.1111/ejn.13359. [Epub ahead of print]

Relationship between impulsivity traits and awareness of motor intention.

[Giovannelli F](#)^{1,2}, [Mastrolorenzo B](#)², [Rossi A](#)², [Gavazzi G](#)², [Righi S](#)², [Zaccara G](#)¹, [Viggiano MP](#)², [Cincotta M](#)¹.

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Abstract

Deficient voluntary control of behaviour and impulsivity are key aspects of impulse control disorders. The objective of the present study was to evaluate the relationship between behavioural measures of impulsivity and the awareness of voluntary action. Seventy-four

healthy volunteers completed the Barratt Impulsiveness Scale (BIS), a questionnaire used to measure impulsive personality traits, and a go/no-go task. Moreover, all participants performed a behavioural task based on the Libet's clock paradigm in which they were requested to report the time of a self-initiated movement (M-judgement) or the time they first feel their intention to move (W-judgement). A positive relationship between the time in which subjects reported the intention to move (W-judgement) and impulsivity measures emerged. Namely, the higher was the score in the attentional and motor impulsivity subscales of the BIS and the number of inhibitory failure responses in the go/no-go task, the lower was the difference between the W-judgement and the actual movement (i.e. the awareness of intention to move was closer to the voluntary movement execution). In contrast, no relationship emerged with M-judgement. The present findings suggest that impulsivity is related to a delayed awareness of voluntary action. We hypothesize that in impulse control disorders, the short interval between conscious intention and actual movement may interfere with processes underlying the conscious 'veto' of the impending action.

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28.J Voice. 2016 Aug 9. pii: S0892-1997(16)30119-9. doi: 10.1016/j.jvoice.2016.07.009. [Epub ahead of print]

Health-related Quality of Life as Studied by EORTC QLQ and Voice Handicap Index Among Various Patients With Laryngeal Disease.

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Abstract

OBJECTIVES:

Patients with voice-related disorders are often treated by a multidisciplinary team including assessment by patient-reported outcome measures. The present paper aims at documenting the importance of including general health-related quality of life (HRQoL) measures to clinical investigations.

STUDY DESIGN:

The participants (N = 80 larynx cancer, N = 32 recurrent palsy, N = 23 dysfunctional, N = 75 degenerative/inflammation, N = 19 various) were included consecutively at the laryngology clinic at Haukeland University Hospital. In addition, HRQoL data were included from one national group with laryngectomies (N = 105), one group with various patients formerly treated for head and neck squamous cell carcinoma (N = 96), and one population-based reference group (N = 1956).

METHOD:

Obtained were the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ), the Voice Handicap Index (VHI), and the Eysenck Personality Inventory (EPI) neuroticism scores.

RESULTS:

By analysis of variance, we have determined significant dependence of groups analyzing the sum global QoL/health index ($F = 9.47$; $P < 0.001$), the functional HRQoL sum score ($F_{5,2373} = 7.14$, $P < 0.001$), and the symptom sum HRQoL scores ($F_{7,2381} = 8.13$; $P < 0.001$). In particular, patients with recurrent palsy and laryngeal cancer had lowered HRQoL. At the index levels, in particular dyspnea scores, were scored depending on larynx disease group ($F_{7,2288} = 24.4$; $P < 0.001$). The VHI score correlated with the EORTC H&N35 "speech" index

with a common variance of 52%. VHI scores correlated with level of neuroticism with 8% common variance ($P < 0.001$) and EORTC scores with 22% ($P < 0.001$).

CONCLUSION:

In particular, among patients with voice-related disease, those with recurrent palsy and laryngeal cancer had lower HRQoL. Furthermore, the HRQoL and VHI scores were inversely tied to neuroticism.

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PMID: 27520510 [PubMed - as supplied by publisher]

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29. PLoS One. 2016 Aug 12;11(8):e0160787. doi: 10.1371/journal.pone.0160787. eCollection 2016.

[Routine Outcome Monitoring and Clinical Decision-Making in Forensic Psychiatry Based on the Instrument for Forensic Treatment Evaluation.](#)

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Abstract

BACKGROUND:

Rehabilitation in forensic psychiatry is achieved gradually with different leave modules, in line with the Risk Need Responsivity model. A forensic routine outcome monitoring tool should measure treatment progress based on the rehabilitation theory, and it should be

predictive of important treatment outcomes in order to be usable in decision-making. Therefore, this study assesses the predictive validity for both positive (i.e., leave) and negative (i.e., inpatient incidents) treatment outcomes with the Instrument for Forensic Treatment Evaluation (IFTE).

METHODS:

Two-hundred and twenty-four patients were included in this study. ROC analyses were conducted with the IFTE factors and items for three leave modules: guided, unguided and transmural leave for the whole group of patients. Predictive validity of the IFTE for aggression in general, physical aggression specifically, and urine drug screening (UDS) violations was assessed for patients with the main diagnoses in Dutch forensic psychiatry, patients with personality disorders and the most frequently occurring co-morbid disorders: those with combined personality and substance use disorders.

RESULTS AND CONCLUSIONS:

Results tentatively imply that the IFTE has a reasonable to good predictive validity for inpatient aggression and a marginal to reasonable predictive value for leave approvals and UDS violations. The IFTE can be used for information purposes in treatment decision-making, but reports should be interpreted with care and acknowledge patients' personal risk factors, strengths and other information sources.

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30. Drug Alcohol Rev. 2016 Aug 12. doi: 10.1111/dar.12446. [Epub ahead of print]

Mental health disorders among homeless, substance-dependent men who have sex with men.

[Fletcher JB](#)¹, [Reback CJ](#)^{1,2}.

Author information:

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Abstract

INTRODUCTION AND AIMS:

Homelessness is associated with increased prevalence of mental health disorders, substance use disorders and mental health/substance use disorder comorbidity in the United States of America. Gay, bisexual and other men who have sex with men (MSM) living in the United States are at increased risk for homelessness, and have also evidenced elevated mental health and substance use disorder prevalence relative to their non-MSM male counterparts.

DESIGN AND METHODS:

Secondary analysis of data from a randomised controlled trial estimating the diagnostic prevalence of substance use/mental health disorder comorbidity among a sample of homeless, substance-dependent MSM (DSM-IV verified; n = 131).

RESULTS:

The most prevalent substance use/mental health disorder comorbidities were stimulant dependence comorbid with at least one depressive disorder (28%), alcohol dependence comorbid with at least one depressive disorder (26%) and stimulant dependence comorbid with antisocial personality disorder (25%).

DISCUSSION AND CONCLUSIONS:

Diagnostic depression and antisocial personality disorder both demonstrated high rates of prevalence among homeless, substance-dependent (particularly stimulant and alcohol dependent) MSM. [Fletcher JB, Reback CJ. Mental health disorders among homeless, substance-dependent men who have sex with men. *Drug Alcohol Rev* 2016;00:000-000].

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Evaluating sustainability: a retrospective cohort analysis of the Oxfordshire therapeutic community.

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- ⁶Warwick Medical School, Gibbet Hill Campus, Coventry, CV4 7AL, UK.

Abstract

BACKGROUND:

Therapeutic communities (TCs) could reduce the health care use of people with personality disorder (Davies S, Campling P and Ryan K, *Psychiatrist* 23:79-83, 1999; Barr W, Kirkcaldy A, Horne A, Hodge S, Hellin K and Göpfert M, *J Ment Health* 19:412-421, 2010) and in turn reduce the financial and environmental costs of services. Our hypothesis is that 3 years following entry to a TC service, patients have reduced subsequent health care use and associated reductions in financial costs and carbon footprint.

METHODS:

A retrospective 4-year cohort study examined changes in health care use following entry to the Oxfordshire TC service. Comparative analysis was undertaken on a treated (n = 40) and a control group (referred but who declined treatment; n = 45). Financial costs and carbon footprint of health care use were calculated using national tariffs and standard carbon conversion factors. Mean changes in these outcomes were compared over 1, 2 and 3 years and adjusted for costs and carbon footprints in the year prior to joining the TC service.

RESULTS:

Compared to baseline, the group receiving TC care had greater reductions in financial costs and carbon footprint associated with A&E attendances ($p = 0.04$) and crisis mental health appointments ($p = 0.04$) than the control group. There were significantly greater reductions in carbon footprint for all secondary health care use, both physical and mental health care, after 3 years ($p = 0.04$) in the TC group.

CONCLUSIONS:

TC services may have the potential to reduce the financial cost and carbon footprint of health care.

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PMID: 27515939 [PubMed - in process]

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32. Fam Pract. 2016 Aug 11. pii: cmw069. [Epub ahead of print]

[The concurrent validity of a new eDiagnostic system for mental disorders in primary care.](#)

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Abstract

BACKGROUND:

An eDiagnostic system was implemented to classify mental disorders, to support general practitioners.

OBJECTIVE:

Assessing the validity of the system, compared to the psychologists' judgment.

METHODS:

Concurrent validity, using routinely collected data of 675 primary care patients with a suspicion of a mental disorder in the Netherlands. Four psychologists classified the patients according to the DSM-IV. Hundred records were randomly selected to investigate the inter-rater reliability among psychologists. To investigate the concurrent validity of the system the sensitivity, specificity, positive predictive values (PPVs), negative predictive values (NPVs) and Cohen's κ -values (κ -values) were calculated.

RESULTS:

Inter-rater agreement between psychologists were fair to good or excellent. The system could correctly estimate the echelon (sensitivity range: 0.85-0.95, specificity range: 0.88-0.98) and correctly identify most Axis I classifications (sensitivity: 0.46-1.00, specificity: 0.75-0.99), except for Asperger's, sexual and adjustment disorders (sensitivity: 0.10-0.24, specificity: 0.97-0.99). It could determine the absence of a personality disorder (sensitivity: 0.81, specificity: 0.84, PPV: 0.77, NPV: 0.87 and κ -value: 0.65). The sensitivities and specificities for most specific personality disorders were good, but the PPVs for several specific Axis II classifications were low (PPV range: 0.06-0.77). The system was inaccurate in identifying the global assessment of functioning of patients (e.g. κ -values varied from 0.17-0.46).

CONCLUSIONS:

Generally, the system can be seen as a valid instrument for most DSM-IV classifications in primary care patients. It could assist healthcare professionals in the assessment and classification of mental disorders. Future research should include comparison to an independently administered structured clinical interview.

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Anxious personality and functional efficiency of the insular-opercular network: A graph-analytic approach to resting-state fMRI.

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Abstract

The brain is an intricate network, not only structurally but also functionally. On the functional level, connectivity in the brain is organized in separable yet interacting networks that support information processing by maintaining a ready state, even in the absence of external stimulation. It has been hypothesized that an insular-opercular network underlies the processing of emotionally salient information and that individual differences in functional connectivity within this network correspond to individual differences in trait anxiety. Here, we tested this relationship by applying graph analysis to multiple regions of interests delineating the insular-opercular network to estimate the characteristic path length that quantifies the overall information exchange efficiency within a given network. We found that people scoring high on the anxiety-related temperament-dimension harm avoidance had decreased insular-opercular network efficiency in the resting state, as indicated by a higher characteristic path length. Furthermore, people scoring high on harm avoidance showed generally reduced functional connectivity between brain regions; the relationship between harm avoidance and insular-opercular network efficiency remained significant when controlling for mean connectivity within this network. No such results were found for other

resting-state networks. The results provide insights into how personality is organized in the human brain and point toward clinically relevant endophenotypes for affective and mood disorders.

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34. Psychoneuroendocrinology. 2016 Aug 3;73:196-203. doi: 10.1016/j.psyneuen.2016.08.005. [Epub ahead of print]

Polycystic ovary syndrome and psychiatric disorders: Co-morbidity and heritability in a nationwide Swedish cohort.

[Cesta CE](#)¹, [Månsson M](#)², [Palm C](#)³, [Lichtenstein P](#)³, [Iliadou AN](#)³, [Landén M](#)⁴.

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Abstract

Polycystic ovary syndrome (PCOS) is an endocrine disorder affecting 5-15% of reproductive-aged women and characterized by high levels of circulating androgens. Given that androgens have been implicated in the aetiology of several psychiatric disorders, it was hypothesized that women with PCOS have high risk for psychiatric comorbidity. We aimed to investigate this risk amongst women with PCOS, as well as in their siblings, to elucidate if familial factors underlie any potential associations. Using the Swedish national registers, we identified all women diagnosed with PCOS between 1990 and 2013 (n=24,385), their full-siblings (n=25,921), plus matched individuals (1:10/100) from the general population and their full-siblings. Psychiatric disorder diagnoses were identified including schizophrenia,

bipolar disorder, depressive and anxiety disorders, eating disorders, personality and gender identity disorder, autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), tics, attempted and completed suicide. Odds ratios (OR) and 95% confidence intervals (CI) were estimated using conditional logistic regression and adjusted ORs (AOR) were determined by adjustment for comorbid psychiatric disorders. Overall, women with PCOS had an increased odds of having at least one psychiatric disorder (OR=1.56 [95%CI, 1.51-1.61]). Crude ORs showed associations with nearly all psychiatric disorders included in this study. Following adjustment for comorbid psychiatric disorders, women with PCOS were still at a significantly increased risk for bulimia, schizophrenia, bipolar disorder, depressive and anxiety disorders, personality disorders, with the highest AORs for ASD (AOR=1.55 [95%CI, 1.32-1.81]) and tics (AOR=1.65 [95%CI, 1.10-2.47]). Significantly higher AORs were found for ASD in both brothers and sisters of women with PCOS, and for depressive, anxiety, and schizophrenia spectrum disorders in the sisters only. Notably, the crude ORs for attempted suicide were 40% higher in women with PCOS and 16% higher in their unaffected sisters. However, the AORs were greatly attenuated indicating that underlying psychiatric comorbidity is important for this association. Women with PCOS had higher risks for a range of psychiatric disorders not shown before. Elevated risk in their siblings suggests shared familial factors between PCOS and psychiatric disorders. This study is an important first step towards identifying the underlying mechanisms for risk of psychiatric disorders in women with PCOS. Health professionals treating women with PCOS should be aware that these patients - as well as their family members - are important targets for mental health care.

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35. Epidemiol Psychiatr Sci. 2016 Aug 11:1-4. [Epub ahead of print]

Martin Erhard - upper world and underworld. Order and perversion.

[Dammann G¹](#).

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36. Personal Disord. 2016 Aug 8. [Epub ahead of print]

[Insight and the Dark Triad: Comparing Self- and Meta-perceptions in Relation to Psychopathy, Narcissism, and Machiavellianism.](#)

[Maples-Keller JL](#), [Miller JD](#).

Abstract

The "Dark Triad" consists of 3 partially overlapping trait configurations that manifest in problematic interpersonal outcomes: narcissism, psychopathy, and Machiavellianism. Comparing meta-perception-based reports of personality, or how people believe others see them, to self-reports in relation to informant-reports allows for a direct test of the extent to which people are accurate in understanding how they are perceived by others. The present study (= 993 target participants) investigated how Dark Triad personality styles are viewed from multiple perspectives, including self-report, meta-perception, informant-report (= 213), and informant perceived meta-perception (= 178) in an undergraduate sample. Absolute level differences were investigated; self-report ratings were associated with significantly more Machiavellianism and less narcissism than both informant-reports and meta-perceptions. The relative convergence between meta-perceptions and informant-reports was moderate, and similar to the convergence between self-reports and informant-reports. Multiple regression analyses in which self-reports and meta-perceptions predicted informant-reports identified several significant differences, with meta-perceptions more frequently emerging as a stronger predictor of informant-reports. These findings suggest that while self-reports and meta-perceptions are closely related, the latter perspective provides some incremental validity with regard to the constructs that comprise the Dark Triad. (PsycINFO Database Record

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PMID: 27505190 [PubMed - as supplied by publisher]

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37. Personal Disord. 2016 Aug 8. [Epub ahead of print]

Loneliness, Social Networks, and Social Functioning in Borderline Personality Disorder.

[Liebke L](#), [Bungert M](#), [Thome J](#), [Hauschild S](#), [Gescher DM](#), [Schmahl C](#), [Bohus M](#), [Lis S](#).

Abstract

Persistent loneliness is often reported by patients with borderline personality disorder (BPD). However, empirical studies investigating this aspect of BPD psychopathology are sparse. Studies from social psychology revealed that social isolation and low social functioning contribute to loneliness, that is, the subjective feeling of being alone. The aim of the present study was to contribute to the understanding of loneliness in BPD by investigating its relation to social isolation and functioning in different domains of life. Subjective experience of loneliness was measured in 80 women (40 BPD patients, 40 healthy controls) with the UCLA Loneliness Scale. Social isolation and social functioning were assessed with the Social Network Inventory and the Social Functioning Scale. In addition, we assessed global functioning with the Global Assessment of Functioning. BPD patients reported stronger feelings of loneliness compared to healthy participants. In general, the level of loneliness was linked to network size, social engagement, and prosocial behavior. Diversity of social networks and functioning in the domain of interpersonal communication were associated with the level of loneliness only in BPD. A reduced variety of roles in social life together with impairments in interpersonal communication were particularly relevant for the experience of loneliness in BPD, suggesting an indirect path to target this psychopathological feature in therapeutic interventions. However, both social isolation and social functioning were not sufficient to explain the severely increased loneliness experienced by these patients, stressing the need for further investigation of determinants of loneliness in this clinical population. (PsycINFO Database Record

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38. Personal Disord. 2016 Aug 8. [Epub ahead of print]

Ecological Momentary Assessment of Nonsuicidal Self-Injury in Youth With Borderline Personality Disorder.

[Andrewes HE](#), [Hulbert C](#), [Cotton SM](#), [Betts J](#), [Chanen AM](#).

Abstract

Nonsuicidal self-injury (NSSI) is highly prevalent among individuals with borderline personality disorder (BPD). The aim of this study was to investigate the cognitive, emotional, and contextual experience of NSSI in 107 youth (aged 15-25 years) with BPD who had minimal prior exposure to treatment. Using ecological momentary assessment, participants completed a randomly prompted questionnaire about their affect, self-injurious thoughts, and behaviors six times per day for 6 days. Twenty-four youth with BPD engaged in 52 counts of NSSI, with 56 motives identified. Open-ended questions revealed that on occasions of NSSI, a large minority of participants could identify neither their motives (27%, = 15) nor the environmental precipitants (46%, = 24) for NSSI. Changes in affect revealed a pattern of increasing negative and decreasing positive affect prior to NSSI, with a reduction in negative and an increase in positive affect following NSSI. These changes were absent for those who did not engage in NSSI. Initial self-injurious thoughts and changes in negative and positive affect occurred a median of 35, 15, and 10 hr prior to NSSI, respectively. These findings suggest that youth with BPD have limited capacity to reflect on their motives and environment preceding NSSI. The patterns of affect change indicate that NSSI is maintained by reward incentives as well as negative reinforcement. The time between initial self-injurious thoughts and engagement in NSSI reveals a window of opportunity for intervention. (PsycINFO Database Record

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39. Personal Disord. 2016 Aug 8. [Epub ahead of print]

Affective Instability as a Clinical Feature of Avoidant Personality Disorder.

[Snir A](#), [Bar-Kalifa E](#), [Berenson KR](#), [Downey G](#), [Rafaeli E](#) .

Abstract

The current study's main goal was to examine whether affective instability is elevated among individuals suffering from avoidant personality disorder (APD) by comparing it to the affective instability found among individuals suffering from borderline personality disorder (BPD) as well that found among healthy controls. Adults (= 152, aged 18-65 years) with BPD, APD, or no psychopathology participated in a 3-week computerized diary study. We examined temporal instability in negative affect using experience-sampling methods. Both within and between days, individuals with APD showed greater affective instability compared to the healthy control individuals, although less affective instability compared to individuals with BPD. The findings are in line with affective instability (or emotional lability) as a key dimension relevant across personality disorders. Additionally, they emphasize the need for research and clinical attention to affective characteristics (alongside the more readily recognized interpersonal characteristics) of APD. (PsycINFO Database Record

TRIAL REGISTRATION:

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PMID: 27505187 [PubMed - as supplied by publisher]

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40. BMC Fam Pract. 2016 Aug 5;17:106. doi: 10.1186/s12875-016-0479-y.

[Suicide risk in primary care patients diagnosed with a personality disorder: a nested case control study.](#)

[Doyle M](#)^{1,2}, [While D](#)³, [Mok PL](#)³, [Windfuhr K](#)³, [Ashcroft DM](#)^{4,5}, [Kontopantelis E](#)^{6,7}, [Chew-Graham CA](#)^{8,9}, [Appleby L](#)³, [Shaw J](#)³, [Webb RT](#)³.

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Abstract

BACKGROUND:

Personality disorder (PD) is associated with elevated suicide risk, but the level of risk in primary care settings is unknown. We assessed whether PD among primary care patients is linked with a greater elevation in risk as compared with other psychiatric diagnoses, and whether the association is modified by gender, age, type of PD, and comorbid alcohol misuse.

METHODS:

Using data from the UK Clinical Practice Research Datalink, 2384 suicides were matched to 46,899 living controls by gender, age, and registered practice. Prevalence of PD, other mental disorders, and alcohol misuse was calculated for cases and controls separately and conditional logistic regression models were used to estimate exposure odds ratios. We also fitted gender interaction terms and formally tested their significance, and estimated gender age-specific effects.

RESULTS:

We found a 20-fold increase in suicide risk for patients with PD versus no recorded psychiatric disorder, and a four-fold increase versus all other psychiatric illnesses combined. Borderline PD and PD with comorbid alcohol misuse were associated with a 37- and 45-fold increased risk, respectively, compared with those with no psychiatric disorders. Relative risks were higher for female than for male patients with PD. Significant risks associated with PD diagnosis were identified across all age ranges, although the greatest elevations were in the younger age ranges, 16-39 years.

CONCLUSIONS:

The large elevation in suicide risk among patients diagnosed with PD and comorbid alcohol misuse is a particular concern. GPs have a potentially key role to play in intervening with patients diagnosed with PD, particularly in the presence of comorbid alcohol misuse, which

may help reduce suicide risk. This would mean working with specialist care, agreed clinical pathways and availability of services for comorbidities such as alcohol misuse, as well as opportunities for GPs to develop specific clinical skills.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMCID: PMC4974738 **Free PMC Article**

PMID: 27495284 [PubMed - in process]

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41. J Dual Diagn. 2016 Aug 5:0. [Epub ahead of print]

Co-Occurring Disorders: A Challenge For Mexican Community-Based Residential Care Facilities For Substance Use.

[Marín-Navarrete R¹](#), [Medina-Mora ME¹](#), [Horigian VE²](#), [Salloum IM³](#), [Villalobos-Gallegos L¹](#), [Fernández-Mondragón J¹](#).

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Abstract

Objective In Mexico specialized treatment services for people with co-occurring disorders are limited within public health services, while private options are deemed too costly. Over 2,000 community-based residential care facilities have risen as an alternative and are the main source of treatment for individuals with substance use disorders; however suboptimal practices within such facilities are common. Information on the clinical characteristics of patients receiving care in these facilities is scarce and capacity to provide high quality care for co-occurring disorders is unknown. The aims of this study were to examine the prevalence of co-occurring disorders in patients receiving treatment for substance use in

these community-based residential centers and to assess whether the presence of co-occurring disorders is associated with higher severity of substance use, psychiatric symptomatology and other health risks.

METHODS:

This study was conducted with 601 patients receiving treatment for substance use disorders at 30 facilities located in five Mexican states, recruited in 2013 and 2014. Patients were assessed with self-report measures on substance use, service utilization, suicidality, HIV risk behaviors, psychiatric symptomatology and psychiatric disorder diagnostic criteria.

RESULTS:

The prevalence of any co-occurring disorder in this sample was 62.6%. Antisocial personality disorder was the most prevalent (43.8%) followed by major depressive disorder (30.9%). The presence of a co-occurring disorder was associated with higher severity of psychiatric symptoms (aB = .496, SE = .050, $p < .05$); more days of substance use (aB = .219, SE = .019, $p < .05$); current suicidal ideation (aOR = 5.07, 95% CI [2.58, 11.17]; $p < .05$), plans (aOR = 5.17 95% CI [2.44, 12.73]; $p < .05$), and attempts (aOR = 6.43 95% CI [1.83, 40.78]; $p < .05$); more sexual risk behaviors; and more contact with professional services (aOR = 1.77, 95% CI [1.26, 2.49], $p < .05$).

CONCLUSIONS:

Co-occurring disorders are highly prevalent in community-based residential centers in Mexico and are associated with significantly increased probability of other health risks. This highlights the need to develop care standards for this population and the importance of clinical research in these settings.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMID: 27494051 [PubMed - as supplied by publisher]

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42. Expert Opin Pharmacother. 2016 Aug 3. [Epub ahead of print]

An update on pharmacotherapy for personality disorders.

[Mazza M](#)¹, [Marano G](#)¹, [Janiri L](#)¹.

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PMID: 27487174 [PubMed - as supplied by publisher]

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43. J Sex Med. 2016 Sep;13(9):1323-31. doi: 10.1016/j.jsxm.2016.06.015. Epub 2016 Jul 30.

[Understanding the Personality and Behavioral Mechanisms Defining Hypersexuality in Men Who Have Sex With Men.](#)

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Abstract

INTRODUCTION:

Hypersexuality has been conceptualized as sexual addiction, compulsivity, and impulsivity, among others, in the absence of strong empirical data in support of any specific conceptualization.

AIM:

To investigate personality factors and behavioral mechanisms that are relevant to hypersexuality in men who have sex with men.

METHODS:

A sample of 242 men who have sex with men was recruited from various sites in a moderate-size mid-western city. Participants were assigned to a hypersexuality group or a control group using an interview similar to the Structured Clinical Interview for the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition. Self-report inventories were administered that measured the broad personality constructs of positive emotionality, negative emotionality, and constraint and more narrow constructs related to sexual behavioral control, behavioral activation, behavioral inhibition, sexual excitation, sexual inhibition, impulsivity, attention-deficit/hyperactivity disorder, and sexual behavior.

MAIN OUTCOME MEASURES:

Hierarchical logistic regression was used to determine the relation between these personality and behavioral variables and group membership.

RESULTS:

A hierarchical logistic regression controlling for age showed a significant positive relation between hypersexuality and negative emotionality and a negative relation with constraint. None of the behavioral mechanism variables entered this equation. However, a hierarchical multiple regression analysis predicting sexual behavioral control indicated that lack of such control was positively related to sexual excitation and sexual inhibition owing to the threat of performance failure and negatively related to sexual inhibition owing to the threat of performance consequences and general behavioral inhibition

CONCLUSION:

Hypersexuality was found to be related to two broad personality factors that are characterized by emotional reactivity, risk taking, and impulsivity. The associated lack of sexual behavior control is influenced by sexual excitatory and inhibitory mechanisms, but not by general behavioral activation and inhibitory mechanisms.

TRIAL REGISTRATION:

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PMCID: PMC4996734 [Available on 2017-09-01]

PMID: 27486137 [PubMed - in process]

1. JAMA Psychiatry. 2016 Aug 31. doi: 10.1001/jamapsychiatry.2016.1728. [Epub ahead of print]

Parental Psychiatric Disease and Risks of Attempted Suicide and Violent Criminal Offending in Offspring: A Population-Based Cohort Study.

[Mok PL](#)¹, [Pedersen CB](#)², [Springate D](#)³, [Astrup A](#)⁴, [Kapur N](#)¹, [Antonsen S](#)⁴, [Mors O](#)⁵, [Webb RT](#)¹.

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- ⁵The Lundbeck Foundation Initiative for Integrative Psychiatric Research, iPSYCH, Aarhus, Denmark⁶Psychosis Research Unit, Aarhus University Hospital, Risskov, Denmark.

Abstract

Importance:

Self-directed and interpersonal violence share some common risk factors such as a parental history of mental illness. However, relationships between the full spectrum of parental psychiatric disease and these 2 related outcomes are unclear.

Objective:

To examine associations between the full spectrum of parental psychiatric disease and risks of attempted suicide and violent offending among offspring.

Design, Setting, and Participants:

Population-based cohort study of all persons born in Denmark 1967 through 1997, followed up from their 15th birthday until occurrence of adverse outcome or December 31, 2012, whichever came first.

Exposures:

Array of parental psychiatric disorders and parental suicide attempt, delineated from records of secondary care treatments.

Main Outcomes and Measures:

Using survival analyses techniques, incidence rate ratios were estimated for offspring suicide attempt and violent offending.

Results:

We examined 1 743 525 cohort members (48.7% female; total follow-up, 27.2 million person-years). Risks for offspring suicide attempt and violent offending were elevated across virtually the full spectrum of parental psychiatric disease. Incidence rate ratios were the most elevated for parental diagnoses of antisocial personality disorder (suicide attempt, 3.96; 95% CI, 3.72-4.21; violent offending, 3.62; 95% CI, 3.41-3.84) and cannabis misuse (suicide attempt, 3.57; 95% CI, 3.25-3.92; violent offending, 4.05; 95% CI, 3.72-4.39), and for parental suicide attempt (suicide attempt, 3.42; 95% CI, 3.29-3.55; violent offending, 3.31; 95% CI, 3.19-3.44). Parental mood disorders (and bipolar disorder in particular) conferred more modest risk increases. A history of mental illness or suicide attempt in both parents was associated with double the risks compared with having just 1 affected parent. Associations between parental psychiatric disease and offspring violent offending were stronger for female than for male offspring, whereas little sex difference in risk was found for offspring suicide attempt.

Conclusions and Relevance:

The similarities in risk patterns observed between the 2 outcomes may evidence a shared etiology. Early interventions to tackle parental mental disorders may be beneficial to both parents and children.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMID: 27580483 [PubMed - as supplied by publisher]

2. Eur Eat Disord Rev. 2016 Aug 31. doi: 10.1002/erv.2472. [Epub ahead of print]

Enduring Changes in Decision Making in Patients with Full Remission from Anorexia Nervosa.

[Steward T](#)^{1,2}, [Mestre-Bach G](#)^{1,2}, [Agüera Z](#)^{1,2}, [Granero R](#)^{2,3}, [Martín-Romera V](#)⁴, [Sánchez I](#)^{1,2}, [Riesco N](#)^{1,2}, [Tolosa-Sola I](#)¹, [Fernández-Formoso JA](#)², [Fernández-García JC](#)^{2,5}, [Tinahones FJ](#)^{2,5}, [Casanueva FF](#)^{2,6}, [Baños RM](#)^{2,7}, [Botella C](#)^{2,8}, [Crujeiras AB](#)^{2,6}, [de la Torre R](#)^{2,9,10}, [Fernández-Real JM](#)^{2,11}, [Frühbeck G](#)^{2,12}, [Ortega FJ](#)^{2,11}, [Rodríguez A](#)^{2,12}, [Jiménez-Murcia S](#)^{1,2,13}, [Menchón JM](#)^{1,13,14}, [Fernández-Aranda F](#)^{1,2,13}.

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Abstract

BACKGROUND:

Deficits in neuropsychological functioning have consistently been identified in patients with anorexia nervosa (AN). However, little is known on how decision making in AN patients evolves in response to treatment or whether impairments are reversible.

METHOD:

AN patients (n = 42) completed the Iowa Gambling Task (IGT) upon admission to a 3-month day-hospital treatment programme and at a 1-year follow-up. Patient IGT performance was compared to age-matched controls (n = 46).

RESULTS:

AN patients displayed poorer performance on the IGT at admission compared to controls ($p < .001$). Patients with full remission (n = 31; 73.9%) at the 1-year follow-up improved IGT performance ($p = 0.007$), and scores were similar compared to controls ($p = 0.557$). AN patients with partial/no remission at follow-up (n = 11; 26.1%) did not improve IGT scores ($p = 0.867$).

CONCLUSIONS:

These findings uphold that enduring remission from AN can reverse decision-making impairments, and they might be most likely explained by clinical state rather than a trait vulnerability. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 27578322 [PubMed - as supplied by publisher]

3. BMC Psychiatry. 2016 Aug 30;16:302. doi: 10.1186/s12888-016-1017-0.

Predicting personality disorder functioning styles by the Chinese Adjective Descriptors of Personality: a preliminary trial in healthy people and personality disorder patients.

[Fan H](#)¹, [Zhu Q](#)¹, [Ma G](#)², [Shen C](#)¹, [Zhang B](#)¹, [Wang W](#)^{3,4}.

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Abstract

BACKGROUND:

Cultural and personality factors might contribute to the clinical differences of psychiatric patients all over the world including China. One cultural oriented Chinese Adjective Descriptors of Personality (CADP) designed to measure normal personality traits, might be specifically associated with different personality disorder functioning styles.

METHODS:

We therefore have invited 201 healthy volunteers and 67 personality disorder patients to undergo CADP, the Parker Personality Measure (PERM), and the Plutchik-van Praag Depression Inventory (PVP) tests.

RESULTS:

Patients scored significantly higher on PVP scale and all 11 PERM personality disorder functioning styles, as well as CADP Emotional and Unsocial traits. The PVP was significantly correlated with some CADP traits and PERM styles in both groups. In healthy volunteers, only one CADP trait, Unsocial, prominently predicted 11 PERM styles. By contrast in patients, CADP Intelligent predicted the PERM Narcissistic and Passive-Aggressive styles; CADP Emotional the PERM Paranoid, Borderline, and Histrionic styles; CADP Conscientious the PERM Obsessive-Compulsive style; CADP Unsocial the PERM Schizotypal, Antisocial, Narcissistic, Avoidant, Dependent, and Passive-Aggressive styles; CADP Agreeable the PERM Antisocial style.

CONCLUSION:

As a preliminary study, our results demonstrated that, in personality disorder patients, all five CADP traits were specifically associated with almost all 11 personality disorder functioning

styles, indicating that CADP might be used as an aid to diagnose personality disorders in China.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMID: 27578005 [PubMed - in process]

4. J Clin Psychiatry. 2016 Aug 30. doi: 10.4088/JCP.15m09963. [Epub ahead of print]

Psychiatric Disorders Among Patients Seeking Treatment for Co-Occurring Chronic Pain and Opioid Use Disorder.

[Barry DT](#)^{1,2,3}, [Cutter CJ](#)^{2,3}, [Beitel M](#)^{2,3}, [Kerns RD](#)^{2,4}, [Liong C](#)³, [Schottenfeld RS](#)².

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- ⁴VA Connecticut Healthcare System, West Haven, Connecticut, USA.

Abstract

OBJECTIVE:

Psychiatric comorbidities complicate treatment of patients with chronic pain and opioid use disorder, but the prevalence of specific comorbid psychiatric disorders in this population has not been systematically investigated.

METHODS:

170 consecutive participants entering a treatment research program for co-occurring chronic pain and opioid use disorder between March 2009 and July 2013 were evaluated with the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I/P) and the Diagnostic Interview for DSM-IV Personality Disorders (DIPD-IV).

RESULTS:

The prevalence of any lifetime (and current) comorbid Axis I disorder was 91% (75%); 52% met criteria for lifetime anxiety disorder (48% current), 57% for lifetime mood disorder (48%

current), and 78% for lifetime nonopioid substance use disorder (34% current). Common current anxiety diagnoses were posttraumatic stress disorder (21%), generalized anxiety disorder (16%), and panic disorder without agoraphobia (16%). Common current mood diagnoses were major depressive disorder (40%) and dysthymia (11%). A majority of patients had a personality disorder (52%).

CONCLUSIONS:

High rates and persistence of co-occurring psychiatric disorders, including anxiety or mood disorders, may explain in part the difficulty providers have treating patients with co-occurring opioid use disorder and chronic pain and suggest possible targets for improving treatment.

TRIAL REGISTRATION:

ClinicalTrials.gov identifiers: buprenorphine/naloxone treatment ([NCT00634803](#)), opioid treatment program-based methadone maintenance treatment ([NCT00727675](#)).

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PMID: 27574837 [PubMed - as supplied by publisher]

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5. Behav Cogn Psychother. 2016 Aug 30:1-15. [Epub ahead of print]

Schema Therapy for Personality Disorders: a Qualitative Study of Patients' and Therapists' Perspectives.

[de Klerk N](#)¹, [Abma TA](#)², [Bamelis LL](#)³, [Arntz A](#)⁴.

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- ⁴ University of Amsterdam, and Maastricht University, the Netherlands.

Abstract

BACKGROUND:

Several studies have evaluated the (cost) effectiveness of schema therapy for personality disorders, but little research has been done on the perspectives of patients and therapists.

AIM:

The present study aims to explore patients' and therapists' perspectives on schema therapy.

METHOD:

Qualitative data were collected through in-depth semi-structured interviews with 15 patients and a focus group of 8 therapists. A thematic analysis was performed.

RESULTS:

Most patients and therapists agreed that helpful aspects in schema therapy were the highly committed therapeutic relationship, the transparent and clear theoretical model, and the specific schema therapy techniques. About unhelpful aspects, several patients and some therapists shared the opinion that 50 sessions was not enough. Furthermore, patients lacked clear advance information about the possibility that they might temporarily experience stronger emotions during therapy and the possibility of having telephone contact outside session hours. They missed practical goals in the later stage of therapy. With regard to imagery, patients experienced time pressure and they missed a proper link between the past and the present. For therapists, it was hard to manage the therapeutic relation, to get used to a new kind of therapy and to keep the treatment focused on personality problems.

CONCLUSIONS:

Patients and therapists found some aspects of the schema therapy protocol helpful. Their views about which aspects are unhelpful and their recommendations need to be taken into consideration when adjusting the protocol and implementing schema therapy.

TRIAL REGISTRATION:

ClinicalTrials.gov .

PMID: 27573409 [PubMed - as supplied by publisher]

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6. J Affect Disord. 2016 Aug 16;205:365-371. doi: 10.1016/j.jad.2016.08.019. [Epub ahead of print]

The Dutch Measure for quantification of Treatment Resistance in Depression (DM-

TRD): an extension of the Maudsley Staging Method.

[Peeters FP](#)¹, [Ruhe HG](#)², [Wichers M](#)³, [Abidi L](#)¹, [Kaub K](#)⁴, [van der Lande HJ](#)⁴, [Spijker J](#)⁵, [Huibers MJ](#)⁶, [Schene AH](#)⁷.

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Abstract

BACKGROUND:

Treatment resistant depression (TRD) is common in daily practice. An empirical, widely accepted and applicable measure to quantify TRD is lacking. Previously, the Maudsley Staging Method (MSM) showed good validity. We aimed to improve the MSM by refining and extending its items resulting in the Dutch Measure for quantification of TRD (DM-TRD).

METHODS:

In addition to duration, severity and failed treatments in the current depressive episode, we added items for functional impairment, comorbid anxiety, personality disorders and psychosocial stressors. We extended the augmentation section and added items for failed psychotherapy and intensified treatment. We examined psychometric properties of the DM-

TRD and tested prediction of future depressive symptoms and remission after 16 weeks in 274 (DSM-IV) depressed in- and outpatients entering naturalistic treatment.

RESULTS:

The DM-TRD showed excellent inter-/intra-rater reliability. Higher scores were associated with more symptoms and less remission during follow-up. The DM-TRD outperformed the MSM in prediction of future depressive symptomatology. Remission was predicted equally well by both measures. Longer duration of the current episode, larger functional impairment and larger baseline symptom severity were the strongest predictors of symptomatology at follow-up. Longer duration and larger functional impairment were negatively associated with remission.

LIMITATIONS:

Longer follow-up could have increased predictive power. Addition of items for somatic comorbidity, childhood adversity and psychotic features must be investigated further.

CONCLUSION:

The DM-TRD has excellent psychometric properties and better predictive validity for clinical outcome than other sophisticated measure published to date. Its use in clinical practice and research will improve treatment planning in TRD-patients.

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[Similar articles](#)



7. Psychiatry Res. 2016 Aug 4;245:291-296. doi: 10.1016/j.psychres.2016.08.007. [Epub ahead of print]

**[Self-awareness of cognitive dysfunction:
Self-reported complaints and cognitive
performance in patients with alcohol-](#)**

induced mild or major neurocognitive disorder.

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Abstract

Patients with Korsakoff's syndrome (KS) typically have difficulties in recognizing the impact of their alcohol-related cognitive deficits on daily-life functioning. In this study, mean scores on self-reported complaints (measured with Minnesota Multiphasic Personality Inventory-2-Restructured Form; MMPI-2-RF) and cognitive performance (measured with the Wechsler Adult Intelligence Scale-Third edition; WAIS-III; and the California Verbal Learning Test; CVLT) are compared between two matched patient groups with severe (KS) and mild alcohol-related cognitive disorders or non KS (NKS). KS patients demonstrate significantly lower scores on the WAIS-III indices and on the CVLT than the matched NKS group, and significantly higher scores on MMPI-2-RF validity scales that indicate denial of psychological complaints. Both groups are in the normal range on MMPI-2-RF Cognitive Complaints (COG) and Neurological Complaints (NUC) scales compared with the normative sample. Finally, self-reported complaints and cognitive performance are not correlated significantly in both groups. Despite their alcohol-related cognitive impairments, both groups report no cognitive complaints at all indicating self-awareness impairment. In addition to KS patients, also NKS patients are at risk that their apparently "without cognitive complaints" appearance

on self-report questionnaires can be easily overlooked. These findings may have important clinical implications for diagnostic and treatment purposes.

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8. Int J Eat Disord. 2016 Aug 27. doi: 10.1002/eat.22606. [Epub ahead of print]

Impulsivity-related traits distinguish women with co-occurring bulimia nervosa in a psychiatric sample.

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Abstract

OBJECTIVE:

This study investigated impulsivity-related personality traits using the Revised NEO Personality Inventory (NEO PI-R) in women diagnosed with co-occurring bulimia nervosa and borderline personality disorder (BN-BPD), borderline personality disorder (BPD no-BN), or major depressive disorder (MDD-only).

METHOD:

The sample included 672 adult female admissions to a psychiatric day hospital treatment program. The NEO PI-R facets of impulsiveness (N5), excitement-seeking (E5), self-discipline (C5), and deliberation (C6) provided a proxy assessment of impulsivity-related traits tapping negative urgency, sensation-seeking, lack of perseverance, and lack of premeditation/planning.

RESULTS:

After adjusting for age, BN-BPD displayed significantly higher levels of negative urgency and lack of premeditation than BPD without co-occurring BN. Women with BN-BPD also had significantly higher levels of impulsivity traits than MDD across domains, except for lack of perseverance.

DISCUSSION:

Impulsivity-related traits of negative urgency and lack of premeditation significantly differentiated women with versus without co-occurring BN among women with borderline personality disorder. Lower levels of impulsivity-related traits in women with MDD indicated that effects were not simply attributable to any form of psychopathology. Of the impulsivity traits, negative urgency demonstrated the strongest effect, providing further evidence of the important relationship between negative urgency and the expression of bulimic symptomology. © 2016 Wiley Periodicals, Inc.(Int J Eat Disord 2016).

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9. Compr Psychiatry. 2016 Aug 4;70:181-189. doi: 10.1016/j.comppsy.2016.07.014. [Epub ahead of print]

How temperament and character affect our career, relationships, and mental health.

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Abstract

BACKGROUND:

On the way toward an agreed dimensional taxonomy for personality disorders (PD), several pivotal questions remain unresolved. We need to know which dimensions produce problems and in what domains of life; whether impairment can be found at one or both extremes of each dimension; and whether, as is increasingly advocated, some dimensions measure personality functioning whereas others reflect style.

METHOD:

To gain this understanding, we administered the Temperament and Character Inventory to a sample of 862 consecutively attended outpatients, mainly with PDs (61.2%). Using regression analysis, we examined the ability of personality to predict 39 variables from the Life Outcome Questionnaire concerning career, relationships, and mental health.

RESULTS:

Persistence stood out as the most important dimension regarding career success, with 24.2% of explained variance on average. Self-directedness was the best predictor of social functioning (21.1%), and harm avoidance regarding clinical problems (34.2%). Interpersonal dimensions such as reward dependence and cooperativeness were mostly inconsequential. In general, dimensions were detrimental only in one of their poles.

CONCLUSIONS:

Although personality explains 9.4% of life problems overall, dimensions believed to measure functioning (character) were not better predictors than those measuring style (temperament).

The notion that PD diagnoses can be built upon the concept of "personality functioning" is unsupported.

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10. Aging Ment Health. 2016 Aug 26:1-7. [Epub ahead of print]

Relationship between hospitalization and functional and cognitive impairment in hospitalized older adults patients.

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Abstract

OBJECTIVES:

To study changes in the cognitive status and dependency of patients aged over 65 years during hospitalization for bone fracture and how these changes relate to the total number of days of admission and absolute rest during hospitalization. Along with cognitive decline, musculoskeletal disorders are considered key factors in this patient population. As well as requiring hospital admission and/or surgical treatment, fractures increase the risk factors that contribute to disability and dependency in older adults.

METHOD:

A longitudinal case-series study with repeated follow-up assessments was conducted. The sample consisted of 259 older adults. The following tests were administered: Barthel index,

Lawton-Brody's scale, Phototest, and informant questionnaire on cognitive decline in the elderly.

RESULTS:

The main variable which fosters functional dependency, cognitive decline, and functional loss and diminishes functional gain (both in the hospital and at home) is the number of days of bed rest during hospitalization.

CONCLUSIONS:

The present study reveals that the greater impact on levels of functional dependency and cognitive decline comes from the patient's days of bed rest in hospital, rather than the total days of hospitalization. These findings could be taken into consideration when discussing post-discharge functional recovery.

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11. BMC Psychiatry. 2016 Aug 25;16:298. doi: 10.1186/s12888-016-1011-6.

[Assessment of personality-related levels of functioning: a pilot study of clinical assessment of the DSM-5 level of personality functioning based on a semi-structured interview.](#)

[Thylstrup B](#)¹, [Simonsen S](#)², [Nemery C](#)³, [Simonsen E](#)⁴, [Noll JF](#)⁴, [Myatt MW](#)², [Hesse M](#)⁵.

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Abstract

BACKGROUND:

The personality disorder categories in the Diagnostic and Statistical Manual of Mental Disorders IV have been extensively criticized, and there is a growing consensus that personality pathology should be represented dimensionally rather than categorically. The aim of this pilot study was to test the Clinical Assessment of the Level of Personality Functioning Scale, a semi-structured clinical interview, designed to assess the Level of Personality Functioning Scale of the DSM-5 (Section III) by applying strategies similar to what characterizes assessments in clinical practice.

METHODS:

The inter-rater reliability of the assessment of the four domains and the total impairment in the Level of Personality Functioning Scale were measured in a patient sample that varied in terms of severity and type of pathology. Ratings were done independently by the interviewer and two experts who watched a videotaped Clinical Assessment of the Level of Personality Functioning Scale interview.

RESULTS:

Inter-rater reliability coefficients varied between domains and were not sufficient for clinical practice, but may support the use of the interview to assess the dimensions of personality functioning for research purposes.

CONCLUSIONS:

While designed to measure the Level of Personality Functioning Scale with a high degree of similarity to clinical practice, the Clinical Assessment of the Level of Personality Functioning Scale had weak reliabilities and a rating based on a single interview should not be considered a stand-alone assessment of areas of functioning for a given patient.

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Prevalence of maternal chronic diseases during pregnancy - a nationwide population based study from 1989 to 2013.

[Jølving LR](#)¹, [Nielsen J](#)¹, [Kesmodel US](#)², [Nielsen RG](#)³, [Beck-Nielsen SS](#)³, [Nørgård BM](#)¹.

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Abstract

INTRODUCTION:

There is substantial evidence of a negative impact of maternal chronic disease during pregnancy on reproductive outcomes. Knowledge of the prevalence of chronic diseases during pregnancy is limited, but essential for a focused preventive effort regarding optimal disease control during pregnancy. We aimed to analyse the prevalence of chronic diseases during pregnancy.

MATERIAL AND METHODS:

This register-based cohort study included all women giving birth in Denmark between 1989 and 2013 based on data from Danish health registers. Maternal chronic diseases included 23 disease categories of both physical and mental health conditions recorded within a period of 10 years before childbirth.

RESULTS:

We included 1,362,200 childbirths during the study period. The overall prevalence of maternal chronic disease increased from 3.71% in 1989 to 15.76% in 2013. The most

frequently registered chronic diseases were chronic lung diseases/asthma (1.73%), thyroid disorders (1.50%) and anxiety and personality disorders (1.33%). Taking increasing maternal age at birth into account, the relative risk for women to have a chronic disease from 2009 to 2013 was 4.14 (95% CI 4.05-4.22), compared to mothers giving birth from 1989-1993.

CONCLUSIONS:

We found an increasing prevalence of maternal chronic disease during pregnancy and more than a four-fold increased risk of maternal chronic disease during pregnancy for childbirths in the period 2009 through 2013, compared to 1989 through 1993. The main limitation of our study is related to a potentially greater awareness and hence more careful registration of maternal chronic disease over time and thereby an increased tendency to register diseases. This article is protected by copyright. All rights reserved.

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13. Brain Behav Evol. 2016 Aug 24;87(3):167-174. [Epub ahead of print]

[On the Role of Neurogenesis and Neural Plasticity in the Evolution of Animal Personalities and Stress Coping Styles.](#)

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Abstract

Individual variation in how animals react to stress and environmental change has become a central topic in a wide range of biological disciplines, from evolutionary ecology to biomedicine. Such variation manifests phenotypically as correlated trait-clusters (referred to as coping styles, behavioral syndromes, shyness-boldness, or personality traits). Thresholds

for switching from active coping (fight-flight) to inhibition and passive behavior when exposed to stress depend on experience and genetic factors. Comparative research has revealed a range of neuroendocrine-behavioral associations which are conserved throughout the vertebrate subphylum, including factors affecting perception, learning, and memory of stimuli and events. Here we review conserved aspects of the contribution of neurogenesis and other aspects of neural plasticity to stress coping. In teleost fish, brain cell proliferation and neurogenesis have received recent attention. This work reveals that brain cell proliferation and neurogenesis are associated with heritable variation in stress coping style, and they are also differentially affected by short- and long-term stress in a biphasic manner. Routine-dependent and inflexible behavior in proactive individuals is associated with limited neural plasticity. These evolutionarily conserved relationships hold the potential to illuminate the biological background for stress-related neurobiological disorders.

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PMID: 27560384 [PubMed - as supplied by publisher]

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14. Subst Abuse. 2016 Aug 17;10:69-75. doi: 10.4137/SART.S39921. eCollection 2016.

Autism Spectrum Disorder and Co-occurring Substance Use Disorder - A Systematic Review.

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Abstract

OBJECTIVE:

Patients with co-occurring autism spectrum disorders (ASD) and substance use disorder (SUD) require special attention from clinical services. Screening for this co-occurrence is not generally an integral part of routine clinical assessments, and failure to identify and

understand this group of patients may contribute to a worsening of their symptoms and/or an increase in drug abuse. Thus, there is a need to review the evidence base on patients with co-occurring ASD and SUD in order to enhance clinical practice and future research.

METHODS:

We reviewed all identified papers on patients with co-occurring ASD and SUD. The focus of the review was on epidemiology, patient characteristics, function of drug use, and the effect of current interventions.

RESULTS:

A total of 18 papers were included in the analysis. Eleven papers were based on epidemiological studies, although only one study reported the prevalence of ASD in an SUD population. Two papers explored the role of personality, three papers studied subgroups of individuals serving prison for violent or sexual crimes, and one paper explored the function of drugs in the ASD patient group. There were no studies testing specific treatment interventions.

CONCLUSIONS:

In most of the treatment settings studied, there were relatively few patients with co-occurring ASD and SUD, but due to differences in study samples it was difficult to establish a general prevalence rate. The one consistent finding was the lack of focused treatment studies. There is clearly a need for research on interventions that take account of the special needs of this patient group.

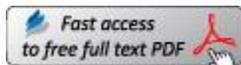
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15. Eur Child Adolesc Psychiatry. 2016 Aug 24. [Epub ahead of print]

Prospective risk for suicidal thoughts and behaviour in adolescents with onset,

maintenance or cessation of direct self-injurious behaviour.

[Koenig J](#)¹, [Brunner R](#)^{2,3}, [Fischer-Waldschmidt G](#)^{1,3}, [Parzer P](#)³, [Plener PL](#)⁴, [Park J](#)¹, [Wasserman C](#)^{5,6}, [Carli V](#)⁷, [Hoven CW](#)^{7,8}, [Sarchiapone M](#)⁵, [Wasserman D](#)⁷, [Resch F](#)³, [Kaess M](#)^{9,10}.

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Abstract

Direct self-injurious behaviour (D-SIB) is associated with suicidal behaviour and suicide risk. It is not known if D-SIB cessation reduces these risks. The aim of this study was to explore trajectories of D-SIB and their prospective influence on suicidal thoughts and behaviour during adolescence. Data (n = 506; 62.06 % females, 14.53 years) from the Saving and Empowering Young Lives in Europe study were analysed. D-SIB and suicidal thoughts and behaviour were assessed at baseline (T0), 1- (T1) and 2-year follow-up (T2). Onset and maintenance of D-SIB between T0 and T1 were associated with a two to threefold increased odds ratio for suicidal thoughts and behaviour at T2. Suicidal thoughts and behaviour in

those terminating D-SIB before T1 were similar compared to those with no life-time history of D-SIB. Late onset and maintenance of D-SIB prospectively indicate risk for suicidal thoughts and behaviour. This is the first study showing that D-SIB cessation reduces later risk for suicidal thoughts and behaviour in adolescence. Suicide prevention efforts should set one focus on reducing adolescent D-SIB.

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PMID: 27558490 [PubMed - as supplied by publisher]

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16. Front Hum Neurosci. 2016 Aug 9;10:399. doi: 10.3389/fnhum.2016.00399. eCollection 2016.

Mild Developmental Foreign Accent Syndrome and Psychiatric Comorbidity: Altered White Matter Integrity in Speech and Emotion Regulation Networks.

[Berthier ML](#)¹, [Roé-Vellvé N](#)², [Moreno-Torres I](#)³, [Falcon C](#)⁴, [Thurnhofer-Hemsi K](#)⁵, [Paredes-Pacheco J](#)⁵, [Torres-Prioris MJ](#)⁶, [De-Torres I](#)⁷, [Alfaro F](#)², [Gutiérrez-Cardo AL](#)², [Baquero M](#)⁸, [Ruiz-Cruces R](#)¹, [Dávila G](#)⁶.

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Abstract

Foreign accent syndrome (FAS) is a speech disorder that is defined by the emergence of a peculiar manner of articulation and intonation which is perceived as foreign. In most cases of acquired FAS (AFAS) the new accent is secondary to small focal lesions involving components of the bilaterally distributed neural network for speech production. In the past few years FAS has also been described in different psychiatric conditions (conversion disorder, bipolar disorder, and schizophrenia) as well as in developmental disorders (specific language impairment, apraxia of speech). In the present study, two adult males, one with atypical phonetic production and the other one with cluttering, reported having developmental FAS (DFAS) since their adolescence. Perceptual analysis by naïve judges could not confirm the presence of foreign accent, possibly due to the mildness of the speech disorder. However, detailed linguistic analysis provided evidence of prosodic and segmental errors previously reported in AFAS cases. Cognitive testing showed reduced communication in activities of daily living and mild deficits related to psychiatric disorders. Psychiatric evaluation revealed long-lasting internalizing disorders (neuroticism, anxiety, obsessive-compulsive disorder, social phobia, depression, alexithymia, hopelessness, and apathy) in both subjects. Diffusion tensor imaging (DTI) data from each subject with DFAS were compared with data from a group of 21 age- and gender-matched healthy control subjects. Diffusion parameters (MD, AD, and RD) in predefined regions of interest showed changes of white matter microstructure in regions previously related with AFAS and psychiatric disorders. In conclusion, the present findings militate against the possibility that these two subjects have FAS of psychogenic origin. Rather, our findings provide evidence that mild DFAS occurring in the context of subtle, yet persistent, developmental speech disorders may be associated with structural brain anomalies. We suggest that the simultaneous involvement of speech and emotion regulation networks might result from disrupted neural organization during development, or compensatory or maladaptive plasticity. Future studies are required to examine whether the interplay between biological trait-like diathesis (shyness, neuroticism) and the stressful experience of living with mild DFAS lead to the development of internalizing psychiatric disorders.

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PMID: 27555813 [PubMed]

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17. Int J Obes (Lond). 2016 Aug 24. doi: 10.1038/ijo.2016.149. [Epub ahead of print]

Oxytocin's inhibitory effect on food intake is stronger in obese than normal-weight men.

[Thienel M](#)^{1,2,3}, [Fritsche A](#)^{2,3,4}, [Heinrichs M](#)^{5,6}, [Peter A](#)^{2,3,4}, [Ewers M](#)¹, [Lehnert H](#)⁷, [Born J](#)^{1,2,3}, [Hallschmid M](#)^{1,2,3}.

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Abstract

BACKGROUND/OBJECTIVES:

Animal studies and pilot experiments in men indicate that the hypothalamic neuropeptide oxytocin limits food intake, and raise the question of its potential to improve metabolic control in obesity.

SUBJECTS/METHODS:

We compared the effect of central nervous oxytocin administration (24 IU) via the intranasal route on ingestive behaviour and metabolic function in 18 young obese men with the results in a group of 20 normal-weight men. In double-blind, placebo-controlled experiments, ad-libitum food intake from a test buffet was examined in fasted subjects 45 min after oxytocin administration, followed by the assessment of postprandial, reward-driven snack intake.

Energy expenditure was repeatedly assessed by indirect calorimetry and blood was sampled to determine concentrations of blood glucose and hormones.

RESULTS:

Oxytocin markedly reduced hunger-driven food intake in the fasted state in obese but not in normal-weight men, and led to a reduction in snack consumption in both groups, while energy expenditure remained generally unaffected. Hypothalamic-pituitary-adrenal axis secretion and the postprandial rise in plasma glucose were blunted by oxytocin in both groups.

CONCLUSIONS:

Oxytocin exerts an acutely inhibitory impact on food intake that is enhanced rather than decreased in obese compared to normal-weight men. This pattern puts it in contrast to other metabolically active neuropeptides and bodes well for clinical applications of oxytocin in the treatment of metabolic disorders. International Journal of Obesity accepted article preview online, 24 August 2016. doi:10.1038/ijo.2016.149.

TRIAL REGISTRATION:

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PMID: 27553712 [PubMed - as supplied by publisher]

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18. Heart Lung. 2016 Aug 20. pii: S0147-9563(16)30149-2. doi: 10.1016/j.hrtlng.2016.07.008. [Epub ahead of print]

Psychiatric history, post-discharge distress, and personality characteristics among incident female cases of takotsubo cardiomyopathy: A case-control study.

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Abstract

BACKGROUND:

The role of psychological factors in the onset of takotsubo cardiomyopathy (TC) is still controversial. Associations with previous psychiatric conditions are registry-based; associations with personality characteristics and psychological sequelae of TC have been largely unexplored. This case-control study sought to study pre-admission psychiatric morbidity, personality traits, and post-discharge distress in incident cases of TC.

METHODS:

TC cases (Mayo clinic criteria) and acute myocardial infarction (MI) controls were recruited among women admitted to two Emergency Departments in New England. Healthy controls (HC) were recruited from a volunteers' registry. Preadmission psychiatric history (DSM-IV-TR) was abstracted from the medical record. PTSD symptoms (Impact of Events Scale); distress (Hospital Anxiety and Depression Scale); perceived stress (PS scale) and personality traits (optimism; hostility, type D personality) were collected via phone interview one month after discharge.

RESULTS:

From March 2013 through October 2015, 107 participants (45 TC, 32 MI and 30 HC) were enrolled. The prevalence of preadmission anxiety disorders was 24.4% in TC, 9.4% in MI, and 0 in HC ($p = 0.007$) while that of mood disorders was similar across groups. TC had higher psychological distress, perceived stress, and PTSD symptoms post-discharge vs. MI and HC. In adjusted models, PTSD symptoms remained higher in TC vs. MI ($b = 0.55$, $p < 0.05$) and vs. HC ($b = 0.92$, $p < 0.01$). Optimism and hostility scores were similar across groups, while type D (social inhibition) scores were higher in TC and MI vs. HC.

CONCLUSIONS:

Preadmission anxiety, but not depression, was associated with the occurrence of TC. High distress and PTSD symptoms post-discharge indicate that TC women may be at risk for poor psychological adjustment.

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19. Clin Gastroenterol Hepatol. 2016 Aug 20. pii: S1542-3565(16)30560-2. doi: 10.1016/j.cgh.2016.08.017. [Epub ahead of print]

[Alterations in Diets of Patients with Non-celiac Gluten Sensitivity Compared to Healthy Individuals.](#)

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Abstract

BACKGROUND & AIMS:

There is evidence that food components beyond gluten cause symptoms in patients with gluten sensitivity without celiac disease (non-celiac gluten sensitivity, NCGS). We investigated the diets and nutritional characteristics of patients with NCGS.

METHODS:

We performed a prospective observational study of 29 patients with NCGS seen at the outpatient clinic for Celiac Disease and other food intolerances of the University of Salerno in Italy from September 2015 through April 2016. Our study also included 37 controls. An experienced dietitian administered a validated food frequency questionnaire (from the European Prospective Investigation into Cancer and Nutrition) to collect information on amounts of common foods consumed. Patients and controls also completed the Eating Attitudes Test for diet-related disorders. Patients with NCGS completed the Minnesota Multiphasic Personality Inventory 2-I questionnaire. Differences in frequencies between

patients and controls were calculated using χ^2 test, while differences between continuous variables were calculated using t-test. All tests were two-tailed with significance level set at $p < 0.05$.

RESULTS:

Comparing the mean value of food daily eaten, we found that patients with NCGS ate smaller amounts of bread, rice, pasta, and cheese than controls. The patients ingested lower mean amounts of carbohydrates ($p < 0.001$), proteins ($p 0.04$), fiber ($p 0.005$), and polyunsaturated fatty acids ($p 0.01$). More patients with NCGS than controls reported avoiding fruit, vegetables, milk, and dairy products, as well as snacks and mixed spices that are traditionally considered unsafe for people with gastrointestinal symptoms. Seven patients and 3 controls with scores ≥ 20 on the Eating Attitudes Test were invited for a psychological consultation; it did not confirm the presence of altered eating behaviours. Patients with NCGS had scores greater than 65 from the Minnesota Multiphasic Personality Inventory, indicating a high level of concern for their health.

CONCLUSION:

In an observational study, we found that patients with NCGS eat different foods than healthy individuals; patients consume lower levels of proteins, carbohydrates, fiber, and polyunsaturated fatty acids. Their diets should be routinely analyzed and possibly corrected to avoid nutritional deficiencies.

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20. J Psychiatr Res. 2016 Aug 12;83:29-36. doi: 10.1016/j.jpsychires.2016.08.008. [Epub ahead of print]

[Suicide risk and suicide method in patients with personality disorders.](#)

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Abstract

OBJECTIVE:

The influence of psychopathology on suicide method has revealed different distributions among different psychiatric disorders. However, evidence is still scarce. We hypothesized that having a diagnosis of personality disorder (PD) affect the suicide method, and that different PD clusters would influence the suicide method in different ways. In addition, we hypothesized that the presence of psychiatric and somatic co-morbidity also affects the suicide method.

METHOD:

We examined 25,217 individuals aged 15-64 who had been hospitalized in Sweden with a main diagnosis of PD the years 1987-2013 (N = 25,217). The patients were followed from the date of first discharge until death or until the end of the follow-up period, i.e. December 31, 2013, for a total of 323,508.8 person-years, with a mean follow up time of 11.7 years. The SMR, i.e. the ratio between the observed number of suicides and the expected number of suicides, was used as a measure of risk.

RESULTS:

Overall PD, different PD-clusters, and comorbidity influenced the suicide method. Hanging evidenced highest SMR in female PD patients (SMR 34.2 (95% CI: 29.3-39.8)), as compared to non-PD patients and jumping among male PD patients (SMR 24.8 (95% CI: 18.3-33.6)), as compared to non PD-patients. Furthermore, the elevated suicide risk was related to both psychiatric and somatic comorbidity.

CONCLUSION:

The increased suicide risk was unevenly distributed with respect to suicide method and type of PD. However, these differences were only moderate and greatly overshadowed by the

overall excess suicide risk in having PD. Any attempt from society to decrease the suicide rate in persons with PD must take these characteristics into account.

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21. Br J Pharmacol. 2016 Aug 21. doi: 10.1111/bph.13581. [Epub ahead of print]

Cannabinoid type 1 receptor antagonism ameliorates harmaline-induced essential tremor in rat.

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Abstract

BACKGROUND AND PURPOSE:

Essential tremor (ET) is a neurological disorder with unknown etiology. Its symptoms include cerebellar motor disturbances, cognitive and personality changes, hearing and olfactory deficits. Excitotoxic cerebellar climbing fibre hyperactivity may underlie essential tremor and has been emulated in rodents by systemic harmaline administration. Cannabinoid receptor agonists can cause motor disturbances although there are also anecdotal reports of therapeutic benefits of cannabis in motor disorders. We set out to establish the effects of cannabinoid type 1 receptor agonism and antagonism in an established rodent model of ET using a battery of accepted behaviour assays in order to determine risk and therapeutic potential of endocannabinoid system modulation in ET.

EXPERIMENTAL APPROACH:

The behavioural effects of systemic cannabinoid (CB) receptor agonist (0.1, 0.5 and 1 mg kg⁻¹ WIN55, 212-2) and antagonist (1 mg kg⁻¹ AM251 and 10 mg kg⁻¹ rimonabant) treatment on harmaline-induced (30 mg kg⁻¹) tremor in rats was assessed using tremor scoring, open field, rotarod, grip and gait tests.

KEY RESULTS:

Overall, harmaline induced robust tremor that was typically worsened across the measured behavioural domains by CB type 1 (CB₁) receptor agonism but ameliorated by cannabinoid type 1 receptor antagonism.

CONCLUSIONS AND IMPLICATIONS:

These results provide the first evidence of effects of endocannabinoid system modulation on motor function in the harmaline model of essential tremor and suggest that CB₁ receptor manipulation warrants clinical investigation as a therapeutic approach to protection against behavioural disturbances associated with essential tremor.

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22. CNS Drugs. 2016 Aug 19. [Epub ahead of print]

The Psychiatric Inclusion and Exclusion Criteria in Placebo-Controlled Monotherapy Trials of Bipolar Depression: An Analysis of Studies of the Past 20 Years.

[Zimmerman M](#)^{1,2}, [Holst CG](#)³, [Clark HL](#)³, [Multach M](#)³, [Walsh E](#)³, [Rosenstein LK](#)³, [Gazarian D](#)³.

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Abstract

BACKGROUND:

Concerns about the generalizability of pharmacotherapy efficacy trials to "real-world" patients have been raised for more than 40 years. Almost all of this literature has focused on treatment studies of major depressive disorder (MDD).

OBJECTIVE:

The aim of the study was to review the psychiatric inclusion and exclusion criteria used in placebo-controlled trials that assessed the efficacy of medications for bipolar depression (bipolar disorder efficacy trials [BDETs]) and compare the criteria used in BDETs with those used in efficacy trials of antidepressants to treat MDD (antidepressant efficacy trials [AETs]).

METHODS:

We searched the MEDLINE, Embase, and PsycINFO databases for articles published from January 1995 through December 2014. We identified 170 placebo-controlled AETs and 22 BDETs published during these 20 years. Two of the authors independently reviewed each article and completed a pre-specified information extraction form listing the psychiatric inclusion and exclusion criteria used in the study.

RESULTS:

Six inclusion/exclusion criteria were used in at least half of the BDETs: minimum severity on a depression symptom severity scale, significant suicidal ideation, diagnosis of alcohol or drug use disorder, presence of a comorbid nondepressive, nonsubstance use Axis I disorder, current episode of depression being too long, and absence of current manic symptoms. BDETs were significantly less likely than AETs to exclude patients with a history of psychotic features/disorders, borderline personality disorder, and post-traumatic stress disorder and more likely to exclude individuals who scored too low on the first item of the Hamilton Depression Rating Scale. Nearly two-thirds of the BDETs placed an upper limit on the duration of the current depressive episode, three times higher than the rate in the AETs. There was no difference on other variables between the AETs and BDETs.

CONCLUSIONS:

Similar to treatment studies of nonbipolar MDD, the treatment studies of bipolar depression frequently excluded patients with comorbid psychiatric and substance use disorders and insufficient severity of depressive symptoms as rated on standardized scales. These findings indicate that concerns about the generalizability of data from trials of recently approved medications for the treatment of bipolar depression are as relevant as the concerns that have been raised about studies of antidepressants for nonbipolar depression.

TRIAL REGISTRATION:

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PMID: 27541608 [PubMed - as supplied by publisher]

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23. Curr Neuropharmacol. 2016 Aug 16. [Epub ahead of print]

Positive Social Interactions in a Lifespan Perspective with a focus on Opioidergic and Oxytocinergic systems: Implications for Neuroprotection.

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Abstract

In recent years, a growing interest has emerged in the beneficial effects of positive social interactions on health. The present work aims to review animal and human studies linking social interactions and health throughout the lifespan, with a focus on current knowledge of the possible mediating role of opioids and oxytocin. During the prenatal period, a positive social environment contributes to regulating maternal stress response and protecting the fetus from exposure to maternal active glucocorticoids. Throughout development, positive social contact with the caregiver acts as a "hidden regulator" and promotes infant neuro affective development. Postnatal social neuro protection interventions involving caregiver-infant physical contact seem to be crucial important for rescuing preterm infants at risk for neurodevelopmental disorders. Attachment figures and friendships in adulthood continue to have a protective role for health and brain functioning, counteracting brain aging. In humans,

implementation of meditative practices that promote compassionate motivation and prosocial behavior appears beneficial for health in adolescents and adults. Human and animal studies suggest the oxytocinergic and opioidergic systems are important mediators of the effects of positive social interactions. However, most of the studies focus on a specific phase of life (i.e., adulthood). Future studies should focus on the role of opioids and oxytocin in positive social interactions adopting a lifespan perspective.

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24. Int J Psychophysiol. 2016 Aug 14. pii: S0167-8760(16)30680-8. doi: 10.1016/j.ijpsycho.2016.08.006. [Epub ahead of print]

Structural alterations of the pyramidal pathway in schizoid and schizotypal cluster A personality disorders.

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Abstract

AIM:

Schizoid (ScPD) and Schizotypal (SPD) personality disorders are rare and severe disorders. They are associated with high liability to schizophrenia and present an attenuated form of its negative symptoms, which are considered a putative endophenotype for schizophrenia. The trans-diagnostic study of negative symptoms in non-psychotic populations such as ScPD/SPD might provide useful markers of a negative-symptom domain; however, little is known about their neurobiological substrates. The aim of the study was to investigate differences in gray and white matter volumes in subjects with ScPD/SPD compared to a group of healthy controls.

METHODS:

Structural magnetic resonance images were obtained from 20 never-psychotic subjects with ScPD/SPD and 28 healthy controls. Resulting values from clusters of differences were correlated in patients with relevant clinical variables (O-LIFE scale).

RESULTS:

ScPD/SPD presented greater bilateral white matter volume compared to healthy controls in the superior part of the corona radiata, close to motor/premotor regions, which correlated with the O-LIFE subtest of cognitive disorganization. No differences were found in regional gray matter or global gray/white matter volumes.

CONCLUSION:

Greater volumes in motor pathways might relate to cognitive symptoms and motor alterations commonly present in schizophrenia-related disorders. Given the established link between motor signs and psychosis, structural alterations in motor pathways are suggested as a putative biomarker of a negative-symptom domain in psychosis subject to further testing.

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25. Int J Mol Sci. 2016 Aug 5;17(8). pii: E1279. doi: 10.3390/ijms17081279.

Epigenetic Modifications of Major Depressive Disorder.

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Abstract

Major depressive disorder (MDD) is a chronic disease whose neurological basis and pathophysiology remain poorly understood. Initially, it was proposed that genetic variations were responsible for the development of this disease. Nevertheless, several studies within the last decade have provided evidence suggesting that environmental factors play an important role in MDD pathophysiology. Alterations in epigenetics mechanism, such as DNA methylation, histone modification and microRNA expression could favor MDD advance in response to stressful experiences and environmental factors. The aim of this review is to describe genetic alterations, and particularly altered epigenetic mechanisms, that could be

determinants for MDD progress, and how these alterations may arise as useful screening, diagnosis and treatment monitoring biomarkers of depressive disorders.

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26. Psychol Med. 2016 Aug 15:1-24. [Epub ahead of print]

Neuroticism's prospective association with mental disorders halves after adjustment for baseline symptoms and psychiatric history, but the adjusted association hardly decays with time: a meta-analysis on 59 longitudinal/prospective studies with 443 313 participants.

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Abstract

BACKGROUND:

This meta-analysis seeks to quantify the prospective association between neuroticism and the common mental disorders (CMDs, including anxiety, depression, and substance abuse) as well as thought disorders (psychosis/schizophrenia) and non-specific mental distress. Data

on the degree of confounding of the prospective association of neuroticism by baseline symptoms and psychiatric history, and the rate of decay of neuroticism's effect over time, can inform theories about the structure of psychopathology and role of neuroticism, in particular the vulnerability theory.

METHOD:

This meta-analysis included 59 longitudinal/prospective studies with 443 313 participants.

RESULTS:

The results showed large unadjusted prospective associations between neuroticism and symptoms/diagnosis of anxiety, depression, and non-specific mental distress ($d = 0.50-0.70$). Adjustment for baseline symptoms and psychiatric history reduced the associations by half ($d = 0.10-0.40$). Unadjusted prospective associations for substance abuse and thought disorders/symptoms were considerably weaker ($d = 0.03-0.20$), but were not attenuated by adjustment for baseline problems. Unadjusted prospective associations were four times larger over short (<4 year) than long (≥ 4 years) follow-up intervals, suggesting a substantial decay of the association with increasing time intervals. Adjusted effects, however, were only slightly larger over short v. long time intervals. This indicates that confounding by baseline symptoms and psychiatric history masks the long-term stability of the neuroticism vulnerability effect.

CONCLUSION:

High neuroticism indexes a risk constellation that exists prior to the development and onset of any CMD. The adjusted prospective neuroticism effect remains robust and hardly decays with time. Our results underscore the need to focus on the mechanisms underlying this prospective association.

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27. Eur J Neurosci. 2016 Aug 13. doi: 10.1111/ejn.13359. [Epub ahead of print]

Relationship between impulsivity traits and awareness of motor intention.

[Giovannelli F](#)^{1,2}, [Mastrolorenzo B](#)², [Rossi A](#)², [Gavazzi G](#)², [Righi S](#)², [Zaccara G](#)¹, [Viggiano MP](#)², [Cincotta M](#)¹.

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Abstract

Deficient voluntary control of behaviour and impulsivity are key aspects of impulse control disorders. The objective of the present study was to evaluate the relationship between behavioural measures of impulsivity and the awareness of voluntary action. Seventy-four healthy volunteers completed the Barratt Impulsiveness Scale (BIS), a questionnaire used to measure impulsive personality traits, and a go/no-go task. Moreover, all participants performed a behavioural task based on the Libet's clock paradigm in which they were requested to report the time of a self-initiated movement (M-judgement) or the time they first feel their intention to move (W-judgement). A positive relationship between the time in which subjects reported the intention to move (W-judgement) and impulsivity measures emerged. Namely, the higher was the score in the attentional and motor impulsivity subscales of the BIS and the number of inhibitory failure responses in the go/no-go task, the lower was the difference between the W-judgement and the actual movement (i.e. the awareness of intention to move was closer to the voluntary movement execution). In contrast, no relationship emerged with M-judgement. The present findings suggest that impulsivity is related to a delayed awareness of voluntary action. We hypothesize that in impulse control disorders, the short interval between conscious intention and actual movement may interfere with processes underlying the conscious 'veto' of the impending action.

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28.J Voice. 2016 Aug 9. pii: S0892-1997(16)30119-9. doi: 10.1016/j.jvoice.2016.07.009. [Epub ahead of print]

Health-related Quality of Life as Studied by EORTC QLQ and Voice Handicap Index Among Various Patients With Laryngeal Disease.

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Abstract

OBJECTIVES:

Patients with voice-related disorders are often treated by a multidisciplinary team including assessment by patient-reported outcome measures. The present paper aims at documenting the importance of including general health-related quality of life (HRQoL) measures to clinical investigations.

STUDY DESIGN:

The participants (N = 80 larynx cancer, N = 32 recurrent palsy, N = 23 dysfunctional, N = 75 degenerative/inflammation, N = 19 various) were included consecutively at the laryngology clinic at Haukeland University Hospital. In addition, HRQoL data were included from one national group with laryngectomies (N = 105), one group with various patients formerly

treated for head and neck squamous cell carcinoma (N = 96), and one population-based reference group (N = 1956).

METHOD:

Obtained were the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ), the Voice Handicap Index (VHI), and the Eysenck Personality Inventory (EPI) neuroticism scores.

RESULTS:

By analysis of variance, we have determined significant dependence of groups analyzing the sum global QoL/health index ($F = 9.47$; $P < 0.001$), the functional HRQoL sum score ($F_{5,2373} = 7.14$, $P < 0.001$), and the symptom sum HRQoL scores ($F_{7,2381} = 8.13$; $P < 0.001$). In particular, patients with recurrent palsy and laryngeal cancer had lowered HRQoL. At the index levels, in particular dyspnea scores, were scored depending on larynx disease group ($F_{7,2288} = 24.4$; $P < 0.001$). The VHI score correlated with the EORTC H&N35 "speech" index with a common variance of 52%. VHI scores correlated with level of neuroticism with 8% common variance ($P < 0.001$) and EORTC scores with 22% ($P < 0.001$).

CONCLUSION:

In particular, among patients with voice-related disease, those with recurrent palsy and laryngeal cancer had lower HRQoL. Furthermore, the HRQoL and VHI scores were inversely tied to neuroticism.

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29. PLoS One. 2016 Aug 12;11(8):e0160787. doi: 10.1371/journal.pone.0160787. eCollection 2016.

Routine Outcome Monitoring and Clinical Decision-Making in Forensic Psychiatry

Based on the Instrument for Forensic Treatment Evaluation.

[van der Veeken FC](#)^{1,2,3}, [Lucieer J](#)^{1,2}, [Bogaerts S](#)^{1,3}.

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Abstract

BACKGROUND:

Rehabilitation in forensic psychiatry is achieved gradually with different leave modules, in line with the Risk Need Responsivity model. A forensic routine outcome monitoring tool should measure treatment progress based on the rehabilitation theory, and it should be predictive of important treatment outcomes in order to be usable in decision-making. Therefore, this study assesses the predictive validity for both positive (i.e., leave) and negative (i.e., inpatient incidents) treatment outcomes with the Instrument for Forensic Treatment Evaluation (IFTE).

METHODS:

Two-hundred and twenty-four patients were included in this study. ROC analyses were conducted with the IFTE factors and items for three leave modules: guided, unguided and transmural leave for the whole group of patients. Predictive validity of the IFTE for aggression in general, physical aggression specifically, and urine drug screening (UDS) violations was assessed for patients with the main diagnoses in Dutch forensic psychiatry, patients with personality disorders and the most frequently occurring co-morbid disorders: those with combined personality and substance use disorders.

RESULTS AND CONCLUSIONS:

Results tentatively imply that the IFTE has a reasonable to good predictive validity for inpatient aggression and a marginal to reasonable predictive value for leave approvals and UDS violations. The IFTE can be used for information purposes in treatment decision-making, but reports should be interpreted with care and acknowledge patients' personal risk factors, strengths and other information sources.

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30. Drug Alcohol Rev. 2016 Aug 12. doi: 10.1111/dar.12446. [Epub ahead of print]

Mental health disorders among homeless, substance-dependent men who have sex with men.

[Fletcher JB](#)¹, [Reback CJ](#)^{1,2}.

Author information:

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Abstract

INTRODUCTION AND AIMS:

Homelessness is associated with increased prevalence of mental health disorders, substance use disorders and mental health/substance use disorder comorbidity in the United States of America. Gay, bisexual and other men who have sex with men (MSM) living in the United States are at increased risk for homelessness, and have also evidenced elevated mental health and substance use disorder prevalence relative to their non-MSM male counterparts.

DESIGN AND METHODS:

Secondary analysis of data from a randomised controlled trial estimating the diagnostic prevalence of substance use/mental health disorder comorbidity among a sample of homeless, substance-dependent MSM (DSM-IV verified; n = 131).

RESULTS:

The most prevalent substance use/mental health disorder comorbidities were stimulant dependence comorbid with at least one depressive disorder (28%), alcohol dependence

comorbid with at least one depressive disorder (26%) and stimulant dependence comorbid with antisocial personality disorder (25%).

DISCUSSION AND CONCLUSIONS:

Diagnostic depression and antisocial personality disorder both demonstrated high rates of prevalence among homeless, substance-dependent (particularly stimulant and alcohol dependent) MSM. [Fletcher JB, Reback CJ. Mental health disorders among homeless, substance-dependent men who have sex with men. *Drug Alcohol Rev* 2016;00:000-000].

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31. *BMC Psychiatry*. 2016 Aug 11;16(1):285. doi: 10.1186/s12888-016-0994-3.

Evaluating sustainability: a retrospective cohort analysis of the Oxfordshire therapeutic community.

[Maughan D](#)^{1,2}, [Lillywhite R](#)³, [Pearce S](#)⁴, [Pillinger T](#)⁵, [Weich S](#)⁶.

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- ⁶Warwick Medical School, Gibbet Hill Campus, Coventry, CV4 7AL, UK.

Abstract

BACKGROUND:

Therapeutic communities (TCs) could reduce the health care use of people with personality disorder (Davies S, Campling P and Ryan K, *Psychiatrist* 23:79-83, 1999; Barr W, Kirkcaldy A, Horne A, Hodge S, Hellin K and Göpfert M, *J Ment Health* 19:412-421, 2010) and in turn reduce the financial and environmental costs of services. Our hypothesis is that 3 years following entry to a TC service, patients have reduced subsequent health care use and associated reductions in financial costs and carbon footprint.

METHODS:

A retrospective 4-year cohort study examined changes in health care use following entry to the Oxfordshire TC service. Comparative analysis was undertaken on a treated (n = 40) and a control group (referred but who declined treatment; n = 45). Financial costs and carbon footprint of health care use were calculated using national tariffs and standard carbon conversion factors. Mean changes in these outcomes were compared over 1, 2 and 3 years and adjusted for costs and carbon footprints in the year prior to joining the TC service.

RESULTS:

Compared to baseline, the group receiving TC care had greater reductions in financial costs and carbon footprint associated with A&E attendances ($p = 0.04$) and crisis mental health appointments ($p = 0.04$) than the control group. There were significantly greater reductions in carbon footprint for all secondary health care use, both physical and mental health care, after 3 years ($p = 0.04$) in the TC group.

CONCLUSIONS:

TC services may have the potential to reduce the financial cost and carbon footprint of health care.

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The concurrent validity of a new eDiagnostic system for mental disorders in primary care.

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Abstract

BACKGROUND:

An eDiagnostic system was implemented to classify mental disorders, to support general practitioners.

OBJECTIVE:

Assessing the validity of the system, compared to the psychologists' judgment.

METHODS:

Concurrent validity, using routinely collected data of 675 primary care patients with a suspicion of a mental disorder in the Netherlands. Four psychologists classified the patients according to the DSM-IV. Hundred records were randomly selected to investigate the inter-rater reliability among psychologists. To investigate the concurrent validity of the system the sensitivity, specificity, positive predictive values (PPVs), negative predictive values (NPVs) and Cohen's κ -values (κ -values) were calculated.

RESULTS:

Inter-rater agreement between psychologists were fair to good or excellent. The system could correctly estimate the echelon (sensitivity range: 0.85-0.95, specificity range: 0.88-0.98) and correctly identify most Axis I classifications (sensitivity: 0.46-1.00, specificity: 0.75-0.99), except for Asperger's, sexual and adjustment disorders (sensitivity: 0.10-0.24, specificity: 0.97-0.99). It could determine the absence of a personality disorder (sensitivity: 0.81,

specificity: 0.84, PPV: 0.77, NPV: 0.87 and κ -value: 0.65). The sensitivities and specificities for most specific personality disorders were good, but the PPVs for several specific Axis II classifications were low (PPV range: 0.06-0.77). The system was inaccurate in identifying the global assessment of functioning of patients (e.g. κ -values varied from 0.17-0.46).

CONCLUSIONS:

Generally, the system can be seen as a valid instrument for most DSM-IV classifications in primary care patients. It could assist healthcare professionals in the assessment and classification of mental disorders. Future research should include comparison to an independently administered structured clinical interview.

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33. Cogn Affect Behav Neurosci. 2016 Aug 11. [Epub ahead of print]

[Anxious personality and functional efficiency of the insular-opercular network: A graph-analytic approach to resting-state fMRI.](#)

[Markett S](#)^{1,2}, [Montag C](#)^{3,4}, [Melchers M](#)⁵, [Weber B](#)^{6, 7,8}, [Reuter M](#)^{5,6}.

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Abstract

The brain is an intricate network, not only structurally but also functionally. On the functional level, connectivity in the brain is organized in separable yet interacting networks that support information processing by maintaining a ready state, even in the absence of external stimulation. It has been hypothesized that an insular-opercular network underlies the processing of emotionally salient information and that individual differences in functional connectivity within this network correspond to individual differences in trait anxiety. Here, we tested this relationship by applying graph analysis to multiple regions of interests delineating the insular-opercular network to estimate the characteristic path length that quantifies the overall information exchange efficiency within a given network. We found that people scoring high on the anxiety-related temperament-dimension harm avoidance had decreased insular-opercular network efficiency in the resting state, as indicated by a higher characteristic path length. Furthermore, people scoring high on harm avoidance showed generally reduced functional connectivity between brain regions; the relationship between harm avoidance and insular-opercular network efficiency remained significant when controlling for mean connectivity within this network. No such results were found for other resting-state networks. The results provide insights into how personality is organized in the human brain and point toward clinically relevant endophenotypes for affective and mood disorders.

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34. Psychoneuroendocrinology. 2016 Aug 3;73:196-203. doi: 10.1016/j.psyneuen.2016.08.005. [Epub ahead of print]

[Polycystic ovary syndrome and psychiatric disorders: Co-morbidity and heritability in a nationwide Swedish cohort.](#)

[Cesta CE](#)¹, [Månsson M](#)², [Palm C](#)³, [Lichtenstein P](#)³, [Iliadou AN](#)³, [Landén M](#)⁴.

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Abstract

Polycystic ovary syndrome (PCOS) is an endocrine disorder affecting 5-15% of reproductive-aged women and characterized by high levels of circulating androgens. Given that androgens have been implicated in the aetiology of several psychiatric disorders, it was hypothesized that women with PCOS have high risk for psychiatric comorbidity. We aimed to investigate this risk amongst women with PCOS, as well as in their siblings, to elucidate if familial factors underlie any potential associations. Using the Swedish national registers, we identified all women diagnosed with PCOS between 1990 and 2013 (n=24,385), their full-siblings (n=25,921), plus matched individuals (1:10/100) from the general population and their full-siblings. Psychiatric disorder diagnoses were identified including schizophrenia, bipolar disorder, depressive and anxiety disorders, eating disorders, personality and gender identity disorder, autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), tics, attempted and completed suicide. Odds ratios (OR) and 95% confidence intervals (CI) were estimated using conditional logistic regression and adjusted ORs (AOR) were determined by adjustment for comorbid psychiatric disorders. Overall, women with PCOS had an increased odds of having at least one psychiatric disorder (OR=1.56 [95%CI, 1.51-1.61]). Crude ORs showed associations with nearly all psychiatric disorders included in this study. Following adjustment for comorbid psychiatric disorders, women with PCOS were still at a significantly increased risk for bulimia, schizophrenia, bipolar disorder, depressive and anxiety disorders, personality disorders, with the highest AORs for ASD (AOR=1.55 [95%CI, 1.32-1.81]) and tics (AOR=1.65 [95%CI, 1.10-2.47]). Significantly higher AORs were found for ASD in both brothers and sisters of women with PCOS, and for depressive, anxiety, and schizophrenia spectrum disorders in the sisters only. Notably, the crude ORs for attempted suicide were 40% higher in women with PCOS and 16% higher in their unaffected sisters. However, the AORs were greatly attenuated indicating that underlying psychiatric comorbidity is important for this association. Women with PCOS had higher risks for a range of psychiatric disorders not shown before. Elevated risk in their siblings suggests shared familial factors between PCOS and psychiatric disorders. This study is an important first step towards identifying the underlying mechanisms for risk of psychiatric disorders in women with PCOS. Health professionals treating women with PCOS should be aware that these patients - as well as their family members - are important targets for mental health care.

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35. Epidemiol Psychiatr Sci. 2016 Aug 11:1-4. [Epub ahead of print]

[Martin Erhard - upper world and underworld. Order and perversion.](#)

[Dammann G](#)¹.

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36. Personal Disord. 2016 Aug 8. [Epub ahead of print]

[Insight and the Dark Triad: Comparing Self- and Meta-perceptions in Relation to Psychopathy, Narcissism, and Machiavellianism.](#)

[Maples-Keller JL](#), [Miller JD](#).

Abstract

The "Dark Triad" consists of 3 partially overlapping trait configurations that manifest in problematic interpersonal outcomes: narcissism, psychopathy, and Machiavellianism. Comparing meta-perception-based reports of personality, or how people believe others see

them, to self-reports in relation to informant-reports allows for a direct test of the extent to which people are accurate in understanding how they are perceived by others. The present study (= 993 target participants) investigated how Dark Triad personality styles are viewed from multiple perspectives, including self-report, meta-perception, informant-report (= 213), and informant perceived meta-perception (= 178) in an undergraduate sample. Absolute level differences were investigated; self-report ratings were associated with significantly more Machiavellianism and less narcissism than both informant-reports and meta-perceptions. The relative convergence between meta-perceptions and informant-reports was moderate, and similar to the convergence between self-reports and informant-reports. Multiple regression analyses in which self-reports and meta-perceptions predicted informant-reports identified several significant differences, with meta-perceptions more frequently emerging as a stronger predictor of informant-reports. These findings suggest that while self-reports and meta-perceptions are closely related, the latter perspective provides some incremental validity with regard to the constructs that comprise the Dark Triad. (PsycINFO Database Record

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37. Personal Disord. 2016 Aug 8. [Epub ahead of print]

Loneliness, Social Networks, and Social Functioning in Borderline Personality Disorder.

[Liebke L](#), [Bungert M](#), [Thome J](#), [Hauschild S](#), [Gescher DM](#), [Schmahl C](#), [Bohus M](#), [Lis S](#).

Abstract

Persistent loneliness is often reported by patients with borderline personality disorder (BPD). However, empirical studies investigating this aspect of BPD psychopathology are sparse. Studies from social psychology revealed that social isolation and low social functioning contribute to loneliness, that is, the subjective feeling of being alone. The aim of the present study was to contribute to the understanding of loneliness in BPD by investigating its relation to social isolation and functioning in different domains of life. Subjective experience of loneliness was measured in 80 women (40 BPD patients, 40 healthy controls) with the UCLA Loneliness Scale. Social isolation and social functioning were assessed with the Social Network Inventory and the Social Functioning Scale. In addition, we assessed global functioning with the Global Assessment of Functioning. BPD patients reported stronger

feelings of loneliness compared to healthy participants. In general, the level of loneliness was linked to network size, social engagement, and prosocial behavior. Diversity of social networks and functioning in the domain of interpersonal communication were associated with the level of loneliness only in BPD. A reduced variety of roles in social life together with impairments in interpersonal communication were particularly relevant for the experience of loneliness in BPD, suggesting an indirect path to target this psychopathological feature in therapeutic interventions. However, both social isolation and social functioning were not sufficient to explain the severely increased loneliness experienced by these patients, stressing the need for further investigation of determinants of loneliness in this clinical population. (PsycINFO Database Record

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38. Personal Disord. 2016 Aug 8. [Epub ahead of print]

Ecological Momentary Assessment of Nonsuicidal Self-Injury in Youth With Borderline Personality Disorder.

[Andrewes HE](#), [Hulbert C](#), [Cotton SM](#), [Betts J](#), [Chanen AM](#).

Abstract

Nonsuicidal self-injury (NSSI) is highly prevalent among individuals with borderline personality disorder (BPD). The aim of this study was to investigate the cognitive, emotional, and contextual experience of NSSI in 107 youth (aged 15-25 years) with BPD who had minimal prior exposure to treatment. Using ecological momentary assessment, participants completed a randomly prompted questionnaire about their affect, self-injurious thoughts, and behaviors six times per day for 6 days. Twenty-four youth with BPD engaged in 52 counts of NSSI, with 56 motives identified. Open-ended questions revealed that on occasions of NSSI, a large minority of participants could identify neither their motives (27%, = 15) nor the environmental precipitants (46%, = 24) for NSSI. Changes in affect revealed a pattern of increasing negative and decreasing positive affect prior to NSSI, with a reduction in negative and an increase in positive affect following NSSI. These changes were absent for those who did not engage in NSSI. Initial self-injurious thoughts and changes in negative and positive affect occurred a median of 35, 15, and 10 hr prior to NSSI, respectively. These findings suggest that youth with BPD have limited capacity to reflect on their motives and environment preceding NSSI. The patterns of affect change indicate that NSSI is maintained

by reward incentives as well as negative reinforcement. The time between initial self-injurious thoughts and engagement in NSSI reveals a window of opportunity for intervention. (PsycINFO Database Record

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39. Personal Disord. 2016 Aug 8. [Epub ahead of print]

[Affective Instability as a Clinical Feature of Avoidant Personality Disorder.](#)

[Snir A](#), [Bar-Kalifa E](#), [Berenson KR](#), [Downey G](#), [Rafaeli E](#) .

Abstract

The current study's main goal was to examine whether affective instability is elevated among individuals suffering from avoidant personality disorder (APD) by comparing it to the affective instability found among individuals suffering from borderline personality disorder (BPD) as well that found among healthy controls. Adults (= 152, aged 18-65 years) with BPD, APD, or no psychopathology participated in a 3-week computerized diary study. We examined temporal instability in negative affect using experience-sampling methods. Both within and between days, individuals with APD showed greater affective instability compared to the healthy control individuals, although less affective instability compared to individuals with BPD. The findings are in line with affective instability (or emotional lability) as a key dimension relevant across personality disorders. Additionally, they emphasize the need for research and clinical attention to affective characteristics (alongside the more readily recognized interpersonal characteristics) of APD. (PsycINFO Database Record

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40. BMC Fam Pract. 2016 Aug 5;17:106. doi: 10.1186/s12875-016-0479-y.

Suicide risk in primary care patients diagnosed with a personality disorder: a nested case control study.

[Doyle M](#)^{1,2}, [While D](#)³, [Mok PL](#)³, [Windfuhr K](#)³, [Ashcroft DM](#)^{4,5}, [Kontopantelis E](#)^{6,7}, [Chew-Graham CA](#)^{8,9}, [Appleby L](#)³, [Shaw J](#)³, [Webb RT](#)³.

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- ⁸Research Institute, Primary Care and Health Sciences, Keele University, Keele, England.
- ⁹West Midlands Collaboration for Leadership in Applied Health Research and Care (CLAHRC), Keele, England.

Abstract

BACKGROUND:

Personality disorder (PD) is associated with elevated suicide risk, but the level of risk in primary care settings is unknown. We assessed whether PD among primary care patients is linked with a greater elevation in risk as compared with other psychiatric diagnoses, and whether the association is modified by gender, age, type of PD, and comorbid alcohol misuse.

METHODS:

Using data from the UK Clinical Practice Research Datalink, 2384 suicides were matched to 46,899 living controls by gender, age, and registered practice. Prevalence of PD, other

mental disorders, and alcohol misuse was calculated for cases and controls separately and conditional logistic regression models were used to estimate exposure odds ratios. We also fitted gender interaction terms and formally tested their significance, and estimated gender age-specific effects.

RESULTS:

We found a 20-fold increase in suicide risk for patients with PD versus no recorded psychiatric disorder, and a four-fold increase versus all other psychiatric illnesses combined. Borderline PD and PD with comorbid alcohol misuse were associated with a 37- and 45-fold increased risk, respectively, compared with those with no psychiatric disorders. Relative risks were higher for female than for male patients with PD. Significant risks associated with PD diagnosis were identified across all age ranges, although the greatest elevations were in the younger age ranges, 16-39 years.

CONCLUSIONS:

The large elevation in suicide risk among patients diagnosed with PD and comorbid alcohol misuse is a particular concern. GPs have a potentially key role to play in intervening with patients diagnosed with PD, particularly in the presence of comorbid alcohol misuse, which may help reduce suicide risk. This would mean working with specialist care, agreed clinical pathways and availability of services for comorbidities such as alcohol misuse, as well as opportunities for GPs to develop specific clinical skills.

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41. J Dual Diagn. 2016 Aug 5:0. [Epub ahead of print]

[Co-Occurring Disorders: A Challenge For Mexican Community-Based Residential Care Facilities For Substance Use.](#)

[Marín-Navarrete R](#)¹, [Medina-Mora ME](#)¹, [Horigian VE](#)², [Salloum IM](#)³, [Villalobos-Gallegos L](#)¹, [Fernández-Mondragón J](#)¹.

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Abstract

Objective In Mexico specialized treatment services for people with co-occurring disorders are limited within public health services, while private options are deemed too costly. Over 2,000 community-based residential care facilities have risen as an alternative and are the main source of treatment for individuals with substance use disorders; however suboptimal practices within such facilities are common. Information on the clinical characteristics of patients receiving care in these facilities is scarce and capacity to provide high quality care for co-occurring disorders is unknown. The aims of this study were to examine the prevalence of co-occurring disorders in patients receiving treatment for substance use in these community-based residential centers and to assess whether the presence of co-occurring disorders is associated with higher severity of substance use, psychiatric symptomatology and other health risks.

METHODS:

This study was conducted with 601 patients receiving treatment for substance use disorders at 30 facilities located in five Mexican states, recruited in 2013 and 2014. Patients were assessed with self-report measures on substance use, service utilization, suicidality, HIV risk behaviors, psychiatric symptomatology and psychiatric disorder diagnostic criteria.

RESULTS:

The prevalence of any co-occurring disorder in this sample was 62.6%. Antisocial personality disorder was the most prevalent (43.8%) followed by major depressive disorder (30.9%). The presence of a co-occurring disorder was associated with higher severity of psychiatric symptoms (aB = .496, SE = .050, $p < .05$); more days of substance use (aB = .219, SE = .019, $p < .05$); current suicidal ideation (aOR = 5.07, 95% CI [2.58, 11.17]; $p < .05$), plans (aOR = 5.17 95% CI [2.44, 12.73]; $p < .05$), and attempts (aOR = 6.43 95% CI [1.83, 40.78]; $p < .05$); more sexual risk behaviors; and more contact with professional services (aOR = 1.77, 95% CI [1.26, 2.49], $p < .05$).

CONCLUSIONS:

Co-occurring disorders are highly prevalent in community-based residential centers in Mexico and are associated with significantly increased probability of other health risks. This highlights the need to develop care standards for this population and the importance of clinical research in these settings.

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42. Expert Opin Pharmacother. 2016 Aug 3. [Epub ahead of print]

An update on pharmacotherapy for personality disorders.

[Mazza M](#)¹, [Marano G](#)¹, [Janiri L](#)¹.

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43. J Sex Med. 2016 Sep;13(9):1323-31. doi: 10.1016/j.jsxm.2016.06.015. Epub 2016 Jul 30.

Understanding the Personality and Behavioral Mechanisms Defining Hypersexuality in Men Who Have Sex With Men.

[Miner MH](#)¹, [Romine RS](#)², [Raymond N](#)³, [Janssen E](#)⁴, [MacDonald A 3rd](#)⁵, [Coleman E](#)⁶.

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Abstract

INTRODUCTION:

Hypersexuality has been conceptualized as sexual addiction, compulsivity, and impulsivity, among others, in the absence of strong empirical data in support of any specific conceptualization.

AIM:

To investigate personality factors and behavioral mechanisms that are relevant to hypersexuality in men who have sex with men.

METHODS:

A sample of 242 men who have sex with men was recruited from various sites in a moderate-size mid-western city. Participants were assigned to a hypersexuality group or a control group using an interview similar to the Structured Clinical Interview for the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition. Self-report inventories were administered that measured the broad personality constructs of positive emotionality, negative emotionality, and constraint and more narrow constructs related to sexual behavioral control, behavioral activation, behavioral inhibition, sexual excitation, sexual inhibition, impulsivity, attention-deficit/hyperactivity disorder, and sexual behavior.

MAIN OUTCOME MEASURES:

Hierarchical logistic regression was used to determine the relation between these personality and behavioral variables and group membership.

RESULTS:

A hierarchical logistic regression controlling for age showed a significant positive relation between hypersexuality and negative emotionality and a negative relation with constraint. None of the behavioral mechanism variables entered this equation. However, a hierarchical multiple regression analysis predicting sexual behavioral control indicated that lack of such

control was positively related to sexual excitation and sexual inhibition owing to the threat of performance failure and negatively related to sexual inhibition owing to the threat of performance consequences and general behavioral inhibition

CONCLUSION:

Hypersexuality was found to be related to two broad personality factors that are characterized by emotional reactivity, risk taking, and impulsivity. The associated lack of sexual behavior control is influenced by sexual excitatory and inhibitory mechanisms, but not by general behavioral activation and inhibitory mechanisms.

TRIAL REGISTRATION:

ClinicalTrials.gov .

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PMCID: PMC4996734 [Available on 2017-09-01]

PMID: 27486137 [PubMed - in process]

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Items 1 - 52 of 52

1. PLoS One. 2016 Sep 30;11(9):e0163901. doi: 10.1371/journal.pone.0163901.

Decision Making Impairment: A Shared Vulnerability in Obesity, Gambling Disorder and Substance Use Disorders?

[Mallorquí-Bagué N](#)^{1,2}, [Fagundo AB](#)^{1,2}, [Jimenez-Murcia S](#)^{1,2,3}, [de la Torre R](#)^{2,4}, [Baños RM](#)^{2,5}, [Botella C](#)^{2,6}, [Casanueva FE](#)^{2,7}, [Crujeiras AB](#)^{2,7}, [Fernández-García JC](#)^{2,8}, [Fernández-Real JM](#)^{2,9}, [Frühbeck G](#)^{2,10}, [Granero R](#)^{2,11}, [Rodríguez A](#)^{2,10}, [Tolosa-Sola I](#)¹, [Ortega FJ](#)^{2,9}, [Tinahones FJ](#)^{2,8}, [Alvarez-Moya E](#)¹, [Ochoa C](#)¹, [Menchón JM](#)^{1,3,12}, [Fernández-Aranda F](#)^{1,2,3}.

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Abstract

INTRODUCTION:

Addictions are associated with decision making impairments. The present study explores decision making in Substance use disorder (SUD), Gambling disorder (GD) and Obesity (OB) when assessed by Iowa Gambling Task (IGT) and compares them with healthy controls (HC).

METHODS:

For the aims of this study, 591 participants (194 HC, 178 GD, 113 OB, 106 SUD) were assessed according to DSM criteria, completed a sociodemographic interview and conducted the IGT.

RESULTS:

SUD, GD and OB present impaired decision making when compared to the HC in the overall task and task learning, however no differences are found for the overall performance in the IGT among the clinical groups. Results also reveal some specific learning across the task patterns within the clinical groups: OB maintains negative scores until the third set where learning starts but with a less extend to HC, SUD presents an early learning followed by a progressive although slow improvement and GD presents more random choices with no learning.

CONCLUSIONS:

Decision making impairments are present in the studied clinical samples and they display individual differences in the task learning. Results can help understanding the underlying mechanisms of OB and addiction behaviors as well as improve current clinical treatments. PMID: 27690367 [PubMed - as supplied by publisher]

2. Parkinsonism Relat Disord. 2016 Sep 21. pii: S1353-8020(16)30378-9. doi: 10.1016/j.parkreldis.2016.09.020. [Epub ahead of print]

Response to the letter: "Obsessive compulsive personality disorder in Progressive Supranuclear Palsy" by Golimstok.

[Nicoletti A](#)¹, [Luca A](#)¹, [Luca M](#)², [Donzuso G](#)¹, [Mostile G](#)¹, [Raciti L](#)¹, [Contrafatto D](#)¹, [Dibilio V](#)¹, [Sciacca G](#)¹, [Cicero CE](#)¹, [Vasta R](#)¹, [Petralia A](#)², [Zappia M](#)³.

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PMID: 27688198 [PubMed - as supplied by publisher]

3. Front Psychol. 2016 Sep 14;7:1373. doi: 10.3389/fpsyg.2016.01373. eCollection 2016.

Emotion Regulation in Schema Therapy and Dialectical Behavior Therapy.

[Fassbinder E](#)¹, [Schweiger U](#)¹, [Martius D](#)², [Brand-de Wilde O](#)², [Arntz A](#)³.

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Abstract

Schema therapy (ST) and dialectical behavior therapy (DBT) have both shown to be effective treatment methods especially for borderline personality disorder. Both, ST and DBT, have

their roots in cognitive behavioral therapy and aim at helping patient to deal with emotional dysregulation. However, there are major differences in the terminology, explanatory models and techniques used in the both methods. This article gives an overview of the major therapeutic techniques used in ST and DBT with respect to emotion regulation and systematically puts them in the context of James Gross' process model of emotion regulation. Similarities and differences of the two methods are highlighted and illustrated with a case example. A core difference of the two approaches is that DBT directly focusses on the acquisition of emotion regulation skills, whereas ST does seldom address emotion regulation directly. All DBT-modules (mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness) are intended to improve emotion regulation skills and patients are encouraged to train these skills on a regular basis. DBT assumes that improved skills and skills use will result in better emotion regulation. In ST problems in emotion regulation are seen as a consequence of adverse early experiences (e.g., lack of safe attachment, childhood abuse or emotional neglect). These negative experiences have led to unprocessed psychological traumas and fear of emotions and result in attempts to avoid emotions and dysfunctional meta-cognitive schemas about the meaning of emotions. ST assumes that when these underlying problems are addressed, emotion regulation improves. Major ST techniques for trauma processing, emotional avoidance and dysregulation are limited reparenting, empathic confrontation and experiential techniques like chair dialogs and imagery rescripting.

Free Article

PMID: 27683567 [PubMed]

[Similar articles](#)



4. Eur Child Adolesc Psychiatry. 2016 Sep 28. [Epub ahead of print]

[Psychopathic personality traits in 5 year old twins: the importance of genetic and shared environmental influences.](#)

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Abstract

There is limited research on the genetic and environmental bases of psychopathic personality traits in children. In this study, psychopathic personality traits were assessed in a total of 1189 5-year-old boys and girls drawn from the Preschool Twin Study in Sweden. Psychopathic personality traits were assessed with the Child Problematic Traits Inventory, a teacher-report measure of psychopathic personality traits in children ranging from 3 to 12 years old. Univariate results showed that genetic influences accounted for 57, 25, and 74 % of the variance in the grandiose-deceitful, callous-unemotional, and impulsive-need for stimulation dimensions, while the shared environment accounted for 17, 48 and 9 % (n.s.) in grandiose-deceitful and callous-unemotional, impulsive-need for stimulation dimensions, respectively. No sex differences were found in the genetic and environmental variance components. The non-shared environment accounted for the remaining 26, 27 and 17 % of the variance, respectively. The three dimensions of psychopathic personality were moderately correlated (0.54-0.66) and these correlations were primarily mediated by genetic and shared environmental factors. In contrast to research conducted with adolescent and adult twins, we found that both genetic and shared environmental factors influenced psychopathic personality traits in early childhood. These findings indicate that etiological models of psychopathic personality traits would benefit by taking developmental stages and processes into consideration.

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5. J Trauma Dissociation. 2016 Sep 28. [Epub ahead of print]

[Depersonalization and Derealization in Self-Report and Clinical Interview: The Spectrum of Borderline Personality Disorder, Dissociative Disorders, and Healthy Controls.](#)

[Sar V](#)¹, [Alioğlu F](#)², [Akyuz G](#)³.

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- ³c Private Practice , İzmir , Turkey.

Abstract

Depersonalization (DEP) and derealization (DER) were examined among college students with and without borderline personality disorder (BPD) and/or dissociative disorders (DDs) by self-report and clinician assessment. The Steinberg Depersonalization and Derealization Questionnaires (SDEPQ and SDERQ), the Childhood Trauma Questionnaire, and the screening tool of the BPD section of the Structured Clinical Interview for DSM-IV (SCID-BPD) were administered to 1301 students. Those with BPD (n = 80) according to the SCID-BPD and 111 non-BPD controls were evaluated using the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) by a psychiatrist blind to the diagnosis. Of the participants, 19.7% reported SDEPQ (17.8%) and/or SDERQ (11.0%) scores above cut-off levels and impairment by these experiences. Principle component analysis of 26 items of both scales yielded four factors: cognitive-emotional, perceptual, and bodily detachment, and detachment from reality. Participants with concurrent DD and BPD had the highest scores of DEP and DER in clinical interview and self-report. The total number of BPD criteria were associated with severity of childhood trauma and dissociation. Both BPD and DD were associated with clinician-assessed and self-reported DER, and self-reported DEP and cognitive-emotional self-detachment factor. Unlike BPD, DD was associated with clinician assessed DEP and BPD was related to the self-reported "detachment from reality" factor. While the latter was correlated with total childhood trauma score, possibly due to dissociative amnesia, clinician-assessed DER did not. Being the closest factor to BPD, the factor of "detachment from reality" warrants further study.

PMID: 27681414 [PubMed - as supplied by publisher]

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6. J Youth Adolesc. 2016 Sep 28. [Epub ahead of print]

[Childhood Adversity and Early Initiation of Alcohol Use in Two Representative Samples of Puerto Rican Youth.](#)

[Ramos-Olazagasti MA](#)¹, [Bird HR](#)², [Canino GJ](#)³, [Duarte CS](#)².

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Abstract

Early alcohol use is associated with multiple negative outcomes later in life, including substance use disorders. Identification of factors related to this very early risk indicator can help inform early prevention efforts. This study prospectively examined the relationship between childhood adversities and early initiation of alcohol use (by age 14) among Puerto Rican youth, the Latino subgroup at highest risk for alcohol use disorders in adulthood. The data come from the Boricua Youth Study, a longitudinal study of Puerto Rican youth in two sites (South Bronx, New York, and the standard metropolitan area of San Juan, Puerto Rico). We focus on youth who were ages 10 and older at Wave 1 [$M_{\text{age at Wave 1}} (SE) = 11.64(0.05)$, $N = 1259$, 48.85 % females]. Twelve childhood adversities were measured at Wave 1 and include 10 adverse childhood experiences commonly studied and two additional ones (exposure to violence and discrimination) that were deemed relevant for this study's population. Early initiation of alcohol use was determined based on youth report at Waves 1 through 3 (each wave 1 year apart). Cox proportional hazards models showed that, when considered individually, adversities reflecting child maltreatment, parental maladjustment, and sociocultural stressors were related to early initiation of alcohol use. Significant gender interactions were identified for parental emotional problems and exposure to violence, with associations found among girls only. Adversities often co-occurred, and when they were considered jointly, physical and emotional abuse, parental antisocial personality, and exposure to violence had independent associations with early alcohol use, with a stronger influence of exposure to violence in girls compared to boys. The accumulation of adversities, regardless of the specific type of exposure, increased the risk for starting to drink at a young age in a linear way. The associations between childhood adversities and early alcohol use were generally consistent across sociocultural contexts, in spite of differences in the prevalence of exposure to adversity. Our findings highlight the importance of targeting multiple adversities and expanding the notion of adversity to capture the experiences of specific groups more adequately.

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7.J Trauma Dissociation. 2016 Sep 28. [Epub ahead of print]

The Extent of Dissociation in Borderline Personality Disorder: A Meta-Analytic Review.

[Scalabrini A](#)^{1,2}, [Cavicchioli M](#)^{2,3}, [Fossati A](#)^{2,4}, [Maffei C](#)^{2,3} .

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Abstract

Several authors studied dissociation within the Borderline Personality Disorder (BPD) population and postulated three dissociative subgroups. Conversely, other authors suggest how dissociation may play a central role in the development of trauma related disorders and specifically in BPD. Nevertheless, the role of dissociation in BPD seems to be controversial. Our aim is to propose a meta-analytic review of literature to evaluate the extent of dissociation in BPD compared to other psychopathological disorders to clarify its role in this specific condition. 10 studies resulted eligible for a total of 2035 subjects. Results show how levels of dissociation in BPD are higher than other psychiatric disorders in general, albeit this difference is moderate, and the heterogeneity of effect sizes is large. Particularly, BPD individuals seem to show higher levels of dissociation than several psychiatric and personality disorders but not than dissociative disorders and post-traumatic stress disorder. These findings support that dissociation it's not specifically a core feature of BPD and, in addition, sustain the existence of a continuum of severity within the psychiatric population. Nevertheless, the current work showed several limits related to the paucity of studies included, the heterogeneity of control groups, their clear definition and the statistical robustness of results. Additionally, our conclusions require future research in order to explain the role of different forms of dissociation and their etiological factors among psychiatric population. Eventually, we invite clinicians and researchers to systematically evaluate dissociation in order to reach a better diagnosis for a more specific treatment indication.

PMID: 27681284 [PubMed - as supplied by publisher]

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8. World J Psychiatry. 2016 Sep 22;6(3):381-90. doi: 10.5498/wjp.v6.i3.381. eCollection 2016.

[Understanding the paranoid psychosis of James: Use of the repertory grid technique for case conceptualization.](#)

[García-Mieres H](#)¹, [Ochoa S](#)¹, [Salla M](#)¹, [López-Carrilero R](#)¹, [Feixas G](#)¹.

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Abstract

In this paper we illustrate the potential of the repertory grid technique as an instrument for case formulation and understanding of the personal perception and meanings of people with a diagnosis of psychotic disorders. For this purpose, the case of James is presented: A young man diagnosed with schizophrenia and personality disorder, with severe persecutory delusions and other positive symptoms that have not responded to antipsychotic medication, as well with depressive symptomatology. His case was selected because of the way his symptoms are reflected in his personal perception of self and others, including his main persecutory figure, in the different measures that result from the analysis of his repertory grid. Some key clinical hypotheses and possible targets for therapy are discussed.

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9. Australas Psychiatry. 2016 Sep 27. pii: 1039856216671661. [Epub ahead of print]

[Transference-Focused Psychotherapy in Australian psychiatric training and practice.](#)

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Abstract

OBJECTIVE:

This article discusses Transference-Focused Psychotherapy, a contemporary evidence-based and manualised form of psychoanalytic psychotherapy for borderline personality disorder. Transference focused psychotherapy has evolved from decades of research in the object-relations approach developed by Professor Otto Kernberg and his collaborators. It is being adopted increasingly throughout North and South America and Europe, and this article explores the role its adoption might play in psychiatric training as well as public and private service provision contexts in Australia.

CONCLUSIONS:

Transference focused psychotherapy is readily applicable in a range of training, research and public and private service provision contexts in Australia. A number of aspects of current Australian psychiatric training and practice, such as the Royal Australian and New Zealand College of Psychiatrists advanced training certificate, and the Australian Medicare schedule, make it especially relevant for this purpose.

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10. Personal Ment Health. 2016 Sep 28. doi: 10.1002/pmh.1358. [Epub ahead of print]

Dependence: a strange but important outlier in personality disorders.

[Tyrer P](#)¹.

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PMID: 27678222 [PubMed - as supplied by publisher]

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11. Cogn Neuropsychiatry. 2016 Sep 28:1-13. [Epub ahead of print]

The effect of childhood trauma and Five-Factor Model personality traits on exposure to adult life events in patients with psychotic disorders.

[Pos K](#)¹, [Boyette LL](#)², [Meijer CJ](#)¹, [Koeter M](#)¹, [Krabbendam L](#)^{3,4}, [de Haan L](#)¹; [for GROUP](#).

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Abstract

INTRODUCTION:

Recent life events are associated with transition to and outcome in psychosis. Childhood trauma and personality characteristics play a role in proneness to adult life events. However, little is known about the relative contribution and interrelatedness of these characteristics in psychotic disorders. Therefore, we investigated whether Five-Factor Model (FFM) personality traits and childhood trauma (abuse and neglect) predict adult life events, and whether the effect of childhood trauma on life events is mediated by personality traits.

METHOD:

One hundred and sixty-three patients with psychotic disorders were assessed at baseline on history of childhood maltreatment and FFM personality traits, and on recent life events at 3-year follow-up.

RESULTS:

Childhood abuse is associated with negative life events, and part of the effect of childhood abuse on negative life events is mediated by openness to experience. Openness to experience and extraversion are associated with more positive and negative life events. Childhood neglect and lower extraversion are related to experiencing less positive events.

CONCLUSION:

The association between childhood trauma and recent life events is partly mediated by personality. Future research could focus on mechanisms leading to positive life events, as positive life events may buffer against development of mental health problems.

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12. CNS Spectr. 2016 Sep 27:1-15. [Epub ahead of print]

Schizo-obsessive spectrum disorders: an update.

[Scotti-Muzzi E](#)¹, [Saide OL](#)¹.

Author information:

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Abstract

The presence of obsessive-compulsive symptoms (OCS) and obsessive-compulsive disorders (OCD) in schizophrenia is frequent, and a new clinical entity has been proposed for those who show the dual diagnosis: the schizo-obsessive disorder. This review scrutinizes the literature across the main academic databases, and provides an update on different aspects of schizo-obsessive spectrum disorders, which include schizophrenia, schizotypal personality disorder (SPD) with OCD, OCD with poor insight, schizophrenia with OCS, and schizophrenia with OCD (schizo-obsessive disorder). An epidemiological discussion on the discrepancies observed in the prevalence of OCS and OCD in schizophrenia across time is provided, followed by an overview of the main clinical and phenomenological features of the disorder in comparison to the primary conditions under a spectral perspective. An updated and comparative analysis of the main genetic, neurobiological, neurocognitive, and pharmacological treatment aspects for the schizo-obsessive spectrum is provided, and a discussion on endophenotypic markers is introduced in order to better understand its

substrate. There is sufficient evidence in the literature to demonstrate the clinical relevance of the schizo-obsessive spectrum, although little is known about the neurobiology, genetics, and neurocognitive aspects of these groups. The pharmacological treatment of these patients is still challenging, and efforts to search for possible specific endophenotypic markers would open new avenues in the knowledge of schizo-obsessive spectrum.

PMID: 27669819 [PubMed - as supplied by publisher]

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13. Psychoneuroendocrinology. 2016 Sep 16;74:203-211. doi: 10.1016/j.psyneuen.2016.09.011. [Epub ahead of print]

Hypothalamic-pituitary-adrenal axis, childhood adversity and adolescent nonsuicidal self-injury.

[Reichl C](#)¹, [Heyer A](#)², [Brunner R](#)³, [Parzer P](#)⁴, [Völker JM](#)³, [Resch F](#)⁴, [Kaess M](#)⁵.

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Abstract

BACKGROUND:

Whereas childhood adversity (CA) and the hypothalamus-pituitary-adrenal (HPA) axis have been suggested to play a major role in the etiology of non-suicidal self-injury (NSSI), no study has thus far investigated both its associations and interactions with adolescent NSSI.

METHOD:

We investigated CA (antipathy, neglect, physical, psychological, and sexual abuse) and indices of HPA axis activity (salivary and hair cortisol) in a clinical sample of 26 adolescents engaging in NSSI and 26 age- and gender-matched healthy controls (HC). We used standardized interviews for the assessment of CA (CECA), NSSI (SITBI-G), and axis I diagnoses (MINI-KID). Salivary cortisol sampling was surveyed using a monitoring system and instructed via telephone calls.

RESULTS:

Adolescents engaging in NSSI exhibited significantly higher cortisol awakening responses compared to HC. No differences were found with respect to the diurnal slope or hair cortisol. In the presence of CA, healthy adolescents showed flattened diurnal cortisol slopes while those engaging in NSSI exhibited significantly steeper ones.

CONCLUSIONS:

Our findings indicate that adolescents engaging in NSSI may exhibit a stronger cortisol awakening response, potentially in expectation of strain. However, elevated cortisol levels may not be maintained throughout the day, especially among adolescents with a history of CA.

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PMID: 27665080 [PubMed - as supplied by publisher]

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14. J Psychosom Res. 2016 Oct;89:26-31. doi: 10.1016/j.jpsychores.2016.07.013. Epub 2016 Jul 22.

[The association between personality traits, cognitive reactivity and body mass index is](#)

dependent on depressive and/or anxiety status.

[Paans NP](#)¹, [Bot M](#)², [Gibson-Smith D](#)², [Van der Does W](#)³, [Spinhoven P](#)³, [Brouwer I](#)⁴, [Visser M](#)⁴, [Penninx BW](#)².

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Abstract

OBJECTIVE:

A range of biological, social and psychological factors, including depression and anxiety disorders, is thought to be associated with higher body mass index (BMI). Depression and anxiety disorders are associated with specific psychological vulnerabilities, like personality traits and cognitive reactivity, that may also be associated with BMI. The relationship between those psychological vulnerabilities and BMI is possibly different in people with and without depression and anxiety disorders. Therefore, we examined the relationship between personality traits, cognitive reactivity and severity of affective symptoms with BMI in people with and without depression and anxiety disorders.

METHODS:

Data from 1249 patients with current major depressive and/or anxiety disorder and 631 healthy controls were sourced from the Netherlands Study of Depression and Anxiety. Linear and logistic regression analyses were used to determine the associations between personality traits (neuroticism, extraversion, conscientiousness), cognitive reactivity (hopelessness, aggression, rumination, anxiety sensitivity), depression and anxiety symptoms with BMI classes (normal: 18.5-24.9, overweight: 25-29.9, and obese: ≥ 30 kg/m²) and

continuous BMI. Due to significant statistical interaction, analyses were stratified for healthy individuals and depressed/anxious patients.

RESULTS:

Personality traits were not consistently related to BMI. In patients, higher hopelessness and aggression reactivity and higher depression and anxiety symptoms were associated with higher BMI. In contrast, in healthy individuals lower scores on hopelessness, rumination, aggression reactivity and anxiety sensitivity were associated with higher BMI.

CONCLUSION:

These results suggest that, particularly in people with psychopathology, cognitive reactivity may contribute to obesity.

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PMID: 27663107 [PubMed - in process]

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15. J Pers Assess. 2016 Sep 23:1-7. [Epub ahead of print]

[Hierarchical Structure and Cross-Cultural Measurement Invariance of the Norwegian Version of the Personality Inventory for DSM-5.](#)

[Thimm JC](#)¹, [Jordan S](#)¹, [Bach B](#)².

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- ¹a Department of Psychology , University of Tromsø , Norway.
- ²b Psychiatric Research Unit , Region Zealand , Denmark.

Abstract

The Personality Inventory for DSM-5 (PID-5) was created to aid a trait-based diagnostic system for personality disorders (PDs) in the Diagnostic and Statistical Manual of Mental Disorders (5th ed. [DSM-5]; American Psychiatric Association, 2013a). In this study, we aimed to evaluate the Norwegian version of the PID-5 by examining its score reliability,

hierarchical structure, congruency with international findings, and cross-cultural measurement invariance with a matched U.S.

SAMPLE:

For this purpose, 503 university students (76% females) were administered the PID-5. The Norwegian PID-5 showed good score reliability and structural validity from 1 to 5 factors. The 5-factor structure was generally congruent with international findings, and support for measurement invariance across the Norwegian and a matched U.S. sample was found. Conclusively, the results indicate that scores on the Norwegian PID-5 have sound psychometric properties, which are substantially comparable with the original U.S. version, supporting its use in a Norwegian population.

PMID: 27661474 [PubMed - as supplied by publisher]

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16. J Nerv Ment Dis. 2016 Sep 22. [Epub ahead of print]

Borderline Personality Disorder and Narcissistic Personality Disorder Diagnoses From the Perspective of the DSM-5 Personality Traits: A Study on Italian Clinical Participants.

[Fossati A](#)¹, [Somma A](#), [Borroni S](#), [Maffei C](#), [Markon KE](#), [Krueger RF](#).

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Abstract

To evaluate the associations between Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) Alternative Model of Personality Disorder traits and domains and categorically diagnosed narcissistic personality disorder (NPD) and borderline personality disorder (BPD), respectively, 238 inpatient and outpatient participants who were consecutively admitted to the Clinical Psychology and Psychotherapy Unit of San Raffaele Hospital in Milan, Italy, were administered the Personality Inventory for DSM-5 (PID-5) and

the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II). Based on SCID-II, the participants were assigned to the following groups: a) NPD (n = 49), b) BPD (n = 32), c) any other PD (n = 91), and d) no PD (n = 63). Emotional lability, separation insecurity, depressivity, impulsivity, risk taking, and hostility were significantly associated with BPD diagnosis. Attention seeking significantly discriminated participants who received an SCID-II categorical NPD diagnosis. Separation insecurity, impulsivity, distractibility, and perceptual dysregulation were the DSM-5 traits that significantly discriminated BPD participants. Domain-level analyses confirmed and extended trait-level findings.

PMID: 27660996 [PubMed - as supplied by publisher]

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17. Eur J Psychotraumatol. 2016 Sep 21;7:32473. doi: 10.3402/ejpt.v7.32473. eCollection 2016.

Narrative exposure therapy for posttraumatic stress disorder associated with repeated interpersonal trauma in patients with severe mental illness: a mixed methods design.

[Mauritz MW](#)^{1,2}, [Van Gaal BG](#)³, [Jongedijk RA](#)^{4,5}, [Schoonhoven L](#)^{3,6}, [Nijhuis-van der Sanden MW](#)³, [Goossens PJ](#)^{3,7,8,9}.

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- ⁵Arq Psychotrauma Expert Group, Diemen, The Netherlands.
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- ⁹GGZ-VS, Institute for Education of Clinical Nurse Specialist in Mental Health, Utrecht, The Netherlands.

Abstract

BACKGROUND:

In the Netherlands, most patients with severe mental illness (SMI) receive flexible assertive community treatment (FACT) provided by multidisciplinary community mental health teams. SMI patients with comorbid posttraumatic stress disorder (PTSD) are sometimes offered evidence-based trauma-focused treatment like eye movement desensitization reprocessing or prolonged exposure. There is a large amount of evidence for the effectiveness of narrative exposure therapy (NET) within various vulnerable patient groups with repeated interpersonal trauma. Some FACT-teams provide NET for patients with comorbid PTSD, which is promising, but has not been specifically studied in SMI patients.

OBJECTIVES:

The primary aim is to evaluate NET in SMI patients with comorbid PTSD associated with repeated interpersonal trauma to get insight into whether (1) PTSD and dissociative symptoms changes and (2) changes occur in the present SMI symptoms, care needs, quality of life, global functioning, and care consumption. The second aim is to gain insight into patients' experiences with NET and to identify influencing factors on treatment results.

METHODS:

This study will have a mixed methods convergent design consisting of quantitative repeated measures and qualitative semi-structured in-depth interviews based on Grounded Theory. The study population will include adult SMI outpatients (n=25) with comorbid PTSD and receiving NET. The quantitative study parameters will be existence and severity of PTSD, dissociative, and SMI symptoms; care needs; quality of life; global functioning; and care consumption. In a longitudinal analysis, outcomes will be analyzed using mixed models to estimate the difference in means between baseline and repeated measurements. The qualitative study parameters will be experiences with NET and perceived factors for success or failure. Integration of quantitative and qualitative results will be focused on interpreting how qualitative results enhance the understanding of quantitative outcomes.

DISCUSSION:

The results of this study will provide more insight into influencing factors for clinical changes in this population.

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18. Eur Psychiatry. 2016 Sep 19;38:45-50. doi: 10.1016/j.eurpsy.2016.04.005. [Epub ahead of print]

Early-adult outcome of child and adolescent mental disorders as evidenced by a national-based case register survey.

[Castagnini AC](#)¹, [Foldager L](#)², [Caffo E](#)³, [Thomsen PH](#)⁴.

Author information:

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- ³Department of Clinical and Diagnostic Medicine and Public Health, University of Modena and Reggio Emilia, Modena, Italy.
- ⁴Centre for Child and Adolescent Psychiatry, Aarhus University Hospital, and Department of Clinical Medicine, Aarhus University, Denmark.

Abstract

BACKGROUND:

Mental disorders show varying degrees of continuity from childhood to adulthood. This study addresses the relationship of child and adolescent mental disorders to early adult psychiatric morbidity.

METHODS:

From a population at risk of 830,819 children and adolescents aged 6-16 years, we selected all those (n=6043) who were enrolled for the first time in the Danish Psychiatric Register with an ICD-10 F00-99 diagnosis in 1995-1997, and identified any mental disorder for which they received treatment up to 2009.

RESULTS:

Neurodevelopmental and conduct disorders were the principal diagnostic groups at 6-16 years and exhibited a characteristic male preponderance; while affective, eating, neurotic, stress-related and adjustment disorders were more common in girls. Over a mean follow-up period of 10.1 years, 1666 (27.6%) cases, mean age 23.4 years, were referred for treatment to mental health services, and they had a markedly higher risk than the general population (RR 5.1; 95% CI 4.9-5.4). Affective, eating, neurodevelopmental, obsessive-compulsive and

psychotic disorders had the strongest continuity. Heterotypic transitions were observed for affective, eating, neurodevelopmental, personality and substance use disorders.

CONCLUSIONS:

These findings suggest that individuals with psychiatric antecedents in childhood and adolescence had a high risk of being referred for treatment in early adulthood, and many mental disorders for which they required treatment revealed both homotypic and heterotypic continuity.

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19. Psychopathology. 2016 Sep 22. [Epub ahead of print]

Empirically Derived Relational Pattern Prototypes in the Treatment of Personality Disorders.

[Colli A¹](#), [Tanzilli A](#), [Gualco I](#), [Lingiardi V](#).

Author information:

- ¹Department of Humanistic Studies, University of Urbino 'Carlo Bo', Urbino, Italy.

Abstract

BACKGROUND:

Patient transference patterns play a central role in the psychotherapy of personality disorders.

OBJECTIVE:

The aims of this study were to: (1) explore the relationship between patients' personality disorders and specific relational patterns and (2) construct empirically derived prototypes of relational patterns for each personality disorder.

SAMPLING AND METHODS:

A random national sample of 314 clinicians completed the Psychotherapy Relationship Questionnaire, which evaluates patients' relational patterns, and the Shedler-Westen Assessment Procedure-200, which assesses personality disorders in a randomly selected patient currently in the clinician's care and with whom the clinician has worked for a minimum of 8 sessions and a maximum of 6 months (1 session per week).

RESULTS:

The avoidant/counterdependent transference pattern was associated with all cluster A personality disorders; the angry/entitled transference pattern was strongly positively associated with all cluster B personality disorders, and the anxious/preoccupied transference pattern was positively associated in a significant way with all cluster C personality disorders. Moreover, our empirically derived prototypes showed how the transference phenomena characteristic of each personality disorder are strongly coherent with the personality traits and mental and relational functioning of each specific disorder.

CONCLUSIONS:

The results strongly support a fundamental hypothesis that the patterns emerging in the therapeutic relationship are not arbitrary, and they clearly reflect patterns seen elsewhere in patients' lives that can be crucial to address. Regarding limitations, the same clinician provided data on both the personality pathology and the transference phenomena for each patient.

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PMID: 27654713 [PubMed - as supplied by publisher]

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20. Personal Ment Health. 2016 Sep 22. doi: 10.1002/pmh.1349. [Epub ahead of print]

A personality and impairment approach to examine the similarities and differences between avoidant personality disorder and social anxiety disorder.

[Carmichael KL](#)¹, [Sellbom M](#)², [Liggett J](#)¹, [Smith A](#)¹.

Author information:

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- ²Research School of Psychology, The Australian National University, Canberra, Australian Capital Territory, Australia. msellbom@psy.otago.ac.nz.

Abstract

The current study examined whether avoidant personality disorder (AvPD) and social anxiety disorder (SAD) should be considered distinct disorder constructs, which is a persistent and controversial issue in the clinical literature. We examined whether relative scores on SAD and AvPD were associated with the same personality profile and severity of impairment. The current research used a cross-sectional design and self-report inventories, including multiple measures of personality, impairment and psychopathology. Results from a mixed sample of 402 university and community participants found that scores on AvPD and SAD were similarly associated with personality traits and impairment indices. Moreover, a latent construct accounting for the shared variance for AvPD and SAD was associated with personality traits and impairment, whereas the residuals representing the uniquenesses of these disorder constructs were not. These findings support the view that AvPD and SAD are similar disorders from a phenotypic personality trait and impairment perspective. These findings are contrary to a prevalent view in the literature, known as severity continuum hypothesis, because the two disorders could not be meaningfully differentiated based on severity of impairment. Copyright © 2016 John Wiley & Sons, Ltd.

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PMID: 27653504 [PubMed - as supplied by publisher]

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21. *Anthropol Med.* 2016 Sep 21:1-15. [Epub ahead of print]

[How Voting and Consensus Created the Diagnostic and Statistical Manual of Mental Disorders \(DSM-III\).](#)

[Davies J¹](#).

Author information:

- ¹a 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 [PubMed - as supplied by publisher]

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22. Span J Psychol. 2016 Sep 20;19:E59. doi: 10.1017/sjp.2016.57.

[Effects of Acute Stress on Decision Making under Ambiguous and Risky Conditions in Healthy Young Men.](#)

[Cano-López I](#)¹, [Cano-López B](#)¹, [Hidalgo V](#)¹, [González-Bono E](#)¹.

Author information:

- ¹Universidad de Valencia (Spain).

Abstract

Acute stress and decision making (DM) interact in life - although little is known about the role of ambiguity and risk in this interaction. The aim of this study is to clarify the effect of acute stress on DM under various conditions. Thirty-one young healthy men were randomly distributed into two groups: experimental and control. DM processes were evaluated before and after an experimental session. For the experimental group, the session consisted of an acute stress battery; and the protocol was similar for the control group but the instructions were designed to minimize acute stress. Cardiovascular variables were continuously recorded 30 minutes before the DM tasks and during the experimental session. Cortisol,

glucose, mood responses, and personality factors were also assessed. Acute stress was found to enhance disadvantageous decisions under ambiguous conditions ($F(1, 29) = 4.16, p = .05, \eta^2 p = .13$), and this was mainly explained by the stress induced cortisol response (26.1% of variance, $F(1, 30) = 11.59, p = .002$). While there were no significant effects under risky conditions, inhibition responses differed between groups ($F(1, 29) = 4.21, p = .05, \eta^2 p = .13$) and these differences were explained by cardiovascular and psychological responses (39.1% of variance, $F(3, 30) = 7.42, p < .001$). Results suggest that DM tasks could compete with cognitive resources after acute stress and could have implications for intervention in acute stress effects on DM in contexts such as addiction or eating disorders.

PMID: 27644414 [PubMed - in process]

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23. Neuropsychopharmacology. 2016 Sep 20. doi: 10.1038/npp.2016.207. [Epub ahead of print]

[Glucocorticoid Administration Improves Aberrant Fear Processing Networks in Spider Phobia.](#)

[Nakataki M](#)^{1,2}, [Soravia LM](#)¹, [Schwab S](#)¹, [Horn H](#)¹, [Dierks T](#)¹, [Strik W](#)¹, [Wiest R](#)^{3,4}, [Heinrichs M](#)^{5,6}, [de Quervain DF](#)⁷, [Federspiel A](#)¹, [Morishima Y](#)^{1,8}.

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- ⁴Department of Diagnostic and Interventional Neuroradiology, Inselspital, University Hospital of Bern, Bern, Switzerland.
- ⁵Department of Psychology, Laboratory for Biological and Personality Psychology, University of Freiburg, Freiburg, Germany.
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- ⁷Division of Cognitive Neuroscience University of Basel, Basel, Switzerland.
- ⁸Japan Science and Technology Agency, PRESTO, Saitama, Japan.

Abstract

Glucocorticoids reduce phobic fear in patients with anxiety disorders. Previous studies have shown that fear-related activation of the amygdala can be mediated through the visual

cortical pathway, which includes the fusiform gyrus, or through other pathways. However, it is not clear which of the pathways that activate the amygdala is responsible for the pathophysiology of a specific phobia and how glucocorticoid treatment alleviates fear processing in these neural networks. We recorded brain activity with functional magnetic resonance imaging in patients with spider phobia who received either 20 mg of cortisol or a placebo while viewing pictures of spiders. We also tested healthy participants who did not receive any medication during the same task. We performed dynamic causal modelling (DCM), a connectivity analysis, to examine the effects of cortisol on the networks involved in processing fear and to examine if there was an association between these networks and the symptoms of the phobia. Cortisol administration suppressed phobic stimuli-related amygdala activity to levels comparable to the healthy participants and, reduced subjective phobic fear. The DCM analysis revealed that cortisol administration suppressed the aberrant inputs into the amygdala that did not originate from the visual cortical pathway, but rather from a fast subcortical pathway mediated by the pulvinar nucleus, and suppressed the interactions between the amygdala and fusiform gyrus. This network changes were distinguishable from healthy participants and considered the residual changes under cortisol administration. We also found that the strengths of the aberrant inputs into the amygdala were positively correlated with the severity of spider phobia. This study demonstrates that patients with spider phobia show an aberrant functional connectivity of the amygdala when they are exposed to phobia-related stimuli and that cortisol administration can alleviate this fear-specific neural connectivity. *Neuropsychopharmacology* accepted article preview online, 20 September 2016. doi:10.1038/npp.2016.207.

PMID: 27644128 [PubMed - as supplied by publisher]

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24. *Psychopathology*. 2016 Sep 20. [Epub ahead of print]

[Attentional Bias for Emotional Stimuli in Borderline Personality Disorder: A Meta-Analysis.](#)

[Kaiser D](#)¹, [Jacob GA](#), [Domes G](#), [Arntz A](#).

Author information:

- ¹Department of Psychology, Clinical Psychology and Psychotherapy, University of Freiburg, Freiburg, Germany.

Abstract

BACKGROUND:

In borderline personality disorder (BPD), attentional bias (AB) to emotional stimuli may be a core component in disorder pathogenesis and maintenance.

SAMPLING:

11 emotional Stroop task (EST) studies with 244 BPD patients, 255 nonpatients (NPs) and 95 clinical controls and 4 visual dot-probe task (VDPT) studies with 151 BPD patients or subjects with BPD features and 62 NPs were included.

METHODS:

We conducted two separate meta-analyses for AB in BPD. One meta-analysis focused on the EST for generally negative and BPD-specific/personally relevant negative words. The other meta-analysis concentrated on the VDPT for negative and positive facial stimuli.

RESULTS:

There is evidence for an AB towards generally negative emotional words compared to NPs (standardized mean difference, SMD = 0.311) and to other psychiatric disorders (SMD = 0.374) in the EST studies. Regarding BPD-specific/personally relevant negative words, BPD patients reveal an even stronger AB than NPs (SMD = 0.454). The VDPT studies indicate a tendency towards an AB to positive facial stimuli but not negative stimuli in BPD patients compared to NPs.

CONCLUSIONS:

The findings rather reflect an AB in BPD to generally negative and BPD-specific/personally relevant negative words rather than an AB in BPD towards facial stimuli, and/or a biased allocation of covert attentional resources to negative emotional stimuli in BPD and not a bias in focus of visual attention. Further research regarding the role of childhood traumatization and comorbid anxiety disorders may improve the understanding of these underlying processes.

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Reliability, Validity, and Clinical Utility of the Dominic Interactive for Adolescents-Revised: A DSM-5-Based Self-Report Screen for Mental Disorders, Borderline Personality Traits, and Suicidality.

[Bergeron L](#)¹, [Smolla N](#)², [Berthiaume C](#)³, [Renaud J](#)⁴, [Breton JJ](#)², [St-Georges M](#)³, [Morin P](#)³, [Zavaglia E](#)⁵, [Labelle R](#)⁶.

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Abstract

OBJECTIVES:

The Dominic Interactive for Adolescents-Revised (DIA-R) is a multimedia self-report screen for 9 mental disorders, borderline personality traits, and suicidality defined by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This study aimed to examine the reliability and the validity of this instrument.

METHODS:

French- and English-speaking adolescents aged 12 to 15 years (N = 447) were recruited from schools and clinical settings in Montreal and were evaluated twice. The internal consistency was estimated by Cronbach alpha coefficients and the test-retest reliability by intraclass correlation coefficients. Cutoff points on the DIA-R scales were determined by using

clinically relevant measures for defining external validation criteria: the Schedule for Affective Disorders and Schizophrenia for School-Aged Children, the Beck Hopelessness Scale, and the Abbreviated-Diagnostic Interview for Borderlines. Receiver operating characteristic (ROC) analyses provided accuracy estimates (area under the ROC curve, sensitivity, specificity, likelihood ratio) to evaluate the ability of the DIA-R scales to predict external criteria.

RESULTS:

For most of the DIA-R scales, reliability coefficients were excellent or moderate. High or moderate accuracy estimates from ROC analyses demonstrated the ability of the DIA-R thresholds to predict psychopathological conditions. These thresholds were generally capable to discriminate between clinical and school subsamples. However, the validity of the obsessions/compulsions scale was too low.

CONCLUSIONS:

Findings clearly support the reliability and the validity of the DIA-R. This instrument may be useful to assess a wide range of adolescents' mental health problems in the continuum of services. This conclusion applies to all scales, except the obsessions/compulsions one.

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PMID: 27638424 [PubMed - as supplied by publisher]

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26. J Anxiety Disord. 2016 Sep 13;43:79-89. doi: 10.1016/j.janxdis.2016.09.003. [Epub ahead of print]

Relative effects of cognitive and behavioral therapies on generalized anxiety disorder, social anxiety disorder and panic disorder: A meta-analysis.

[Cuijpers P](#)¹, [Gentili C](#)², [Banos RM](#)³, [Garcia-Campayo J](#)⁴, [Botella C](#)⁵, [Cristea IA](#)⁶.

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- ⁶Department of General Psychology, University of Padova, Padova, Italy; Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University, Cluj-Napoca, Romania.

Abstract

Although cognitive and behavioral therapies are effective in the treatment of anxiety disorders, it is not clear what the relative effects of these treatments are. We conducted a meta-analysis of trials comparing cognitive and behavioral therapies with a control condition, in patients with social anxiety disorder (SAD), generalized anxiety disorder (GAD) and panic disorder. We included 42 studies in which generic measures of anxiety were used (BAI, HAMA, STAI-State and Trait). Only the effects of treatment for panic disorder as measured on the BAI (13.33 points; 95% CI: 10.58-16.07) were significantly ($p=0.001$) larger than the effect sizes on GAD (6.06 points; 95% CI: 3.96-8.16) and SAD (5.92 points; 95% CI: 4.64-7.20). The effects remained significant after adjusting for baseline severity and other major characteristics of the trials. The results should be considered with caution because of the small number of studies in many subgroups and the high risk of bias in most studies.

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PMID: 27637075 [PubMed - as supplied by publisher]

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27. J Anxiety Disord. 2016 Sep 9;43:70-78. doi: 10.1016/j.janxdis.2016.09.002. [Epub ahead of print]

[The association of posttraumatic stress disorder, complex posttraumatic stress disorder, and borderline personality](#)

disorder from a network analytical perspective.

[Knefel M](#)¹, [Tran US](#)², [Lueger-Schuster B](#)².

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Abstract

BACKGROUND:

Posttraumatic Stress Disorder (PTSD), Complex PTSD, and Borderline Personality Disorder (BPD) share etiological risk factors and an overlapping set of associated symptoms. Since the ICD-11 proposal for trauma-related disorders, the relationship of these disorders has to be clarified. A novel approach to psychopathology, network analysis, allows for a detailed analysis of comorbidity on symptom level.

METHODS:

Symptoms were assessed in adult survivors of childhood abuse (N=219) using the newly developed ICD-11 Trauma-Questionnaire and the SCID-II. The psychopathological network was analyzed using the network approach.

RESULTS:

PTSD and Complex PTSD symptoms were strongly connected within disorders and to a lesser degree between disorders. Symptoms of BPD were weakly connected to others. Re-experiencing and dissociation were the most central symptoms.

CONCLUSIONS:

Mental disorders are no discrete entities, clear boundaries are unlikely to be found. The psychopathological network revealed central symptoms that might be important targets for specific first interventions.

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Insecure Attachment Styles and Increased Borderline Personality Organization in Substance Use Disorders.

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Author information:

- ¹University Clinic of Psychiatry, Medical University Graz, Graz, Austria.

Abstract

BACKGROUND:

Previous research has linked insecure attachment styles and borderline personality organization to substance use disorder (SUD). However, it still remains unclear whether those impairments apply to different kinds of SUDs to the same extent. Therefore, in this study we sought to investigate potential differences regarding attachment deficits and borderline personality organization in two different SUD inpatient groups and furthermore in comparison to healthy controls.

SAMPLING AND METHODS:

A total of 66 (24 female) inpatients diagnosed with alcohol use disorder (AUD), 57 (10 female) inpatients diagnosed with polydrug use disorder (PUD), and 114 (51 female) healthy controls completed the Borderline Personality Inventory and the Attachment Style Questionnaire.

RESULTS:

Compared to healthy controls, AUD and PUD inpatients showed significant deficits in all attachment parameters ($p < 0.01$) as well as a significantly increased amount of borderline personality organization ($p < 0.01$). No differences between AUD and PUD inpatients were observed ($p > 0.05$).

CONCLUSIONS:

Our results indicate that the drug(s) of choice cannot be regarded as an indicator for the extent of attachment deficits or personality pathology. These initial findings are mainly

limited by the rather small sample size as well as just a single point of measurement. Future research might also consider further covariates such as comorbidity or psychotropic medication.

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PMID: 27631792 [PubMed - as supplied by publisher]

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29. Neuropsychopharmacology. 2016 Sep 15. doi: 10.1038/npp.2016.197. [Epub ahead of print]

[Genome-Wide Association Study of Loneliness Demonstrates a Role for Common Variation.](#)

[Gao J](#)^{1,2}, [Davis LK](#)³, [Hart AB](#)⁴, [Sanchez-Roige S](#)², [Han L](#)¹, [Cacioppo JT](#)⁵, [Palmer AA](#)^{1,2,6}.

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Abstract

Loneliness is a complex biological trait that has been associated with numerous negative health outcomes. The measurement and environmental determinants of loneliness are well understood, but its genetic basis is not. Previous studies have estimated the heritability of loneliness between 37-55% using twins and family-based approaches, and have explored the role of specific candidate genes. We used genotypic and phenotypic data from 10 760 individuals aged 50 and over that were collected by the Health and Retirement Study (HRS) to perform the first genome-wide association study of loneliness. No associations reached genome-wide significance ($p > 5 \times 10^{-8}$). Furthermore, none of the previously published associations between variants within candidate genes (BDNF, OXTR, RORA, GRM8, CHRNA4, IL-1A, CRHR1, MTHFR, DRD2, APOE) and loneliness were replicated ($p > 0.05$), despite our much larger sample size. We estimated the chip heritability of loneliness and examined co-heritability between loneliness and several personality and psychiatric traits. Our estimates of chip heritability (14-27%) support a role for common

genetic variation. We identified strong genetic correlations between loneliness, neuroticism and a scale of 'depressive symptoms'. We also identified weaker evidence for co-heritability with extraversion, schizophrenia, bipolar disorder and major depressive disorder. We conclude that loneliness, as defined in this study, is a modestly heritable trait that has a highly polygenic genetic architecture. The co-heritability between loneliness and neuroticism may reflect the role of negative affectivity, which is common to both traits. Our results also reflect the value of studies that probe the common genetic basis of salutary social bonds and clinically defined psychiatric disorders. *Neuropsychopharmacology* accepted article preview online, 15 September 2016. doi:10.1038/npp.2016.197.

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30. *J Psychiatr Ment Health Nurs*. 2016 Sep 14. doi: 10.1111/jpm.12331. [Epub ahead of print]

[Attachment and perceived stress in patients with ulcerative colitis, a case-control study.](#)

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Abstract

WHAT IS KNOWN ON THE SUBJECT?: Ulcerative colitis (UC) is a chronic inflammatory disorder associated with high perceived psychological stress. The attachment theory provides a psychodynamic perspective to investigate the relationship between close interpersonal relationships and stress in UC. Researchers have hypothesized that the chronic illness might affect personality trait as the attachment style of patients. **WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?:** UC patients exhibit a more pronounced attachment insecurity that, in turn, resulted as a determinant of psychological stress. This study suggests that UC could determine a shift towards insecurity in the attachment style that, in turn, promotes psychological stress and increases the risk of psychopathologies. **WHAT ARE THE IMPLICATIONS FOR PRACTICE?:** The more accurate knowledge of attachment insecurity in patients with chronic disorders such as UC may help the nurses to face with often dysfunctional patients' styles of manifesting distress, patterns of help seeking and expectations of health professionals. The knowledge of psychopathological mechanisms in

patients with UC could improve the prevention and treatment of psychological disorders in affected patients.

ABSTRACT:

Introduction Ulcerative colitis (UC) is a chronic disorder characterized by recurrent intestinal symptoms. The attachment theory provides a psychodynamic perspective to investigate the relationship between interpersonal relationships and stress in UC. **Aim** The aim of this study was to compare the attachment dimensions between UC patients and controls and to evaluate the impact of these dimensions on perceived stress in patients. **Method** In all, 101 patients with UC completed the attachment style questionnaire and the perceived stress questionnaire (PSQ). Clinical and psychometric parameters were added as predictor variables in a regression with the PSQ score as dependent variable. One hundred and five healthy subjects took part in the study as controls. **Results** Compared to controls, UC patients exhibited greater scores in relationships as secondary, need for approval and preoccupation with relationships. In UC, disease activity, confidence and preoccupation with relationships resulted predictors of perceived stress. **Discussion** Compared to healthy controls, UC patients exhibited more pronounced attachment insecurity that, in turn, was a significant predictor of the perceived stress. **Implications for practice** The knowledge of attachment insecurity may help the nurses and all health care providers to face with dysfunctional patients' styles of manifesting distress, help seeking and expectations of health professionals.

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31. Compr Psychiatry. 2016 Oct;70:141-51. doi: 10.1016/j.comppsy.2016.07.006. Epub 2016 Jul 21.

Reliability and clinical usefulness of the personality inventory for DSM-5 in clinically referred adolescents: A preliminary report in a sample of Italian inpatients.

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Abstract

BACKGROUND:

The DSM-5 Alternative Model of Personality Disorders (AMPD) provides the opportunity to integrate the needed developmental perspective in the assessment of personality pathology. Based on this model, Krueger and colleagues (2012) developed the Personality Inventory for DSM-5 (PID-5), which operationalizes the proposed DSM-5 traits.

METHODS:

Eighty-five consecutively admitted Italian adolescent inpatients were administered the Italian translation of the PID-5, in order to obtain preliminary data on PID-5 reliability and clinical usefulness in clinically referred adolescents.

RESULTS:

With the possible exception of the PID-5 Suspiciousness scale, all other PID-5 scales evidenced adequate internal consistency reliability (i.e., Cronbach's α values of at least .70, most being greater than .80). Our data seemed to yield at least partial support for the construct validity of the PID-5 scales also in clinical adolescents, at least in terms of patterns of associations with dimensionally assessed DSM-5 Section II PDs that were also included in the DSM-5 AMPD (excluding Antisocial PD because of the participants' minor age). Finally, our data suggested that the clinical usefulness of the PID-5 in adolescent inpatients may extend beyond PDs to profiling adolescents at risk for life-threatening suicide attempts. In particular, PID-5 Depressivity, Anhedonia, and Submissiveness trait scales were significantly associated with adolescents' history of life-threatening suicide attempts, even after controlling for a number of other variables, including mood disorder diagnosis.

DISCUSSION:

As a whole, our study may provide interesting, albeit preliminary data as to the clinical usefulness of PID-5 in the assessment of adolescent inpatients.

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PMID: 27624434 [PubMed - in process]

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32. Compr Psychiatry. 2016 Oct;70:125-33. doi: 10.1016/j.comppsy.2016.05.018. Epub 2016 Jun 4.

Comorbid intermittent explosive disorder and posttraumatic stress disorder: Clinical correlates and relationship to suicidal behavior.

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Abstract

OBJECTIVE:

Posttraumatic stress disorder (PTSD) is associated with both aggressive and suicidal behavior. Recent research suggests that the diagnosis of intermittent explosive disorder (IED), an impulse-control disorder characterized by repeated impulsive aggressive behavior, may help to identify individuals at risk for attempting suicide. Given the relationship between anger and PTSD, there is likely to be an increased prevalence of IED among individuals with PTSD; however, little is known about the overlap in these two disorders, including how individuals with comorbid IED and PTSD may differ from those with either disorder alone. The purpose of this study is to examine the clinical correlates of comorbid

IED and PTSD and the contribution of these two disorders (among others) to lifetime suicide attempt and characteristics of suicidal behavior.

METHOD:

In a large sample of community research volunteers (N=1460), we compared individuals with PTSD, IED, and comorbid PTSD and IED on measures of current mood, trait aggression, and trait impulsivity. We also examined the contributions of PTSD, IED, and other syndromal and personality disorders to the prediction of lifetime aggression and lifetime suicide attempt, and their relationship to characteristics of suicide attempts, including level of intent, use of violent versus non-violent means, and the medical seriousness of the attempt.

RESULTS:

Comorbid PTSD and IED was associated with significantly elevated levels of depression, anxiety, anger, aggression, and impulsivity, as well as with high rates of comorbidity with other psychiatric disorders. IED ($\beta=.56$, $p<.001$), but not PTSD, significantly and uniquely predicted lifetime aggressive behavior. Both IED and PTSD were associated with lifetime suicide attempt in multivariate analysis (ORs: 1.6 and 1.6, $ps<.05$). The results show that IED, when comorbid with PTSD, identifies a subgroup of individuals with particularly high levels of aggressive behavior and a high rate of suicide attempt (41.4% in this sample).

CONCLUSION:

These findings add support to the notion that the diagnosis of IED may aid in identifying individuals at risk for aggressive and suicidal behavior.

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PMCID: PMC5024714 [Available on 2017-10-01]

PMID: 27624432 [PubMed - in process]

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33. Compr Psychiatry. 2016 Oct;70:105-11. doi: 10.1016/j.comppsy.2016.07.002. Epub 2016 Jul 5.

Borderline Personality Disorder and Personality Inventory for DSM-5 (PID-5):

Dimensional personality assessment with DSM-5.

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Abstract

INTRODUCTION:

Borderline personality disorder (BPD) diagnosis has been considered highly controversial. The Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) proposes an alternative hybrid diagnostic model for personality disorders (PD), and the Personality Inventory for DSM-5 (PID-5) has adequate psychometric properties and has been widely used for the assessment of the dimensional component.

METHODS:

Our aim was to analyze the utility of the personality traits presented in Section III of the DSM-5 for BPD diagnosis in an outpatient clinical sample, using the Spanish version of the PID-5. Two clinical samples were studied: BPD sample (n=84) and non-BPD sample (n=45). Between-sample differences in PID-5 scores were analyzed.

RESULTS:

The BPD sample obtained significantly higher scores in most PID-5 trait facets and domains. Specifically and after regression logistic analyses, in BPD patients, the domains of Negative Affectivity and Disinhibition, and the trait facets of emotional lability, [lack of] restricted affectivity, and impulsivity were more significantly associated with BPD.

CONCLUSIONS:

Although our findings are only partially consistent with the algorithm proposed by DSM-5, we consider that the combination of the PID-5 trait domains and facets could be useful for BPD dimensional diagnosis, and could further our understanding of BPD diagnosis complexity.

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PMID: 27624429 [PubMed - in process]

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34. Compr Psychiatry. 2016 Oct;70:90-7. doi: 10.1016/j.comppsy.2016.06.015. Epub 2016 Jun 29.

Diagnostic profiles of adult psychiatric outpatients with and without attention deficit hyperactivity disorder.

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Abstract

OBJECTIVE:

Despite growing recognition that attention deficit/hyperactivity disorder (ADHD) is a highly prevalent, impairing, and comorbid disorder that persists into adulthood, reports on the nature and extent of its psychiatric comorbidities have been mixed to date. This study compared the prevalence rates of all major Axis I disorders as well as borderline personality disorder in an unselected sample of adult psychiatric outpatients with and without ADHD.

METHODS:

As part of the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we administered a DSM-IV-based semi-structured diagnostic interview assessing ADHD and other psychiatric disorders to 1134 patients presenting for initial evaluation at an outpatient psychiatric practice. Logistic regression analyses were used to compare the rates of each disorder in patients with versus without an ADHD diagnosis (both overall and by Combined and Inattentive type).

RESULTS:

Patients with (versus without) any ADHD diagnosis had significantly higher rates of bipolar disorder, social phobia, impulse control disorders, eating disorders, and BPD, and significantly lower rates of major depressive disorder and adjustment disorder (all $p < .05$). Patients with (versus without) ADHD-Inattentive type had significantly higher rates of social phobia and eating disorders, whereas those with (versus without) the ADHD-Combined type had significantly higher rates of bipolar disorder, alcohol dependence, and BPD (all $p < .05$).

CONCLUSION:

In this novel investigation of the psychiatric profiles of an unselected sample of treatment-seeking adult outpatients with versus without ADHD, a distinct pattern of comorbidities emerged across subtypes, with implications for the accurate assessment and treatment of patients presenting for psychiatric care.

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35. J Psychopharmacol. 2016 Sep 13. pii: 0269881116667703. [Epub ahead of print]

[Novelty-seeking trait predicts the effect of methylphenidate on creativity.](#)

[Gvirts HZ](#)¹, [Mayseless N](#)², [Segev A](#)³, [Lewis DY](#)³, [Feffer K](#)³, [Barnea Y](#)⁴, [Bloch Y](#)³, [Shamay-Tsoory SG](#)².

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Abstract

In recent years the use of psychostimulants for cognitive enhancement in healthy individuals with no psychiatric disorders has been on the rise. However, it is still unclear whether psychostimulants improve certain cognitive functions at the cost of others, and how these psychostimulants interact with individual personality differences. In the current study, we investigated whether the effect of one common stimulant, methylphenidate (MPH), on creativity is associated with novelty seeking. Thirty-six healthy adults, without attention-deficit hyperactivity disorder (ADHD) symptomology, were assigned randomly in a double-blind fashion to receive MPH or placebo. We found that the effect of MPH on creativity was dependent on novelty-seeking (NS) personality characteristics of the participants. MPH increased creativity in individuals with lower NS, while it reduced creativity levels in individuals with high NS. These findings highlight the role of the dopaminergic system in creativity, and indicate that among healthy individuals NS can be seen as a predictor of the effect of MPH on creativity.

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36. Personal Disord. 2016 Sep 12. [Epub ahead of print]

Comparing the Dependability and Associations With Functioning of the DSM-5 Section III Trait Model of Personality Pathology and the DSM-5 Section II Personality Disorder Model.

[Chmielewski M](#), [Ruggero CJ](#), [Kotov R](#), [Liu K](#), [Krueger RF](#).

Abstract

Two competing models of personality psychopathology are included in the fifth edition of the (*DSM-5*; American Psychiatric Association, 2013); the traditional personality disorder (PD) model included in Section II and an alternative trait-based model included in Section III. Numerous studies have examined the validity of the alternative trait model and its official assessment instrument, the (*PID-5*; Krueger, Derringer, Markon, Watson, & Skodol,

2012). However, few studies have directly compared the trait-based model to the traditional PD model empirically in the same dataset. Moreover, to our knowledge, only a single study (Suzuki, Griffin, & Samuel, 2015) has examined the dependability of the PID-5, which is an essential component of construct validity for traits (Chmielewski & Watson, 2009; McCrae, Kurtz, Yamagata, & Terracciano, 2011). The current study directly compared the dependability of the -5 traits, as assessed by the PID-5, and the traditional PD model, as assessed by the Personality Diagnostic Questionnaire-4 (PDQ-4+), in a large undergraduate sample. In addition, it evaluated and compared their associations with functioning, another essential component of personality pathology. In general, our findings indicate that most traits demonstrate high levels of dependability that are superior to the traditional PD model; however, some of the constructs assessed by the PID-5 may be more state like. The models were roughly equivalent in terms of their associations with functioning. The current results provide additional support for the validity of PID-5 and the Section III personality pathology model. (PsycINFO Database Record

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37. Personal Disord. 2016 Sep 12. [Epub ahead of print]

[Evaluating the DSM-5 Section III Personality Disorder Impairment Criteria.](#)

[Anderson JL](#), [Sellbom M](#).

Abstract

The majority of research on the () Section III alternative model for personality disorders (PDs) has addressed the dimensional traits proposed in Criterion B, while limited research has evaluated Section III functional impairment criteria. The current study evaluated Section III impairment specific to the 6 personality disorder diagnoses included in the Section III model in a sample of 347 undergraduates. We evaluated the factor structure of disorder-specific impairment; their associations with other measures of impairment, Section III traits, and Section II PD symptoms; as well as the incremental utility of impairment above and beyond traits in predicting Section II PD symptoms. Factor analyses indicated limited support for the 2 domain and 4 subfacet levels of impairment, but showed some support for disorder-specific impairment. Furthermore, disorder-specific impairment was associated with other measures of functional impairment, Section II PD symptoms, and Section III traits with a generally good degree of convergence. However, these findings showed a lack of discriminant validity, suggesting a lack of utility in measuring disorder-specific impairment, as opposed to more broadly evaluating an individual's level of functional impairment. Finally, impairment only added incremental utility to traits in predicting Section II Avoidant PD. By and large, these findings suggested mixed support for disorder-specific impairment

as presented in Criterion A and raised additional questions regarding the utility of impairment when paired with dimensional personality traits. (PsycINFO Database Record

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PMID: 27618341 [PubMed - as supplied by publisher]

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38. Brain Sci. 2016 Sep 7;6(3). pii: E40. doi: 10.3390/brainsci6030040.

Deep Brain Stimulation: In Search of Reliable Instruments for Assessing Complex Personality-Related Changes.

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Abstract

During the last 25 years, more than 100,000 patients have been treated with Deep Brain Stimulation (DBS). While human clinical and animal preclinical research has shed light on the complex brain-signaling disturbances that underpin e.g., Parkinson's disease (PD), less information is available when it comes to complex psychosocial changes following DBS interventions. In this contribution, we propose to more thoroughly investigate complex personality-related changes following deep brain stimulation through refined and reliable instruments in order to help patients and their relatives in the post-surgery phase. By pursuing this goal, we first outline the clinical importance DBS has attained followed by discussing problematic and undesired non-motor problems that accompany some DBS interventions. After providing a brief definition of complex changes, we move on by outlining the measurement problem complex changes relating to non-motor symptoms currently are associated with. The latter circumstance substantiates the need for refined instruments that are able to validly assess personality-related changes. After providing a brief paragraph with regard to conceptions of personality, we argue that the latter is significantly influenced by certain competencies which themselves currently play only a tangential role in the clinical DBS-discourse. Increasing awareness of the latter circumstance is crucial in the context of DBS because it could illuminate a link between competencies and the emergence

of personality-related changes, such as new-onset impulse control disorders that have relevance for patients and their relatives. Finally, we elaborate on the field of application of instruments that are able to measure personality-related changes.

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39. J Pers Disord. 2016 Sep 12:1-21. [Epub ahead of print]

Coverage of the DSM-IV-TR/DSM-5 Section II Personality Disorders With the DSM-5 Dimensional Trait Model.

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Abstract

Section III of DSM-5, for emerging measures and models, includes a five-domain, 25-trait model, assessed by the Personality Inventory for DSM-5. A primary concern with respect to the trait model is its coverage of the DSM-IV-TR personality disorder syndromes (all of which were retained in DSM-5). The current study considered not only total scale scores of three independent measures of DSM-IV-TR personality disorders but also the coverage of each diagnostic criterion included within six personality disorders: antisocial, borderline, avoidant, dependent, narcissistic, and obsessive-compulsive. Participants were 425 community adults, all of whom had received mental health treatment (36% currently; 75% within the past year). Results provided support for the coverage of the diagnostic criteria for the antisocial, borderline, avoidant, dependent, and narcissistic personality disorders. Coverage could perhaps be improved for a few of the criteria for obsessive-compulsive personality disorder.

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40. J Pers Disord. 2016 Sep 12:1-13. [Epub ahead of print]

Narcissistic Personality Disorder and the Structure of Common Mental Disorders.

[Eaton NR](#)¹, [Rodriguez-Seijas C](#)¹, [Krueger RF](#)², [Campbell WK](#)³, [Grant BF](#)⁴, [Hasin DS](#)⁵.

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Abstract

Narcissistic personality disorder (NPD) shows high rates of comorbidity with mood, anxiety, substance use, and other personality disorders. Previous bivariate comorbidity investigations have left NPD multivariate comorbidity patterns poorly understood. Structural psychopathology research suggests that two transdiagnostic factors, internalizing (with distress and fear subfactors) and externalizing, account for comorbidity among common mental disorders. NPD has rarely been evaluated within this framework, with studies producing equivocal results. We investigated how NPD related to other mental disorders in the internalizing-externalizing model using diagnoses from a nationally representative sample (N = 34,653). NPD was best conceptualized as a distress disorder. NPD variance accounted for by transdiagnostic factors was modest, suggesting its variance is largely unique in the context of other common mental disorders. Results clarify NPD multivariate comorbidity, suggest avenues for classification and clinical endeavors, and highlight the need to understand vulnerable and grandiose narcissism subtypes' comorbidity patterns and structural relations.

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The International Mood Network (IMN)

Nosology Project: differentiating

borderline personality from bipolar illness.

[Vöhringer PA](#)^{1,2,3,4}, [Barroilhet SA](#)^{5,6,7}, [Alvear K](#)^{8,9}, [Medina S](#)⁸, [Espinosa C](#)⁸, [Alexandrovich K](#)⁸, [Riumallo P](#)⁸, [Leiva F](#)⁸, [Hurtado ME](#)⁸, [Cabrera J](#)⁸, [Sullivan M](#)⁵, [Holtzman N](#)⁵, [Ghaemi SN](#)⁵.

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Abstract

OBJECTIVE:

The differential diagnosis of bipolar illness vs. borderline personality is controversial. Both conditions manifest impulsive behavior, unstable interpersonal relationships, and mood symptoms. This study examines whether and which mood clinical features can differentiate between both conditions.

METHOD:

A total of 260 patients (mean \pm standard deviation age 41 ± 13 years, 68% female) attending to a mood clinic were examined for diagnosis of bipolar illness and borderline personality disorder using SCID-I, SCID-II, and clinical mood criteria extracted from Mood Disorder

Questionnaire (MDQ). They were analyzed using diagnoses as dependent variables. Predictors of bipolar and borderline diagnoses were identified by multivariable logistic regressions, and predictive validity of models was assessed using ROC curve analysis.

RESULTS:

Bipolar illness was strongly predicted by elevated mood (OR = 4.02, 95% CI: 1.80-9.15), increased goal-directed activities (OR = 3.90, 95% CI: 1.73-8.96), and episodicity of mood symptoms (OR = 3.48, 95% CI 1.49-8.39). This triad model predicted bipolar illness with 88.7% sensitivity, 81.4% specificity, and obtained an auROC of 0.91 (95% CI: 0.76-0.96) and a positive predictive value of 85.1%. For borderline personality disorder, only female gender was a statistically significant predictor (OR = 3.41, 95% CI: 1.29-13.7), and the predictive model obtained an auROC of 0.67 (95% CI: 0.53-0.74).

CONCLUSION:

In a mood disorder clinic setting, manic criteria and episodic mood course distinguished bipolar illness from borderline personality disorder.

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PMID: 27611723 [PubMed - as supplied by publisher]

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42. J Hosp Med. 2016 Sep 9. doi: 10.1002/jhm.2650. [Epub ahead of print]

[The formidable cluster: The challenge of personality disorders among hospitalized patients.](#)

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43.J Hosp Med. 2016 Sep 9. doi: 10.1002/jhm.2643. [Epub ahead of print]

When personality is the problem: Managing patients with difficult personalities on the acute care unit.

[Riddle M](#)¹, [Meeks T](#)², [Alvarez C](#)², [Dubovsky A](#)^{3,2,4}.

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Abstract

Personality disorders are pervasive patterns of maladaptive behaviors, thoughts, and emotions that often go unrecognized and can wreak havoc in the patient's interpersonal life. These inflexible patterns of managing the world can be disruptive when an individual is admitted to the hospital, causing distress for both the patient who lacks the skills to deal with the expectations of the hospital environment and the treatment team who can feel ill equipped to manage such behavior. Having a personality disorder has implications for an individual's healthcare outcomes; those with a personality disorder have a life expectancy nearly 2 decades shorter than the general population for a multitude of reasons, among them trouble interacting with the healthcare system. Although a diagnosis of a specific personality disorder may be difficult to make on an acute care unit, identification of dysfunctional personality structures can provide opportunity for better management of an individual patient's medical and psychological needs. This review focuses on the identification of these individuals in the acute care setting and provides an overview of evidence-based behavioral and pharmacological interventions. Journal of Hospital Medicine 2016. © 2016 Society of Hospital Medicine.

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Anxious adult attachment may mediate the relationship between childhood emotional abuse and borderline personality disorder.

[Frias A](#)¹, [Palma C](#)², [Farriols N](#)², [Gonzalez L](#)³, [Horta A](#)⁴.

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Abstract

BACKGROUND:

Childhood trauma has been associated with borderline personality disorder (BPD). However, research has not yet provided conclusive evidence concerning the mediating mechanisms.

METHODS:

Seventy women diagnosed with BPD were compared with other 60 women who met DSM-IV criteria for other personality disorders on measures of childhood trauma and attachment.

RESULTS:

Patients with BPD reported higher severity of emotional, physical and sexual abuse than patients with other personality disorders. Moreover, BPD patients also showed greater preoccupied-anxious adult attachment. At model 1, logistic regression analysis revealed that only childhood emotional abuse predicted the occurrence of BPD. At model 2, this association was no longer significant, and the addition of preoccupied-anxious adult attachment was significantly associated with a greater likelihood of BPD diagnosis.

CONCLUSIONS:

These findings support a specific relationship between childhood emotional abuse and the occurrence of BPD, which may be accounted for by preoccupied-anxious adult attachment. Copyright © 2016 John Wiley & Sons, Ltd.

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PMID: 27604841 [PubMed - as supplied by publisher]

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45. Psychodyn Psychiatry. 2016 Fall;44(3):449-74. doi: 10.1521/pdps.2016.44.3.449.

[Long-Term Course of Borderline Personality Disorder.](#)

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- ¹Professor of Clinical Psychiatry, Columbia College of Physicians and Surgeons, New York.

Abstract

Information concerning the longitudinal course of Borderline Personality Disorder (BPD) derives mainly from (a) long-term (10 to 25 year) retrospective follow-up studies, primarily those conducted during the 1980s/1990s, (b) brief (1 to 3 year) follow-up studies of recent randomized controlled trials (RCTs) of several different treatment approaches, and (c) prospective follow-up studies. The patients contacted in the retrospective studies had been treated mostly by psychoanalytically informed approaches or supportive. Though there was a significant suicide rate of 3 to 9%, about two-thirds of the BPD patients eventually achieved a global assessment score in the 60s or beyond. BPD represents a heterogeneous group of patients, whose outcome is a function of many variables, including personality traits (paranoid and narcissistic conducting to less favorable outcomes), cultural differences, socio-economic level, intelligence level, gender, and age of onset. The RCT studies focused on amelioration of the symptom components of BPD, especially tendencies to self-injury and suicide. The currently favored treatment methods showed in a large percentage of patients, a lessening of these self-destructive behaviors after a year or two of treatment. The time spans were too brief to allow assessment of improvement in key life areas (attainment of self-sufficiency in work, widening of the circle of friends, and success in forming satisfactory intimate partnerships). The prospective studies are based on reassessments at regular intervals of BPD patients and a control group with other personality disorders. Over the past 16 years the BPD patients, compared with controls, were slower to achieve remission, and more apt to show cognitive peculiarities initially-though they showed appreciable

improvement over time. The "recovered" BPD patients, compared with the non-recovered patients, showed twice the likelihood of achieving a successful intimate relationship. At 16 years the McLean study has shown results similar (though scientifically more precise) to those of the old retrospective studies. The studies do not demonstrate the efficacy of one or another treatment approach, since, in long-term follow-up, psychotherapy, albeit essential, becomes one of a myriad of influences affecting outcome. There is general agreement that BPD patients who have experienced severe early trauma (including incest) are at greater risk for a poor outcome-as are those with prominent antisocial traits (more common in BPD males). The personality trait of agreeableness was associated with greater likelihood of favorable outcome.

PMID: 27603806 [PubMed - in process]

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46. Arch Sex Behav. 2016 Sep 6. [Epub ahead of print]

[Is There a Relationship Between Borderline Personality Disorder and Sexual Masochism in Women?](#)

[Frías Á](#)^{1,2}, [González L](#)³, [Palma C](#)^{4,3}, [Farriols N](#)^{4,3}.

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Abstract

Sexual masochism disorder is considered the most prevalent paraphilia among women. However, little is known about the etiology and clinical correlates involved in this disorder. We aimed at addressing this issue through a potentially high-risk clinical cohort. This case-control study consisted of 60 women who met DSM-IV criteria for borderline personality disorder (BPD) and 60 women with other personality disorders. For both groups, sexual masochism disorder comorbidity was assessed through the Structured Clinical Interview, Sexual Disorders Module. Several etiological, psychosexual, and personality features were

measured. Sexual masochism disorder was 10 times higher in BPD women than in women with other personality disorders (10 vs. 0 %). Among BPD women, those with sexual masochism disorder reported more child sexual abuse, more hostile/dismissing attachments, higher sensation seeking, and more frequently exploratory/impersonal sexual fantasies than BPD without sexual masochism. Correlation analysis confirmed a significant positive relationship between disinhibition and sexual masochism severity for BPD women. Our findings point out that BPD women may represent a high-risk cohort, especially those with higher disinhibition and detached attachment. Childhood sexual abuse may also play a predispositional role on this comorbidity. Further research may help to elucidate the intriguing relationship between both disorders.

PMID: 27600835 [PubMed - as supplied by publisher]

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47. J Pers Assess. 2016 Sep 6:1-8. [Epub ahead of print]

[Exploring the Assessment of the DSM-5 Alternative Model for Personality Disorders With the Personality Assessment Inventory.](#)

[Busch AJ](#)¹, [Morey LC](#)¹, [Hopwood CJ](#)².

Author information:

- ¹a Department of Psychology , Texas A&M University.
- ²b Department of Psychology , Michigan State University.

Abstract

Section III of the Diagnostic and Statistical Manual of Mental Disorders (5th ed. [DSM-5]; American Psychiatric Association, 2013) contains an alternative model for the diagnosis of personality disorder involving the assessment of 25 traits and a global level of overall personality functioning. There is hope that this model will be increasingly used in clinical and research settings, and the ability to apply established instruments to assess these concepts could facilitate this process. This study sought to develop scoring algorithms for these alternative model concepts using scales from the Personality Assessment Inventory (PAI). A multiple regression strategy used to predict scores in 2 undergraduate samples on DSM-5 alternative model instruments: the Personality Inventory for the DSM-5 (PID-5) and the General Personality Pathology scale (GPP; Morey et al., 2011). These regression functions resulted in scores that demonstrated promising convergent and discriminant

validity across the alternative model concepts, as well as a factor structure in a cross-validation sample that was congruent with the putative structure of the alternative model traits. Results were linked to the PAI community normative data to provide normative information regarding these alternative model concepts that can be used to identify elevated traits and personality functioning level scores.

PMID: 27598924 [PubMed - as supplied by publisher]

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48. J Pers Assess. 2016 Sep 6:1-6. [Epub ahead of print]

Psychometric Properties and Normative Data of the Zuckerman-Kuhlman Personality Questionnaire in a Psychiatric Outpatient Sample.

[Martínez Ortega Y](#)^{1,2}, [Gomà-I-Freixanet M](#)², [Valero S](#)³.

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- ³c Psychiatry Department , Vall d'Hebron University Hospital, CIBERSAM, Universitat Autònoma de Barcelona , Catalonia , Spain.

Abstract

The Zuckerman-Kuhlman Personality Questionnaire (ZKPQ; Zuckerman, Kuhlman, Joireman, Teta, & Kraft, 1993) was designed for the assessment of personality. The goal of this work was to determine the psychometric properties of the ZKPQ, as well as to establish normative data by gender and age in an outpatient sample attending primary mental health care services. We administered the questionnaire to 314 participants (34.7% males) 18 to 81 years old. The most prevalent primary diagnoses were mood (37.9%) and adjustment disorders (35.0%). Concerning the psychometric properties of the ZKPQ, the pattern of internal consistencies was similar to that previously found among general population, student, or clinical samples. Regarding gender differences, a general pattern was found, with women scoring higher on neuroticism and sociability, and lower on aggression-hostility. As for age, in general, scores declined with age. Norm-based decision making has the potential for significant and long-lasting consequences, and the quality of decisions based on score comparisons can be improved when scores are compared to norms fitted to the group of reference. The availability of the ZKPQ norms by gender and age in mental health care will

benefit the accuracy of assessment and therapeutic decision making, providing more effective treatment planning overall.

PMID: 27598792 [PubMed - as supplied by publisher]

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49. Curr Neuropharmacol. 2016 Sep 2. [Epub ahead of print]

Is mania the hypertension of the mood? Discussion of a hypothesis.

[Rihmer Z¹](#), [Gonda X](#), [Döme P](#).

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Abstract

Beyond both being biphasic/bidirectional disorders (hypo)mania and essential hypertension share a surprising number of similarities and an overlap between their genetics, biological background, underlying personality and temperamental factors, precipitating factors, comorbidity and response to treatment, indicating a possibly partially shared biological background. Based on theoretical knowledge, similarities related to characteristics, manifestation and course, and the results of pharmacological studies related to the effects and side effects of pharmacotherapies used in the treatment of these two distinct disorders, the authors outline a hypothesis discussing the similar origins of these two phenomena and thus mania being the hypertension of mood in memory of Athanasios Koukopoulos, one of the greatest researchers and theoreticians of mania of all time.

PMID: 27594548 [PubMed - as supplied by publisher]

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50. Eur Eat Disord Rev. 2016 Sep 4. doi: 10.1002/erv.2474. [Epub ahead of print]

Predicting Dropout from Intensive Outpatient Cognitive Behavioural Therapy for Binge Eating Disorder Using Pre- treatment Characteristics: A Naturalistic Study.

[Vroling MS](#)^{1,2,3}, [Wiersma FE](#)^{1,4}, [Lammers MW](#)^{1,3}, [Noorthoorn EO](#)^{5,6}.

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- ⁶Dutch Information Centre for Coercive Measures, Stichting Benchmark GGZ, Bilthoven, the Netherlands.

Abstract

BACKGROUND:

Dropout rates in binge eating disorder (BED) treatment are high (17-30%), and predictors of dropout are unknown.

METHOD:

Participants were 376 patients following an intensive outpatient cognitive behavioural therapy programme for BED, 82 of whom (21.8%) dropped out of treatment. An exploratory logistic regression was performed using eating disorder variables, general psychopathology, personality and demographics to identify predictors of dropout.

RESULTS:

Binge eating pathology, preoccupations with eating, shape and weight, social adjustment, agreeableness, and social embedding appeared to be significant predictors of dropout. Also, education showed an association to dropout.

DISCUSSION:

This is one of the first studies investigating pre-treatment predictors for dropout in BED treatment. The total explained variance of the prediction model was low, yet the model correctly classified 80.6% of cases, which is comparable to other dropout studies in eating disorders. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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Sexual function in endometriosis patients and their partners: effect of the disease and consequences of treatment.

[Pluchino N](#)¹, [Wenger JM](#)², [Petignat P](#)², [Tal R](#)³, [Bolmont M](#)², [Taylor HS](#)³, [Bianchi-Demicheli F](#)².

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Abstract

BACKGROUND:

Sexual function is an important aspect of health and quality of life and is influenced by both medical conditions and health-care interventions, especially when gynecologic disorders are involved. Coital pain is among the main factors that affect sexual functioning, and this symptom is reported by almost half of women suffering from endometriosis. However, sexuality is a complex phenomenon driven by social, psychological and biological/hormonal factors and the presence of endometriosis might further affect domains of sexual function and the quality of a sexual relationship.

OBJECTIVE AND RATIONALE:

The objective of this report is to review the current state of knowledge on the impact that endometriosis and its treatments have on the sexual function of women and their sexual partners.

SEARCH METHODS:

A systematic literature search was performed to identify studies evaluating sexual function in endometriosis patients, and a narrative analysis of results is presented. The review discusses relevant quantitative and qualitative studies analyzing the effect of endometriosis and its hormonal and surgical treatments on measures of sexual function and quality of sexual relationship.

OUTCOMES:

Endometriosis negatively affects different domains of sexual function, and the presence of dyspareunia is not the only determinant of sexual health in these women. Chronic pelvic pain, advanced stages of disease and the presence of physical and mental comorbidities affect sexual function, as well as personality traits and women's expectations. Although a number of studies have evaluated the effect of surgery and hormonal treatment on deep dyspareunia, overall sexual function and quality of the relationship with the partner are often under-investigated.

WIDER IMPLICATIONS:

Multiple clinical and personal determinants affect sexual function in women with endometriosis, with potentially negative consequences on the sexual function of partners and quality of the relationship. Additional prospective and longitudinal investigations are warranted using specific instruments to analyze biopsychosocial variables of sexual pain in endometriosis patients and the effects that actual treatments have on measures of quality of sexual function and relationship.

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PMID: 27591248 [PubMed - as supplied by publisher]

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52. BMJ Open. 2016 Sep 2;6(9):e011638. doi: 10.1136/bmjopen-2016-011638.

Substance-related and addictive disorders among adults with intellectual and developmental disabilities (IDD): an Ontario population cohort study.

[Lin E](#)¹, [Balogh R](#)², [McGarry C](#)³, [Selick A](#)¹, [Dobranowski K](#)², [Wilton AS](#)⁴, [Lunsky Y](#)⁵.

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- ³Cancer Care Ontario, Toronto, Ontario, Canada.
- ⁴Institute for Clinical Evaluative Sciences, Toronto, Ontario, Canada.
- ⁵Underserved Populations Program, Centre for Addiction and Mental Health, Toronto, Ontario, Canada.

Abstract

OBJECTIVES:

Describe the prevalence of substance-related and addictive disorders (SRAD) in adults with intellectual and developmental disabilities (IDD) and compare the sociodemographic and clinical characteristics of adults with IDD and SRAD to those with IDD or SRAD only.

DESIGN:

Population-based cohort study (the Health Care Access Research and Development Disabilities (H-CARDD) cohort).

SETTING:

All legal residents of Ontario, Canada.

PARTICIPANTS:

66 484 adults, aged 18-64, with IDD identified through linked provincial health and disability income benefits administrative data from fiscal year 2009. 96 589 adults, aged 18-64, with SRAD but without IDD drawn from the provincial health administrative data.

MAIN OUTCOME MEASURES:

Sociodemographic (age group, sex, neighbourhood income quintile, rurality) and clinical (psychiatric and chronic disease diagnoses, morbidity) characteristics.

RESULTS:

The prevalence of SRAD among adults with IDD was 6.4%, considerably higher than many previous reports and also higher than found for adults without IDD in Ontario (3.5%). Among those with both IDD and SRAD, the rate of psychiatric comorbidity was 78.8%, and the proportion with high or very high overall morbidity was 59.5%. The most common

psychiatric comorbidities were anxiety disorders (67.6%), followed by affective (44.6%), psychotic (35.8%) and personality disorders (23.5%). These adults also tended to be younger and more likely to live in the poorest neighbourhoods compared with adults with IDD but no SRAD and adults with SRAD but no IDD.

CONCLUSIONS:

SRAD is a significant concern for adults with IDD. It is associated with high rates of psychiatric and other comorbidities, indicating that care coordination and system navigation may be important concerns. Attention should be paid to increasing the recognition of SRAD among individuals with IDD by both healthcare and social service providers and to improving staff skills in successfully engaging those with both IDD and SRAD.

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1. Curr Opin Psychiatry. 2016 Oct 27. [Epub ahead of print]

Personality disorders and pathological gambling.

[Vaddiparti K](#)¹, [Cottler LB](#).

Author information:

- ¹Department of Epidemiology, College of Public Health & Health Professions & College of Medicine, University of Florida, Gainesville, Florida, USA.

Abstract

PURPOSE OF REVIEW:

To explore recent developments in the field of personality disorders and their association with pathological gambling or gambling disorder. The review covers literature published from

2015 to present time (August 2016) to understand the prevalence rates of common personality disorders among pathological gamblers.

RECENT FINDINGS:

Commonly seen personality disorders among pathological or problem gamblers represent Cluster B disorders. There are reports indicating prevalence of Clusters A and C personality disorders as well. The rates of personality disorders among pathological gamblers reported in these studies align with Hill's guidelines - Strength, Specificity, Temporality, Biological gradient, Plausibility and Replicability indicating a strong association between pathological gambling and personality disorders. Studies are predominantly cross-sectional and consistently show that the presence of a personality disorder is associated with gambling severity and early age of onset pathological gambling.

SUMMARY:

Research on pathological gambling should advance beyond estimating rates of personality disorders and focus on longitudinal research to understand the pathways between personality disorders and onset and severity of pathological gambling.

PMID: 27798487 [PubMed - as supplied by publisher]

2. Curr Opin Psychiatry. 2016 Oct 27. [Epub ahead of print]

Culture and personality disorder: a focus on Indigenous Australians.

[Balaratnasingam S¹](#), [Janca A](#).

Author information:

- ¹School of Psychiatry and Clinical Neurosciences, University of Western Australia, Perth, Australia.

Abstract

PURPOSE OF REVIEW:

To examine the validity of concept and diagnosis of personality disorder in transcultural settings using Indigenous Australian people as an example.

RECENT FINDINGS:

There are significant deficits in comparative research on personality disorders across cultures. There is also a dearth of information regarding Indigenous Australians, and cultural applicability and clinical utility of the diagnosis of personality disorder in this group.

SUMMARY:

The concept of culture is generally ignored when making a diagnosis of personality disorder. A valid diagnosis should incorporate what would be considered understandable and adaptive behavior in a person's culture. In Indigenous Australian culture, making diagnosis of a personality disorder is complicated by historical trauma from colonization, disruption of kinship networks, and ongoing effects of poverty and social marginalization.

PMID: 27798485 [PubMed - as supplied by publisher]

3. Curr Opin Psychiatry. 2016 Oct 27. [Epub ahead of print]

Executive functioning in people with personality disorders.

[Garcia-Villamizar D¹](#), [Dattilo J](#), [Garcia-Martinez M](#).

Author information:

- ¹aDepartment of Clinical Psychology, Section of Psychopathology, Complutense University of Madrid, Madrid, Spain bThe Pennsylvania State University, University Park, Pennsylvania, USA.

Abstract

PURPOSE OF REVIEW:

This review summarizes recent executive functions research to better delineate the nosology of personality disorders.

RECENT FINDINGS:

This review indicates that there are consistent impairments in executive functioning in people with personality disorders as compared with matched controls. Only five disorders were considered: borderline, obsessive-compulsive, antisocial, narcissistic, and schizotypal. Significant deficits are observed in decision-making, working memory, inhibition, and flexibility. Relevant data for the remaining personality disorders have not yet been published in relation to the executive functions.

SUMMARY:

People with personality disorders could present a pattern of neurocognitive alterations that suggest a specific impairment of the prefrontal areas. The executive dysfunctions could partially explain the behavioral alterations in people with personality disorders. Further research should adopt broader considerations of effects of comorbidity and clinical heterogeneity, include community samples and, possibly, longitudinal designs with samples of youth.

PMID: 27798484 [PubMed - as supplied by publisher]

4. J Exp Psychol Hum Percept Perform. 2016 Oct 31. [Epub ahead of print]

[The Cognitive Architecture of Anxiety-Like Behavioral Inhibition.](#)

[Bach DR.](#)

Abstract

The combination of reward and potential threat is termed approach/avoidance conflict and elicits specific behaviors, including passive avoidance and behavioral inhibition (BI). Anxiety-relieving drugs reduce these behaviors, and a rich psychological literature has addressed how personality traits dominated by BI predispose for anxiety disorders. Yet, a formal understanding of the cognitive inference and planning processes underlying anxiety-like BI is lacking. Here, we present and empirically test such formalization in the terminology of reinforcement learning. We capitalize on a human computer game in which participants collect sequentially appearing monetary tokens while under threat of virtual "predation." First, we demonstrate that humans modulate BI according to experienced consequences. This suggests an instrumental implementation of BI generation rather than a Pavlovian mechanism that is agnostic about action outcomes. Second, an internal model that would make BI adaptive is expressed in an independent task that involves no threat. The existence of such internal model is a necessary condition to conclude that BI is under model-based control. These findings relate a plethora of human and nonhuman observations on BI to reinforcement learning theory, and crucially constrain the quest for its neural implementation. (PsycINFO Database Record

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PMID: 27797550 [PubMed - as supplied by publisher]

5. Personal Disord. 2016 Oct 31. [Epub ahead of print]

[A Population Based Twin Study of DSM-5 Maladaptive Personality Domains.](#)

[South SC](#), [Krueger RF](#), [Knudsen GP](#), [Ystrom E](#), [Czajkowski N](#), [Aggen SH](#), [Neale MC](#), [Gillespie NA](#), [Kendler KS](#), [Reichborn-Kjennerud T](#).

Abstract

Personality disorders (PDs) can be partly captured by dimensional traits, a viewpoint reflected in the most recent *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) Alternative (Section III) Model* for PD classification. The current study adds to the literature on the Alternative Model by examining the magnitude of genetic and environmental influences on 6 domains of maladaptive personality: negative emotionality, detachment, antagonism, disinhibition, compulsivity, and psychoticism. In a large, population-based sample ($N = 2,293$) of Norwegian male and female twin pairs, we investigated (a) if the domains demonstrated measurement invariance across gender at the phenotypic level, meaning that the relationships between the items and the latent factor were equivalent in men and women; and (b) if genetic and environmental influences on variation in these domains were equivalent across gender. Multiple group confirmatory factor modeling provided evidence that all 6 domain scale measurement models were gender-invariant. The best fitting biometric model for 4 of the 6 domains (negative emotionality, detachment, disinhibition, and compulsivity) was one in which genetic and environmental influences could be set invariant across gender. Evidence for sex differences in psychoticism was mixed, but the only clear evidence for quantitative sex differences was for the antagonism scale, with greater genetic influences found for men than women. Genetic influences across domains were moderate overall (19-37%), in line with previous research using symptom-based measures of PDs. This study adds to the very limited knowledge currently existing on the etiology of maladaptive personality traits. (PsycINFO Database Record

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PMID: 27797545 [PubMed - as supplied by publisher]

6. Personal Disord. 2016 Oct 31. [Epub ahead of print]

Do Psychopathic Individuals Possess a Misaligned Moral Compass? A Meta-Analytic Examination of Psychopathy's Relations With Moral Judgment.

[Marshall J](#), [Watts AL](#), [Lilienfeld SO](#).

Abstract

Psychopathic individuals are often characterized as lacking a moral sense. Although this hypothesis has received ample experimental attention over the past decade, findings have been inconsistent. To elucidate the relationship between psychopathy and abnormal moral

judgment, we conducted a meta-analysis of the research on psychopathy and morality-related variables ($k = 23$, $N = 4376$). A random effects model indicated a small but statistically significant relation between psychopathy and moral decision-making ($r_w = .16$) and moral reasoning ($r_w = .10$) tasks. These results reveal at best modest support for the common perception that psychopathic individuals fail to understand moral principles. A secondary meta-analysis ($k = 9$, $N = 4294$) of the growing body of literature on the relationship between psychopathy and moral reasoning on moral foundations measures provides preliminary evidence that psychopathic individuals may possess a differential set of "moral taste buds" than less psychopathic individuals. We discuss the implications of the results from both meta-analyses for models of the etiology of psychopathy and the criminal responsibility of psychopathic individuals. (PsycINFO Database Record

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PMID: 27797544 [PubMed - as supplied by publisher]

7. Personal Disord. 2016 Oct 31. [Epub ahead of print]

Personality and Life Events in a Personality Disorder Sample.

[Timoney LR](#), [Walsh Z](#), [Shea MT](#), [Yen S](#), [Ansell EB](#), [Grilo CM](#), [McGlashan TH](#), [Stout RL](#), [Bender DS](#), [Skodol AE](#), [Sanislow CA](#), [Morey LC](#), [Gunderson JG](#).

Abstract

Individuals with a personality disorder (PD) tend to experience more negative life events (NLEs) than positive life events (PLEs). In community samples, the Five Factor Model of personality (FFM) predicts both positive and negative life events. The present research examined whether FFM normal personality traits were associated with positive and negative life events among individuals with 1 of 4 PDs: avoidant, borderline, schizotypal, and obsessive-compulsive, and tested whether associations between the FFM of personality and PLEs and NLEs were similar across the 4 PD groups and a control group. Among aggregated PDs, neuroticism was positively associated with NLEs, whereas extraversion, openness to experience, and conscientiousness were positively associated with PLEs. Comparisons of each PD group to a control group of individuals with a major depressive disorder indicated that the FFM traits operated similarly across clinical samples with and without PD. Our findings indicate that normal personality traits can be used to help understand the lives of individuals with PD. (PsycINFO Database Record

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PMID: 27797543 [PubMed - as supplied by publisher]

8. J Nerv Ment Dis. 2016 Nov;204(11):861-867.

Characteristics of Spirituality and Religion Among Suicide Attempters.

[Mandhouj O](#)¹, [Perroud N](#), [Hasler R](#), [Younes N](#), [Huguelet P](#) .

Author information:

- ¹*INSERM U699, Paris; †Centre Hospitalier André-Mignot de Versailles, Le Chesnay, France; ‡Department of Mental Health and Psychiatry, University Hospitals of Geneva; and §Department of Psychiatry, University of Geneva, Geneva, Switzerland.

Abstract

Spirituality and religiousness are associated with a lower risk of suicide. A detailed assessment of spirituality among 88 suicide attempters hospitalized after a suicide attempt was performed. Factors associated with the recurrence of suicide attempts over 18 months were looked into. Spirituality was low among most suicide attempters in comparison with the general population. Two groups were identified: those with a high score of depression who featured "low" in spirituality and those with a more heterogeneous profile, for example, involving personality disorders, characterized by a "high" spirituality. At the follow-up, the "meaning in life" score appeared to correlate with recurrence of suicide. Clinical implications are discussed herein.

PMID: 26963748 [PubMed - in process]

[Similar articles](#)



9. Psychiatry Res. 2016 Oct 4;246:447-452. doi: 10.1016/j.psychres.2016.08.064. [Epub ahead of print]

Take charge: Personality as predictor of recovery from eating disorder.

[Levallius J](#)¹, [Roberts BW](#)², [Clinton D](#)³, [Norrington C](#)³.

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Abstract

Many treatments for eating disorders (ED) have demonstrated success. However, not all patients respond the same to interventions nor achieve full recovery, and obvious candidates like ED diagnosis and symptoms have generally failed to explain this variability. The current study investigated the predictive utility of personality for outcome in ED treatment. One hundred and thirty adult patients with bulimia nervosa or eating disorder not otherwise specified enrolled in an intensive multimodal treatment for 16 weeks. Personality was assessed with the NEO Personality Inventory Revised (NEO PI-R). Outcome was defined as recovered versus still ill and also as symptom score at termination with the Eating Disorder Inventory-2 (EDI-2). Personality significantly predicted both recovery (70% of patients) and symptom improvement. Patients who recovered reported significantly higher levels of Extraversion at baseline than the still ill, and Assertiveness emerged as the personality trait best predicting variance in outcome. This study indicates that personality might hold promise as predictor of recovery after treatment for ED. Future research might investigate if adding interventions to address personality features improves outcome for ED patients.

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10. Eur Eat Disord Rev. 2016 Oct 27. doi: 10.1002/erv.2487. [Epub ahead of print]

Identity Processes and Statuses in Patients with and without Eating Disorders.

[Verschueren M](#)¹, [Luyckx K](#)², [Kaufman EA](#)³, [Vansteenkiste M](#)⁴, [Moons P](#)^{5,6}, [Sleuwaegen E](#)^{7,8}, [Berens A](#)^{7,8}, [Schoevaerts K](#)⁹, [Claes L](#)^{2,7}.

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Abstract

Problems with identity formation are associated with a range of psychiatric disorders. Yet, the mechanisms underlying such problems and how they are refined into specific diagnostic presentations require further investigation. The present study investigated identity processes among 123 women with eating disorders (ED) and age-matched community controls via a newly developed identity model. Several clinical outcome variables were assessed. Patients with ED scored lower on committing to and identifying with identity-related choices and scored higher on maladaptive or ruminative exploration, identity diffusion and identity disorder. They also experienced less identity achievement as compared with controls. The identity disorder status was associated with the highest scores on anxiety, depression, borderline personality disorder symptoms, and non-suicidal self-injury and the lowest scores on need satisfaction. Results indicate that patients with ED experience more identity problems than community controls and those captured by an identity disorder status experience the most problematic psychosocial functioning. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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11. Int J Methods Psychiatr Res. 2016 Oct 27. doi: 10.1002/mpr.1537. [Epub ahead of print]

Motivation, treatment engagement and psychosocial outcomes in outpatients with severe mental illness: a test of Self-Determination Theory.

[Jochems EC](#)^{1,2}, [Duivenvoorden HJ](#)³, [van Dam A](#)^{4,5}, [van der Feltz-Cornelis CM](#)^{6,7,4}, [Mulder CL](#)^{6,8}.

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Abstract

Currently, it is unclear whether Self-Determination Theory (SDT) applies to the mental health care of patients with severe mental illness (SMI). Therefore, the current study tested the process model of SDT in a sample of outpatients with SMI. Participants were 294 adult outpatients with a primary diagnosis of a psychotic disorder or a personality disorder and their clinicians (n = 57). Structural equation modelling was used to test the hypothesized relationships between autonomy support, perceived competence, types of motivation, treatment engagement, psychosocial functioning and quality of life at two time points and across the two diagnostic groups. The expected relations among the SDT variables were found, but additional direct paths between perceived competence and clinical outcomes were needed to obtain good model fit. The obtained process model was found to be stable across time and different diagnostic patient groups, and was able to explain 18% to 36% of variance in treatment engagement, psychosocial functioning and quality of life. It is concluded that SDT can be a useful basis for interventions in the mental health care for outpatients with SMI. Additional experimental research is needed to confirm the causality of the relations between the SDT constructs and their ability to influence treatment outcomes.

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12. Eur Eat Disord Rev. 2016 Nov;24(6):510-517. doi: 10.1002/erv.2484.

Interaction Between Orexin-A and Sleep Quality in Females in Extreme Weight Conditions.

[Sauchelli S](#)^{1,2}, [Jiménez-Murcia S](#)^{1,2,3}, [Fernández-García JC](#)^{2,4}, [Garrido-Sánchez L](#)^{2,4}, [Tinahones FJ](#)^{2,4}, [Casanueva FF](#)^{2,5}, [Baños RM](#)^{2,6}, [Botella C](#)^{2,7}, [Crujeiras AB](#)^{2,5}, [de la Torre](#)

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Abstract

The current study examined the relationship between plasma orexin-A and sleep in obesity. Concentrations of orexin-A and sleep were evaluated in 26 obese, 40 morbid obese and 32 healthy-weight participants. The sleep monitor Actiwatch AW7 and the Pittsburgh Sleep Quality Index were used to evaluate sleep. The Symptom Checklist-90-Revised was administered to assess symptoms of psychopathology. A higher weight status was associated

with elevated orexin-A levels ($p = .050$), greater depression, anxiety and somatization symptoms (all: $p < .001$), and impoverished self-reported sleep quality ($p < .001$). A quadratic trend was found in objective sleep time, being longest in the obese group ($p = .031$). Structural equation modelling showed plasma orexin-A to be related to poor total sleep quality, which in turn was associated with elevated body mass index. Our data confirm an interaction between elevated plasma orexin-A concentrations and poor sleep that contributes to fluctuations in body mass index. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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13. Neuropsychiatr Dis Treat. 2016 Oct 7;12:2539-2552. eCollection 2016.

[Personality features, dissociation, self-stigma, hope, and the complex treatment of depressive disorder.](#)

[Prasko J](#)¹, [Ociskova M](#)¹, [Grambal A](#)¹, [Sigmundova Z](#)¹, [Kasalova P](#)¹, [Marackova M](#)¹, [Holubova M](#)², [Vrbova K](#)¹, [Latalova K](#)¹, [Slepecky M](#)³.

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Abstract

OBJECTIVE:

Identifying the predictors of response to psychiatric and psychotherapeutic treatments may be useful for increasing treatment efficacy in pharmacoresistant depressive patients. The goal of this study was to examine the influence of dissociation, hope, personality trait, and selected demographic factors in treatment response of this group of patients.

METHODS:

Pharmacoresistant depressive inpatients were enrolled in the study. All patients completed Clinical Global Impression - both objective and subjective form (CGI), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI) at baseline and after 6 weeks of combined pharmacotherapy and psychotherapy (group cognitive-behavioral or group psychodynamic) treatment as an outcome measures. The Internalized Stigma of Mental Illness Scale (ISMI), Dissociative Experience Scale (DES), Adult Dispositional Hope Scale (ADHS), and Temperament and Character Inventory (TCI-R) were completed at the start of the treatment with the intention to find the predictors of treatment efficacy.

RESULTS:

The study included 72 patients who were hospitalized for the pharmacoresistant major depression; 63 of them completed the study. The mean scores of BDI-II, BAI, subjCGI, and objCGI significantly decreased during the treatment. BDI-II relative change statistically significantly correlated with the total ISMI score, Discrimination Experience (ISMI subscale), and Harm Avoidance (TCI-R personality trait). According to stepwise regression, the strongest factors connected to BDI-II relative change were the duration of the disorder and Discrimination Experience (domain of ISMI). ObjCGI relative change significantly correlated with the level of dissociation (DES), the total ISMI score, hope in ADHS total score, and Self-Directedness (TCI-R). According to stepwise regression, the strongest factor connected to objCGI relative change was Discrimination Experience (domain of ISMI). The existence of comorbid personality disorder did not influence the treatment response.

CONCLUSION:

According to the results of the present study, patients with pharmacoresistant depressive disorders, who have had more experience with discrimination because of their mental struggles, showed a poorer response to treatment.

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14. Personal Disord. 2016 Oct 24. [Epub ahead of print]

Personality Pathology and Relationship Satisfaction in Dating and Married Couples.

[Decuyper M](#), [Gistelinck F](#), [Vergauwe J](#), [Pancorbo G](#), [De Fruyt F](#).

Abstract

Personality disorders (PDs) are inherently associated with deficits in relating to other people. Previous research has shown consistent negative associations between categorical PD symptoms and relationship satisfaction. The present studies extend on these findings by examining the role of maladaptive traits in a number of ways. Self- and partner-reported maladaptive traits of both partners are included. Moreover, the present studies add a couple-centered approach by investigating the effects of actual similarity, perceptual similarity, and perceptual accuracy of the maladaptive trait profile on relationship satisfaction. PDs are conceptualized using 2 dimensional maladaptive trait models, that is, the Dimensional Assessment of Personality Pathology-Basic Questionnaire in Study 1 and the Personality Inventory for *DSM-5* in Study 2. A total of 167 heterosexual couples participated in Study 1 and 52 heterosexual couples in Study 2. The actor-partner interdependence model was used to examine the associations between traits and relationship satisfaction, whereas the coefficient of profile agreement was used for the couple-centered analyses. Overall, results showed that the presence of maladaptive traits within romantic relationships has a detrimental effect on relationship satisfaction. Self-ratings on maladaptive traits, how we perceive our partners, and how we are perceived by our partners on maladaptive traits make significant contributions to our relationship (dis)satisfaction. Among the maladaptive traits, negative affect and detachment were most consistently negatively associated with relationship satisfaction. The couple-centered perspective showed less explanatory value but nontrivial associations between perceptual similarity and relationship satisfaction were found in Study 2. (PsycINFO Database Record

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15. Personal Disord. 2016 Oct 24. [Epub ahead of print]

Information Processing Capacity in Psychopathy: Effects of Anomalous Attention.

[Hamilton RK](#), [Newman JP](#).

Abstract

Hamilton and colleagues (2015) recently proposed that an integrative deficit in psychopathy restricts simultaneous processing, thereby leaving fewer resources available for information encoding, narrowing the scope of attention, and undermining associative processing. The

current study evaluated this parallel processing deficit proposal using the Simultaneous-Sequential paradigm. This investigation marks the first a priori test of the Hamilton et al.'s theoretical framework. We predicted that psychopathy would be associated with inferior performance (as indexed by lower accuracy and longer response time) on trials requiring simultaneous processing of visual information relative to trials necessitating sequential processing. Results were consistent with these predictions, supporting the proposal that psychopathy is characterized by a reduced capacity to process multicomponent perceptual information concurrently. We discuss the potential implications of impaired simultaneous processing for the conceptualization of the psychopathic deficit. (PsycINFO Database Record

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16. Personal Disord. 2016 Oct 13. [Epub ahead of print]

[Differences Among Dark Triad Components: A Meta-Analytic Investigation.](#)

[Vize CE](#), [Lynam DR](#), [Collison KL](#), [Miller JD](#).

Abstract

Since its emergence 14 years ago the dark triad (DT), composed of narcissism, psychopathy, and Machiavellianism, has become an increasingly popular research focus. Yet questions remain over whether the DT components are sufficiently distinct from another. We examined the nomological networks of each DT component through a meta-analysis of the available literature on the DT. We conducted 3 separate analyses—an examination of the average intercorrelations among the DT components ($k = 156$), an examination of similarities in each DT component's nomological network ($k = 159$), and an examination of the effect sizes between DT components and 15 outcome categories (k range = 7 to 42). Our results indicate that the nomological networks of psychopathy and Machiavellianism overlap substantially while narcissism demonstrated differential relations compared with psychopathy and Machiavellianism. These results remained relatively constant after controlling for DT assessment approach. We argue that the current literature on Machiavellianism may be better understood as a secondary psychopathy literature. Future directions for DT research are discussed in light of our meta-analytic results. (PsycINFO Database Record

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[Dispositional Negativity: An Integrative Psychological and Neurobiological Perspective.](#)

[Shackman AJ](#), [Tromp DP](#), [Stockbridge MD](#), [Kaplan CM](#), [Tillman RM](#), [Fox AS](#).

Abstract

Dispositional negativity—the propensity to experience and express more frequent, intense, or enduring negative affect—is a fundamental dimension of childhood temperament and adult personality. Elevated levels of dispositional negativity can have profound consequences for health, wealth, and happiness, drawing the attention of clinicians, researchers, and policymakers. Here, we highlight recent advances in our understanding of the psychological and neurobiological processes linking stable individual differences in dispositional negativity to momentary emotional states. Self-report data suggest that 3 key pathways—increased stressor reactivity, tonic increases in negative affect, and increased stressor exposure—explain most of the heightened negative affect that characterizes individuals with a more negative disposition. Of these 3 pathways, tonically elevated, indiscriminate negative affect appears to be most central to daily life and most relevant to the development of psychopathology. New behavioral and biological data provide insights into the neural systems underlying these 3 pathways and motivate the hypothesis that seemingly "tonic" increases in negative affect may actually reflect increased reactivity to stressors that are remote, uncertain, or diffuse. Research focused on humans, monkeys, and rodents suggests that this indiscriminate negative affect reflects trait-like variation in the activity and connectivity of several key brain regions, including the central extended amygdala and parts of the prefrontal cortex. Collectively, these observations provide an integrative psychobiological framework for understanding the dynamic cascade of processes that bind emotional traits to emotional states and, ultimately, to emotional disorders and other kinds of adverse outcomes. (PsycINFO Database Record

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[Predicting Dropout from Intensive Outpatient Cognitive Behavioural Therapy for Binge Eating Disorder Using Pre-](#)

treatment Characteristics: A Naturalistic Study.

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Abstract

BACKGROUND:

Dropout rates in binge eating disorder (BED) treatment are high (17-30%), and predictors of dropout are unknown.

METHOD:

Participants were 376 patients following an intensive outpatient cognitive behavioural therapy programme for BED, 82 of whom (21.8%) dropped out of treatment. An exploratory logistic regression was performed using eating disorder variables, general psychopathology, personality and demographics to identify predictors of dropout.

RESULTS:

Binge eating pathology, preoccupations with eating, shape and weight, social adjustment, agreeableness, and social embedding appeared to be significant predictors of dropout. Also, education showed an association to dropout.

DISCUSSION:

This is one of the first studies investigating pre-treatment predictors for dropout in BED treatment. The total explained variance of the prediction model was low, yet the model correctly classified 80.6% of cases, which is comparable to other dropout studies in eating disorders. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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19. Eur Eat Disord Rev. 2016 Nov;24(6):523-527. doi: 10.1002/erv.2472. Epub 2016 Aug 31.

Enduring Changes in Decision Making in Patients with Full Remission from Anorexia Nervosa.

[Steward T](#)^{1,2}, [Mestre-Bach G](#)^{1,2}, [Agüera Z](#)^{1,2}, [Granero R](#)^{2,3}, [Martín-Romera V](#)⁴, [Sánchez I](#)^{1,2}, [Riesco N](#)^{1,2}, [Tolosa-Sola I](#)¹, [Fernández-Formoso JA](#)², [Fernández-García JC](#)^{2,5}, [Tinahones FJ](#)^{2,5}, [Casanueva FF](#)^{2,6}, [Baños RM](#)^{2,7}, [Botella C](#)^{2,8}, [Crujeiras AB](#)^{2,6}, [de la Torre R](#)^{2,9,10}, [Fernández-Real JM](#)^{2,11}, [Frühbeck G](#)^{2,12}, [Ortega FJ](#)^{2,11}, [Rodríguez A](#)^{2,12}, [Jiménez-Murcia S](#)^{1,2,13}, [Menchón JM](#)^{1,13,14}, [Fernández-Aranda F](#)^{15,16,17}.

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Abstract

BACKGROUND:

Deficits in neuropsychological functioning have consistently been identified in patients with anorexia nervosa (AN). However, little is known on how decision making in AN patients evolves in response to treatment or whether impairments are reversible.

METHOD:

AN patients (n = 42) completed the Iowa Gambling Task (IGT) upon admission to a 3-month day-hospital treatment programme and at a 1-year follow-up. Patient IGT performance was compared to age-matched controls (n = 46).

RESULTS:

AN patients displayed poorer performance on the IGT at admission compared to controls ($p < .001$). Patients with full remission (n = 31; 73.9%) at the 1-year follow-up improved IGT performance ($p = 0.007$), and scores were similar compared to controls ($p = 0.557$). AN patients with partial/no remission at follow-up (n = 11; 26.1%) did not improve IGT scores ($p = 0.867$).

CONCLUSIONS:

These findings uphold that enduring remission from AN can reverse decision-making impairments, and they might be most likely explained by clinical state rather than a trait vulnerability. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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20. Eur Eat Disord Rev. 2016 Nov;24(6):446-454. doi: 10.1002/erv.2458. Epub 2016 Jun 8.

Obsessional and Eating Disorder-related Intrusive Thoughts: Differences and Similarities Within and Between Individuals Vulnerable to OCD or to EDs.

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Abstract

Unwanted intrusive cognitions constitute the normal variant of clinically significant intrusive cognitions found in disorders such as obsessive-compulsive disorder (OCD) and eating disorders (EDs). This study investigates whether individuals who are vulnerable to OCD or EDs experience more intrusions than people with no vulnerability to these disorders, and it examines the consequences of obsessional (OITs) and eating disorder (EDITs) intrusions in the same individuals, taking into account their susceptibility to OCD, EDs or neither of the two. From a sample of 922 participants, three groups were formed: risk of OCD (n = 92), risk of EDs (n = 41) and a no-risk group (n = 100). EDITs were more frequent than OITs in the two risk groups. Within-group comparisons showed that in the OCD-risk group, the OIT had

more negative consequences (interference, emotional distress, dysfunctional appraisals and neutralizing strategies) than the EDIT, whereas in the ED-risk group, the OIT and the EDIT instigated similar negative consequences. Copyright © 2016 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 27273811 [PubMed - in process]

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21. J Trauma Dissociation. 2016 Oct 26:1-17. [Epub ahead of print]

[Childhood trauma and psychiatric comorbidities in patients with depressive disorder in primary care in Chile.](#)

[Vitriol V](#)¹, [Cancino A](#)¹, [Leiva-Bianchi M](#)², [Serrano C](#)², [Ballesteros S](#)³, [Asenjo A](#)⁴, [Cáceres C](#)⁵, [Potthoff S](#)¹, [Salgado C](#)¹, [Orellana F](#)⁶, [Ormazábal M](#)⁷.

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Abstract

Childhood trauma is associated with different psychiatric disorders during adulthood. These disorders are often presented in comorbidity with depression.

OBJECTIVE:

To establish the relationship between psychiatric comorbidities and childhood traumatic events in patients with depression in Chile.

METHODS:

Three hundred and ninety-four patients with major depression were assessed using the MINI International Neuropsychiatric Interview and a screening for childhood trauma.

RESULTS:

Social anxiety disorder was associated with having witnessed domestic violence during childhood (OR = 2.2, CI 1.2 - 3.8), childhood physical abuse (OR = 2.7, CI 1.6 - 4.4), physical injury associated with physical abuse (OR = 2.3, CI 1.3 - 4.7) and sexual abuse by a non-relative (OR = 2.7, CI 1.3 - 4.2). Posttraumatic stress disorder was associated with physical injury associated with physical abuse (OR = 1.9, CI 1.1 - 3.6), sexual abuse by a relative (OR = 3.2, IC 1.8 - 5.9) and sexual abuse by a non-relative (OR = 2.2, CI 1.2 - 4.1). Antisocial personality disorder was associated with traumatic separation from a caregiver (OR = 3.2, CI 1.2 - 8.5), alcohol abuse by a family member (OR = 3.1, CI 1.1 - 8.1), physical abuse (OR = 2.8, CI 1.1 - 6.9) and sexual abuse by a non-relative (OR = 4.8, CI 1.2 - 11.5). Panic disorder was associated with sexual abuse by a relative (OR = 1.9, CI 1.1 - 3.1). Generalized anxiety disorder was associated with sexual abuse by a non-relative (OR = 1.9, CI 1.1- 3.3).

CONCLUSIONS:

Further clinical recognition is required in patients seeking help for depression in primary care. This recognition must take into account the patient's current psychiatric comorbidities and adverse childhood experiences.

PMID: 27782795 [PubMed - as supplied by publisher]

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22. J Clin Psychiatry. 2016 Oct 25. doi: 10.4088/JCP.15m10235. [Epub ahead of print]

[A Randomized Trial of Dialectical Behavior Therapy in High-Risk Suicidal Veterans.](#)

[Goodman M](#)^{1,2,3,4}, [Banthin D](#)⁵, [Blair NJ](#)³, [Mascitelli KA](#)³, [Wilsnack J](#)³, [Chen J](#)³, [Messenger JW](#)³, [Perez-Rodriguez MM](#)², [Triebwasser J](#)^{2,4}, [Koenigsberg HW](#)^{2,4}, [Goetz RR](#)^{6,7}, [Hazlett EA](#)^{2,3}, [New AS](#)².

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Abstract

OBJECTIVE:

Despite advances in suicide prevention implemented throughout the US Department of Veterans Affairs (VA) including the hiring of Suicide Prevention Coordinators (SPCs) at every VA hospital, enhanced monitoring, and the availability of 24-hour crisis hotline services, suicide by veterans remains a critical problem affecting 20 veterans daily. Few empirically based treatment strategies for suicide prevention for postdeployment military personnel exist. This study aimed to test whether dialectical behavior therapy (DBT), one of the few psychosocial treatments with proven efficacy in diminishing suicidal behavior in individuals with personality disorder, can be applied to veterans irrespective of personality diagnosis.

METHODS:

From January 2010 to December 2014, 91 nonpsychotic veterans at high risk for suicide (61 men, 30 women) were randomly assigned to a 6-month treatment trial at a veterans' medical center comparing standard DBT to treatment as usual (TAU) and followed for 6 months after trial completion. Primary outcome was suicide attempts, measured with the Columbia-Suicide Severity Rating Scale, and secondary outcomes were suicide ideation, depression, hopelessness, and anxiety. There were no exclusions pertaining to substance abuse, homelessness, or medical comorbidity.

RESULTS:

Both DBT and TAU resulted in improvements in suicidal ideation, depression, and anxiety during the course of the 6-month treatment trial that did not differ between treatment arms. Survival analyses for suicide attempts and hospitalizations did not differ between treatment arms. However, DBT subjects utilized significantly more individual mental health services than TAU subjects (28.5 ± 19.6 vs 14.7 ± 10.9 , $F_{1,77} = 11.60$, $P = .001$).

CONCLUSIONS:

This study is the first to examine 6-month DBT in a mostly male, veteran population. Increased mental health treatment service delivery, which included enhanced monitoring, outreach, and availability of a designated SPC, did not yield statistically significant differences in outcome for veterans at risk for suicide in TAU as compared to the DBT treatment arm. However, both treatments had difficulty with initial engagement post-

hospitalization. Future studies examining possible sex differences and strategies to boost retention in difficult-to-engage, homeless, and substance-abusing populations are indicated.

TRIAL REGISTRATION:

ClinicalTrials.gov identifier: [NCT02462694](#).

PMID: 27780335 [PubMed - as supplied by publisher]

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23. J Dual Diagn. 2016 Oct 25:0. [Epub ahead of print]

Routine Drug Screening for Patients in the Emergency Department of a State Psychiatric Hospital: A naturalistic cohort study.

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- ⁴d School of Public Health, University of Haifa , Haifa , Israel.
- ⁵e Rappaport Faculty of Medicine, Technion Israel Institute of Technology , Haifa , Israel.

Abstract

OBJECTIVE:

This study investigates the proportion of drug users among patients with mental disorders that attended the emergency department of one major psychiatric hospital in Northern Israel, the most frequent psychiatric diagnoses associated with drug use and the impact of confirmed drug use on hospital admission. We hypothesized that the proportion of individuals with positive urine drug test results presenting at the psychiatric emergency department during the study period would be 20-30%.

METHODS:

An unselected cohort of 2,019 adult patients who visited the emergency department of Sha'ar Menashe Mental Health Center, a university affiliated government facility, was evaluated

and underwent routine urine drug test between April 2012 and February 2014. Clinical, demographic, and urine drug test data were collected from medical records and statistically analyzed comparing diagnostic evaluation at admission and after discharge from either the emergency department or the hospital. Univariate and logistic regression analyses were used to identify the possible variables associated with drug use in this sample.

RESULTS:

Urine drug test results showed that 194 of the 2,019 subjects (9.6%) had used a psychoactive substance before attending the emergency department. Among patients with positive urine drug tests, the majority (77.8%) used cannabis, 25.8% used opiates, 24.7% used ecstasy, and 5.2% used cocaine. Differences in the prevalence of positive urine drug test results between admitted and non-admitted patients did not reach a statistically significant level. The frequency of positive urine drug tests across lifetime ICD-10 diagnoses was: 27.2% for substance-related disorders, 4.8% for psychotic disorders, 4.2% for mood disorders, 11.0% for personality disorders and 11.5% for non-psychotic disorders. Both univariate and logistic regression analyses revealed that younger age (18-40), male gender, less years of education, single marital status, ICD-10 diagnosis of substance-related, personality and non-psychotic disorders were indicators of higher likelihood of positive urine drug test.

CONCLUSIONS:

Results suggest that routine urine toxicology screening is not necessary in the psychiatric emergency department as an adjunct to a thorough psychiatric clinical examination. However, urine drug tests should be performed when the clinical evaluation cannot determine whether the mental disorder is the result of illicit drug use or whether the disorder is clearly non-drug related.

PMID: 27779447 [PubMed - as supplied by publisher]

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24. Ann Gen Psychiatry. 2016 Oct 21;15:28. eCollection 2016.

Personality traits, gender roles and sexual behaviours of young adult males.

[Kurpisz J](#)¹, [Mak M](#)¹, [Lew-Starowicz M](#)², [Nowosielski K](#)³, [Bieńkowski P](#)⁴, [Kowalczyk R](#)⁵, [Misiak B](#)⁶, [Frydecka D](#)⁷, [Samochowicz J](#)¹.

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- ⁷Department of Psychiatry, Wrocław Medical University, Wrocław, Poland.

Abstract

BACKGROUND:

Previous studies have shown that personality characteristics affect sexual functioning. The aim of this exploratory study was to assess and describe the relationship between global personality traits and the stereotypical femininity and masculinity levels with the broad aspects of sexual behaviours and attitudes in the group of 97 heterosexual young adult men aged 19-39 and living in Poland.

METHODS:

The 'Big Five' personality traits were measured with the NEO-FFI questionnaire; stereotypical femininity and masculinity with the Bem sex role inventory (BSRI); sexual disorders with the International index of erectile function (IIEF); socio-epidemiological data, sexual behaviours and attitudes towards sexuality with a self-constructed questionnaire.

RESULTS:

We identified weak to moderate associations with particular sexual behaviours and attitudes. Neuroticism correlated positively with lower sexual satisfaction, self-acceptance and more negative attitudes towards sexuality; extraversion with higher desire, frequency of sexual intercourses, their diversity, sexual satisfaction, masculinity level and lower report of erectile problems; openness to experience with better quality of partnership, more positive attitudes towards sexual activity and masculinity level; conscientiousness with later sexual initiation age, more frequent and diverse sexual behaviours (but lower interest in masturbation and coitus interruptus), overall sexual satisfaction, satisfaction with one's body and femininity level; agreeableness with a better quality of relationship with a partner, satisfaction from body, lower number of previous partners and more frequent sexual encounters (but less masturbation). Stereotypical masculinity, more so than femininity, was related to a wide range of positive aspects of sexuality.

CONCLUSIONS:

The Big Five personality traits and stereotypical femininity/masculinity dimensions were found to have a noticeable, but weak to moderate influence on sexual behaviour in young adult males.

Free PMC Article

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25. Eat Disord. 2016 Oct 24:1-13. [Epub ahead of print]

[Neuroticism and clinical course of weight restoration in a meal-based, rapid-weight gain, inpatient-partial hospitalization program for eating disorders.](#)

[Fischer LK](#)¹, [Schreyer CC](#)¹, [Coughlin JW](#)¹, [Redgrave GW](#)¹, [Guarda AS](#)¹.

Author information:

- ¹a Department of Psychiatry and Behavioral Sciences , Johns Hopkins University School of Medicine , Baltimore , Maryland , USA.

Abstract

We evaluated the impact of personality on weight restoration in 211 underweight (BMI \leq 19 kg/m²) females admitted to an inpatient-partial hospitalization program for eating disorders. Symptomatology and personality were assessed by questionnaires, and clinical and demographic variables were assessed by chart review. Neuroticism, a personality trait associated with reactivity to stress, was correlated with higher symptomatology, chronicity, length of stay, and income source. Contrary to our hypothesis, neuroticism was positively associated with weight restoration. Length of stay mediated this relationship such that longer length of stay in patients with high neuroticism explained their higher likelihood of weight restoration prior to program discharge. Higher neuroticism is therefore associated with better weight restoration outcomes but may also indicate greater difficulty transitioning out of intensive treatment.

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Effects of Music Therapy on Drug Therapy of Adult Psychiatric Outpatients: A Pilot Randomized Controlled Study.

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- ²Department of Philosophy, Sociology, Education and Applied Psychology, University of Padova, Padova Italy.

Abstract

Objective: Framed in the patients' engagement perspective, the current study aims to determine the effects of group music therapy in addition to drug care in comparison with drug care in addition to other non-expressive group activities in the treatment of psychiatric outpatients. **Method:** Participants ($n = 27$) with ICD-10 diagnoses of F20 (schizophrenia), F25 (schizoaffective disorders), F31 (bipolar affective disorder), F32 (depressive episode), and F60 (specific personality disorders) were randomized to receive group music therapy plus standard care (48 weekly sessions of 2 h) or standard care only. The clinical measures included dosages of neuroleptics, benzodiazepines, mood stabilizers, and antidepressants. **Results:** The participants who received group music therapy demonstrated greater improvement in drug dosage with respect to neuroleptics than those who did not receive group music therapy. Antidepressants had an increment for both groups that was significant only for the control group. Benzodiazepines and mood stabilizers did not show any significant change in either group. **Conclusion:** Group music therapy combined with standard drug care was effective for controlling neuroleptic drug dosages in adult psychiatric outpatients who received group music therapy. We discussed the likely applications of group music therapy in psychiatry and the possible contribution of music therapy in improving the psychopathological condition of adult outpatients. In addition, the implications for the patient-centered perspective were also discussed.

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Stress, anxiety and depression in heart disease patients: A major challenge for cardiac rehabilitation.

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Abstract

Cardiovascular events and emotional disorders share a common epidemiology, thus suggesting fundamental pathways linking these different diseases. Growing evidence in the literature highlights the influence of psychological determinants in somatic diseases. A patient's socio-economic aspects, personality traits, health behavior and even biological pathways may contribute to the course of cardiovascular disease. Cardiac events often occur suddenly and the episode can be traumatic for people not prepared for such an event. In this review of the literature, the authors tackle the question of psychobiological mechanisms of stress, in a pathophysiological approach to fundamental pathways linking the brain to the heart. Various psychological, biological and genetic arguments are presented in support of the hypothesis that various etiological mechanisms may be involved. The authors finally deal with biological and psychological strategies in a context of cardiovascular disease. Indeed, in this context, cardiac rehabilitation, with its global approach, seems to be a good time to diagnose emotional disorders like anxiety and depression, and to help people to cope with stressful events. In this field, cardiac rehabilitation seems to be a crucial step in order to improve patients' outcomes, by helping them to understand the influence of psychobiological risk factors, and to build strategies in order to manage daily stress.

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Gait disorders in adults and the elderly : A clinical guide.

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Abstract

Human gait depends on a complex interplay of major parts of the nervous, musculoskeletal and cardiorespiratory systems. The individual gait pattern is influenced by age, personality, mood and sociocultural factors. The preferred walking speed in older adults is a sensitive marker of general health and survival. Safe walking requires intact cognition and executive control. Gait disorders lead to a loss of personal freedom, falls and injuries and result in a marked reduction in the quality of life. Acute onset of a gait disorder may indicate a cerebrovascular or other acute lesion in the nervous system but also systemic diseases or adverse effects of medication, in particular polypharmacy including sedatives. The prevalence of gait disorders increases from 10 % in people aged 60-69 years to more than 60 % in community dwelling subjects aged over 80 years. Sensory ataxia due to polyneuropathy, parkinsonism and frontal gait disorders due to subcortical vascular encephalopathy or disorders associated with dementia are among the most common neurological causes. Hip and knee osteoarthritis are common non-neurological causes of gait disorders. With advancing age the proportion of patients with multiple causes or combinations of neurological and non-neurological gait disorders increases. Thorough clinical observation of gait, taking a focused patient history and physical, neurological and orthopedic examinations are basic steps in the categorization of gait disorders and serve as a guide for ancillary investigations and therapeutic interventions. This clinically oriented review provides an overview on the phenotypic spectrum, work-up and treatment of gait disorders.

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Association of respondent psychiatric comorbidity with family history of comorbidity: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III.

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Abstract

OBJECTIVE:

Substance use disorders and major psychiatric disorders are common, highly comorbid with each other, and familial. However, the extent to which comorbidity is itself familial remains unclear. The purpose of this study is to investigate associations between comorbidity among respondents with family history of comorbidity.

METHODS:

We analyzed data from the National Epidemiologic Survey on Alcohol and Related Conditions-III to study the associations of family history (FH) of comorbidity among alcoholism, drug problems, depression, antisocial behavior, and anxiety disorders in parents and maternal and paternal grandparents with corresponding DSM-5 diagnostic comorbidity

among respondents. We utilized multivariable multinomial logistic regression models controlling for age, sex, race, education, family income, marital status, and adverse childhood experiences (ACEs).

RESULTS:

All comorbid associations of any two disorders with FH were statistically significant; almost all adjusted odds ratios (ORs) for respondent comorbidity in the presence of FH of the parallel comorbidity exceeded 10. ORs involving antisocial behavior in relatives and antisocial personality disorder in respondents were consistently larger than those for any other pairs of disorders. After further adjustment for ACEs, most patterns of association were similar but the ORs were reduced twofold to threefold. ACEs may be mediators in relationships between familial and respondent comorbidities.

CONCLUSION:

Further investigations of relationships among familial comorbidity, ACEs, and respondents' diagnoses may improve understanding of comorbidity.

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PMCID: PMC5075263 [Available on 2017-11-01]

PMID: 27622994 [PubMed - in process]

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30. J Clin Child Adolesc Psychol. 2016 Oct 21:1-11. [Epub ahead of print]

Preschool Oppositional Defiant Disorder: A Disorder of Negative Affect, Surgency, and Disagreeableness.

[Zastrow BL](#)¹, [Martel MM](#)¹, [Widiger TA](#)¹.

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Abstract

Oppositional defiant disorder (ODD) is conceptualized as a disorder of negative affect and low effortful control. Yet empirical tests of trait associations with ODD remain limited. The

current study examined the relationship between temperament and personality traits and Diagnostic and Statistical Manual of Mental Disorders (5th ed.) ODD symptom domains and related impairment in a preschool-age sample. Participants were 109 children ages 3-6 (59% male), overrecruited for ODD from the community, and their primary caregivers (87% mothers). ODD symptoms and impairment were measured using the Kiddie-Disruptive Behavior Disorder Schedule, temperament traits were measured using parent report on the Child Behavior Questionnaire and the Laboratory Temperament Assessment Battery, and personality traits were measured using examiner report on the California Child Q-Sort. Results suggest that high negative affect was associated with all three ODD symptom domains, whereas low agreeableness was specifically associated with the angry/irritable ODD symptom domain, and high surgency was associated with the argumentative/defiant and vindictive ODD symptom domains. Negative affect and surgency interacted with agreeableness to predict impairment, but not symptoms: Low agreeableness was associated with high impairment, regardless of other trait levels, whereas high negative affect and high surgency predicted high impairment in the presence of high agreeableness. Overall, results suggest ODD is a disorder of high negative affect. Furthermore, low agreeableness is differentially associated with affective ODD symptoms, and high surgency is associated with behavioral ODD symptoms. These traits interact in complex ways to predict impairment. Therefore, negative affect, agreeableness, and surgency may be useful early markers of ODD symptoms and impairment.

PMID: 27768388 [PubMed - as supplied by publisher]

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31. J Pers Assess. 2016 Oct 21:1-11. [Epub ahead of print]

The Development of the Inventory of Problems-29: A Brief Self-Administered Measure for Discriminating Bona Fide From Feigned Psychiatric and Cognitive Complaints.

[Viglione DJ](#)¹, [Giromini L](#)², [Landis P](#)¹.

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Abstract

This article describes the development of the Inventory of Problems-29 (IOP-29), a new, short, paper-and-pencil, self-administered measure of feigned mental and cognitive disorders. Four clinical comparison simulation studies were conducted. Study 1 (n = 451) selected the items and produced an index of potential feigning. Study 2 (n = 331) scaled this index to produce a probability score, and examined its psychometric properties. Study 3 tested the generalizability of Study 2's findings with 2 additional samples (ns = 128 and 90). Results supported the utility of the IOP-29 for discriminating bona fide from feigned psychiatric and cognitive complaints. Validity was demonstrated in feigning mild traumatic brain injury, psychosis, posttraumatic stress disorder, and depression. Within the independent samples of Studies 2 and 3, the brief IOP-29 performed similarly to the MMPI-2 and Personality Assessment Inventory, and perhaps better than the Test of Memory Malingering. Classifications within these samples with base rates of .5 produced sensitivity, specificity, positive predictive power, and negative predictive power statistics of about .80. Further research is needed testing the IOP-29 in ecologically valid field studies.

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32. Australas Psychiatry. 2016 Oct 7. pii: 1039856216671667. [Epub ahead of print]

Book review: Mentalization-based treatment for personality disorders: A practical guide.

[Beatson J](#)¹.

Author information:

• ¹Melbourne, VIC.

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33. Res Dev Disabil. 2016 Oct 17. pii: S0891-4222(16)30222-0. doi: 10.1016/j.ridd.2016.10.003. [Epub ahead of print]

Personality dimensions and substance use in individuals with mild to borderline intellectual disabilities.

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Abstract

AIMS:

The aim of this study was to examine the role of the personality dimensions anxiety sensitivity, negative thinking, impulsivity and sensation seeking (as assessed by the revised version of the Substance Use Risk Profile Scale; SURPS) in substance use in individuals with mild to borderline intellectual disabilities (MBID).

METHOD:

We tested the relationship between level of ID and SURPS personality dimensions and the relationship between SURPS personality dimensions and severity of alcohol and drug use. Participants were 118 persons (mean age 20.5 years) with a mean IQ of 71.1 admitted to care facilities for persons with MBID and severe behavioral problems.

RESULTS:

We found no significant relationship between level of ID and the four personality dimensions. In addition, findings showed that individuals with lower levels of anxiety sensitivity, higher levels of negative thinking, impulsivity and sensation seeking showed more severe alcohol use. Individuals with higher levels of negative thinking and sensation seeking had more severe drug use.

CONCLUSIONS AND IMPLICATIONS:

The SURPS personality dimensions identify persons at increased risk for substance use disorders and might be useful in developing selective substance use interventions for individuals with MBID.

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PMID: 27765413 [PubMed - as supplied by publisher]

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Stigmatization of psychiatric symptoms and psychiatric service use: a vignette-based representative population survey.

[Sowislo JF](#)¹, [Lange C](#)², [Euler S](#)², [Hachtel H](#)², [Walter M](#)², [Borgwardt S](#)², [Lang UE](#)², [Huber CG](#)².

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Abstract

Background There is evidence for two different types and/or sources of mental illness stigma, namely the display of psychiatric symptoms and the use of psychiatric service institutions. However, no current study has compared the two. Furthermore, gaps exist in our knowledge of both types of stigma. Little is known about the perceived stigma of specific psychiatric service treatment environments, for instance forensic settings. In addition, systematic research on stigma attached to symptoms of personality disorders in the general population is scarce, and for borderline personality disorder, nonexistent. **Methods** We conducted a representative survey of the general population (N = 2207) in the canton of Basel-Stadt, Switzerland. Participants were asked to read a vignette depicting either the psychiatric symptoms of a fictitious character or a psychiatric service institution to which the character had been admitted, and indicate desired social distance (an indicator for stigma). Type of symptoms, type of psychiatric service, dangerousness, and gender were systematically varied between vignettes. **Findings** Desired social distance was significantly lower in relation to psychiatric service use than to psychiatric symptoms. Overall, symptoms of alcohol dependency, behavior endangering others, and the fictitious character's being male tend to increase stigmatization. Interestingly, the character's being hospitalized in a psychiatric unit at a general hospital and also respondent familiarity with psychiatric services tend to decrease stigmatization. **Interpretation** Familiarity of the general population with psychiatric patients should be increased. Furthermore, treatment in psychiatric units located within general hospitals should be promoted, as such treatment is associated with decreased stigma.

PMID: 27761652 [PubMed - as supplied by publisher]

[Impulse control behaviors and subthalamic deep brain stimulation in Parkinson disease.](#)

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Abstract

To determine the clinical and demographic correlates of persistent, remitting, and new-onset impulse control behaviors (ICBs) before and after subthalamic deep brain stimulation (STN-DBS) in Parkinson's disease (PD). We compared the pre- and post-surgical prevalence of ICBs, classified as impulse control disorders (ICD), dopamine dysregulation syndrome (DDS), and punding in 150 consecutive PD STN-DBS-treated patients and determined the association with motor, cognitive, neuropsychological, and neuropsychiatric endpoints. At baseline (before STN-DBS), ICBs were associated with younger age ($p = 0.045$) and male gender (85 %; $p = 0.001$). Over an average follow-up of 4.3 ± 2.1 years of chronic STN-DBS there was an overall trend for reduction in ICBs (from 17.3 to 12.7 %; $p = 0.095$) with significant improvement in hypersexuality (12-8.0 %; $p = 0.047$), gambling (10.7-5.3 %; $p = 0.033$), and DDS (4.7-0 %; $p < 0.001$). ICB remitted in 18/26 patients (69 %) and persisted in 8/26 (31 %); the latter group was characterized by higher levodopa equivalent daily dose. Patients who developed a new-onset ICB during follow-up ($n = 11/150$) were characterized by younger age ($p = 0.042$), lower dyskinesia improvement ($p \leq 0.035$), and a gender distribution with higher prevalence of women ($p = 0.018$). In addition, new-onset

ICB was more common among patients with borderline, schizoid, and/or schizotypal traits of personality disorders; persistent ICB in those with obsessive-compulsive traits. PD-related ICBs exhibit a complex outcome after STN-DBS, with a tendency for overall reduction but with age, gender, dopaminergic therapy, and neuropsychiatric features exerting independent effects.

PMID: 27761641 [PubMed - as supplied by publisher]

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36. Borderline Personal Disord Emot Dysregul. 2016 Oct 7;3:13. eCollection 2016.

Women with exposure to childhood interpersonal violence without psychiatric diagnoses show no signs of impairment in general functioning, quality of life and sexuality.

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Abstract

BACKGROUND:

Childhood interpersonal violence is a major risk factor for developing Posttraumatic Stress Disorder (PTSD), other axis-I disorders or Borderline Personality Disorder (BPD). Individuals with a history of childhood sexual abuse (CSA) and childhood physical abuse (CPA) who meet the criteria of any axis-I disorder usually also exhibit general psychopathologic symptoms and impairments in quality of life and sexuality. The present study investigates whether women with a history of potentially traumatic CSA/CPA without any axis-I disorder or BPD show subthreshold symptoms of PTSD-specific and general psychopathology and impairments in global functioning, quality of life, and sexuality.

METHODS:

Data were obtained from $N = 92$ female participants: $n = 31$ participants with a history of potentially traumatic CSA/CPA (defined as fulfilling PTSD criterion A) without any axis-I disorder or BPD; $n = 31$ participants with PTSD related to CSA/CPA; and $n = 30$ healthy controls without any traumatic experiences. All three groups were matched for age and education. Those with a history of CSA/CPA with and without PTSD were further matched with regard to severity of physical and sexual abuse.

RESULTS:

While women with a history of potentially traumatic CSA/CPA without axis-I disorder or BPD clearly differed from the PTSD-group in the collected measures, they did not differ from healthy controls (e.g., GAF:87, BSI:0.3, BDI-II:4.5). They showed neither PTSD-specific nor general subthreshold symptoms nor any measurable restrictions in quality of life or sexual satisfaction.

CONCLUSIONS:

Women with a history of potentially traumatic childhood interpersonal violence without axis-I disorder or BPD show a high level of functioning and a low level of pathological impairment that are comparable to the level of healthy controls. Further studies are needed to identify what helped these women survive these potentially traumatic experiences without developing any mental disorders.

TRIAL REGISTRATION:

German Clinical Trials Registration ID: DRKS00006095. Registered 21 May 2014.

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37. Acta Obstet Gynecol Scand. 2016 Nov;95(11):1295-1304. doi: 10.1111/aogs.13007.

Prevalence of maternal chronic diseases during pregnancy - a nationwide population based study from 1989 to 2013.

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Abstract

INTRODUCTION:

There is substantial evidence of a negative impact of maternal chronic disease during pregnancy on reproductive outcomes. Knowledge of the prevalence of chronic diseases during pregnancy is limited, but essential for a focused preventive effort regarding optimal disease control during pregnancy. We aimed to analyze the prevalence of chronic diseases during pregnancy.

MATERIAL AND METHODS:

This register-based cohort study included all women giving birth in Denmark between 1989 and 2013 based on data from Danish health registers. Maternal chronic diseases included 23 disease categories of both physical and mental health conditions recorded within a period of 10 years before childbirth.

RESULTS:

We included 1 362 200 childbirths during the study period. The overall prevalence of maternal chronic disease increased from 3.71% in 1989 to 15.76% in 2013. The most frequently registered chronic diseases were chronic lung diseases/asthma (1.73%), thyroid disorders (1.50%) and anxiety and personality disorders (1.33%). Taking increasing maternal age at birth into account, the relative risk for women to have a chronic disease from 2009 to 2013 was 4.14 (95% CI 4.05-4.22), compared with mothers giving birth from 1989 to 1993.

CONCLUSIONS:

We found an increasing prevalence of maternal chronic disease during pregnancy and more than a four-fold increased risk of maternal chronic disease during pregnancy for childbirths in the period 2009 through 2013, compared with 1989 through 1993. The main limitation of our study is related to a potentially greater awareness and hence more careful registration of maternal chronic disease over time and thereby an increased tendency to register diseases.

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38. Br J Pharmacol. 2016 Nov;173(22):3196-3207. doi: 10.1111/bph.13581. Epub 2016 Oct 4.

Cannabinoid type 1 receptor antagonism ameliorates harmaline-induced essential tremor in rat.

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Abstract

BACKGROUND AND PURPOSE:

Essential tremor (ET) is a neurological disorder with unknown aetiology. Its symptoms include cerebellar motor disturbances, cognitive and personality changes, hearing and olfactory deficits. Hyperactivity of excitotoxic cerebellar climbing fibres may underlie essential tremor and has been induced in rodents by systemic harmaline administration. Cannabinoid (CB) receptor agonists can cause motor disturbances; although, there are also anecdotal reports of therapeutic benefits of cannabis in motor disorders. We set out to establish the effects of CB receptor agonism and antagonism on an established rodent model of ET using a battery of accepted behaviour assays in order to determine the risk and therapeutic potential of modulating the endocannabinoid system in ET.

EXPERIMENTAL APPROACH:

Behavioural effects of systemic treatment with a CB receptor agonist (0.1, 0.5 and 1 mg kg⁻¹ WIN55, 212-2) or two CB₁ receptor antagonists (1 mg kg⁻¹ AM251 and 10 mg kg⁻¹ rimonabant) on tremor induced in rats by harmaline (30 mg kg⁻¹; i.p.), were assessed using tremor scoring, open field, rotarod, grip and gait tests.

KEY RESULTS:

Overall, harmaline induced robust tremor that was typically worsened across the measured behavioural domains by CB receptor agonism but ameliorated by CB₁ receptor antagonism.

CONCLUSIONS AND IMPLICATIONS:

These results provide the first evidence of the effects of modulating the endocannabinoid system on motor function in the harmaline model of ET. Our data suggest that CB₁ receptor manipulation warrants clinical investigation as a therapeutic approach to protection against behavioural disturbances associated with ET.

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Attentional biases in ruminators and worriers.

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Abstract

This study aims to investigate whether attentional biases typically associated with depression and anxiety already exist on a sub-clinical level. A transdiagnostic characteristic, both affective disorders have in common at a sub-clinical level, is persistent negative thinking (PNT), called rumination in depression and worrying in anxiety disorders. We investigated the association between these two types of PNT and attentional biases, using two different versions of the exogenous cueing tasks (ECT) in two different experiments. In Experiment 1, the cues of the ECT were negative and positive personality traits. This allowed us to investigate whether high-ruminators (N = 29), analogous to depressed patients, have difficulties to disengage attention from negative personality traits, as compared to low-ruminators (N = 40). In Experiment 2, the cues of the ECT were negative words related to themes participants frequently worry about versus positive words. This was done to investigate whether high-worriers (N = 26), analogous to anxious persons, have a strong tendency to automatically direct attention toward worry-related information, as compared to low-worriers (N = 27). The results of Experiment 1 showed that high-ruminators have difficulties to disengage their attention from negative personality traits. The results of Experiment 2 indicated that there were no attentional biases for high-worriers. These results show that the attentional bias typically associated with depression is already present at a sub-clinical level, whereas this seems not to be the case for the attentional bias typically associated with anxiety.

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Current understanding of the relationships between obsessive-compulsive disorder and personality disturbance.

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Abstract

PURPOSE OF REVIEW:

This article aims to examine the relationships between obsessive-compulsive disorder (OCD) and personality disturbance, with a particular focus on the diagnostic, aetiological and treatment implications of these relationships.

RECENT FINDINGS:

Personality disorders are common in OCD. They interact in various ways and in accordance with a number of the proposed models. The relationship between OCD and obsessive-compulsive personality disorder is the most important, but it can be conceptualised in different ways and may vary from one person to another. The most clinically relevant implication of the presence of schizotypal personality disorder in OCD is poor prognosis and treatment outcome of OCD. The findings of the effects of personality disorders on treatment outcome of OCD have been inconsistent for most personality disorders, largely due to poor quality of research. Better understanding of the specific relationships between OCD and personality disturbance should lead to a more tailored treatment approach.

SUMMARY:

Large prospective studies are needed to better understand how various relationships between OCD and specific personality disorders could be conceptualised more soundly. Such studies will also provide the foundation for more effective treatments of OCD patients with co-occurring personality disorders.

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41. Adicciones. 2016 Oct 7:889. doi: 10.20882/adicciones.889. [Epub ahead of print]

Profiles of drug addicts in relation to personality variables and disorders.

[Article in English, Spanish]

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Abstract

In recent decades, research has identified a set of impulsive/disinhibited personality variables closely associated with drug addiction. As well as this, disorders linked with these variables, such as ADHD and personality disorders, are being closely studied in the field of drug addiction. Although much knowledge has been accumulated about the relation of these variables and disorders taken separately, less is known about how these constructs allow identify-specific profiles within the drug dependent population to be identified. This work, on the basis of data collected on a sample of drug addicts in treatment, analyzes how impulsiveness, sensation seeking, self-control, ADHD and personality disorders contribute to identifying specific profiles of addicts. Cluster analysis allowed two profiles to be outlined according to these personality and psychopathology characteristics. Self-control, impulsiveness, impulsive and antisocial personality disorders, as well as scores in ADHD, emerge as the variables that contribute more to profile differentiation. One of these profiles (56.1% of participants) with a high disinhibition pattern, is associated with severe indicators of consumption and criminal career patterns. These results allow us to emphasize the role of personality and impulsiveness-related disorders in the identification of distinctive profiles within the addict population, and suggest the need to generate treatment strategies adapted to personal/psychopathology configurations of drug addicts.

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42. J Pers Disord. 2016 Oct 17:1-20. [Epub ahead of print]

Dimensional Structure and Measurement Invariance of the Schizotypal Personality Questionnaire - Brief Revised (SPQ-BR) Scores Across American and Spanish Samples.

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Abstract

The main goal of the present study was to test the measurement equivalence of the Schizotypal Personality Questionnaire - Brief Revised (SPQ-BR) scores in a large sample of Spanish and American non-clinical young adults. The sample was made up of 5,625 young adults ($M = 19.65$ years; $SD = 2.53$; 38.5% males). Study of the internal structure, using confirmatory factor analysis (CFA), revealed that SPQ-BR items were grouped in a theoretical internal structure of nine first-order factors. Moreover, three or four second-order factor and bifactor models showed adequate goodness-of-fit indices. Multigroup CFA showed that the nine lower-order factor models of the SPQ-BR had configural and weak measurement invariance and partial strong measurement invariance across country. The reliability of the SPQ-BR scores, estimated with omega, ranged from 0.67 to 0.91. Using the item response theory framework, the SPQ-BR provides more accurate information at the medium and high end of the latent trait. Statistically significant differences were found in the raw scores of the SPQ-BR subscales and dimensions across samples. The American group scored higher than the Spanish group in all SPQ-BR domains except Ideas of Reference and Suspiciousness. The finding of comparable factor structure in cross-cultural samples would lend further support to the continuum model of psychosis spectrum disorders. In addition, these results provide new information about the factor structure of schizotypal traits and support the validity and utility of this measure in cross-cultural research.

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Adaptation and Psychometric Evaluation of the Italian Version of the Attitude to Personality Disorder Questionnaire (APDQ).

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Abstract

The aim of the current study was to validate the Italian version of the Attitude Toward Personality Disorders Questionnaire (APDQ), assess its psychometric properties, and investigate nurses' attitudes toward patients with personality disorders. An Italian version of the APDQ was produced and administered to nurses working in the Bologna Mental Health Department. The instrument demonstrated good psychometric proprieties and a robust structure and supported the five-factor solution of the original English version. Findings showed that nurses experience negative feelings toward patients with personality disorders and found them difficult to care for. Attitude was found to be better among less experienced nurses and among those working in inpatient settings. The Italian version of the APDQ appears to be a useful instrument for assessing clinicians' attitudes in a variety of settings. Italian nurses were inclined to perceive these patients in a negative manner, frequently expressing aversive feelings.

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Long-Term Course of Borderline Personality Disorder: A Prospective 10-Year Follow-Up Study.

[Alvarez-Tomás I](#)¹, [Soler J](#)², [Bados A](#)¹, [Martín-Blanco A](#)², [Elices M](#)², [Carmona C](#)², [Bauzá J](#)², [Pascual JC](#)².

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Abstract

The aim of this prospective study was to expand previously reported evidence on the 10-year clinical and functional course of borderline personality disorder (BPD) in a Spanish sample. Participants diagnosed with BPD were assessed at baseline and at 10-year follow-up to evaluate BPD symptomatology and other relevant clinical measures, suicidal behavior, dimensional personality traits, Axis I and II comorbidity, use of mental health resources, and psychosocial functioning. At the 10-year follow up, significant improvements were observed on BPD domains, suicidal behavior, and other clinical measures. Neuroticism, impulsiveness, and aggression-hostility features trended toward normalization, whereas activity and sociability were impaired over time. Comorbidity with Axis I and personality disorders remained high. Social functioning and occupational functioning were largely unchanged. These findings confirm the tendency toward a symptomatic remission of BPD over the long term with regard to symptom criteria and characteristic dimensional traits. However, psychosocial functioning remains impaired.

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GUILFORD

Personality Disorders in Hypochondriasis: A Comparison to Panic Disorder and Healthy Controls.

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Abstract

Previous studies found high prevalence rates of personality disorders (PDs) in patients with hypochondriasis; however, assessment was often based only on questionnaires. In the current study, a sample of 68 patients with hypochondriasis was compared to 31 patients with panic disorder and to 94 healthy controls. Participants were investigated with the Structured Clinical Interview for DSM-IV Personality Disorders questionnaire (SCID-II questionnaire) and the SCID-II interview. Based on the cut-off scores of the SCID-II questionnaire, we found a prevalence rate of 45.6% for PD in patients with hypochondriasis. In comparison to healthy controls, patients with hypochondriasis showed characteristics of paranoid, borderline, avoidant, and dependent PDs in the dimensional assessment significantly more often. However, no significant differences were found between the clinical samples. Based on the SCID-II interview, only 2.9% of the patients with hypochondriasis fulfilled the criteria for a PD. These results suggest that PDs are not a specific characteristic of hypochondriasis.

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46. Schizophr Res. 2016 Oct 13. pii: S0920-9964(16)30451-0. doi: 10.1016/j.schres.2016.10.007. [Epub ahead of print]

Personality traits predicting quality of life and overall functioning in schizophrenia.

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Abstract

INTRODUCTION:

Clinical symptoms and sociodemographic variables predict level of functioning and quality of life in patients with schizophrenia. However, few studies have examined the effect of personality traits on quality of life and overall functioning in schizophrenia. Personality traits are premorbid to illness and may predict the way patients experience schizophrenia. The aim of this study was to examine the individual and additive effects of two core personality traits—neuroticism and extraversion—on quality of life and functioning.

METHODS:

Patients with schizophrenia-spectrum disorders (n=153) and healthy controls (n=125) completed personality and quality of life questionnaires. Global functioning was assessed during a clinician-administered structured interview. Neuroticism and extraversion scores were analyzed both as continuous variables and as categorical extremes (High versus Normal Neuroticism, Low versus Normal Extraversion).

RESULTS:

Quality of life was significantly associated with neuroticism, extraversion, and the neuroticism×diagnosis and extraversion×diagnosis interactions. For patients, a lower neuroticism score (in the normal range) was associated with quality of life scores comparable to controls; whereas high neuroticism scores in patients were associated with the lowest quality of life. For overall functioning, only diagnosis had a significant effect.

CONCLUSION:

Neuroticism modulates quality of life and may provide an important key to improving the life of patients with schizophrenia.

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Cortical folding patterns are associated with impulsivity in healthy young adults.

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Abstract

Impulsivity is associated with distinct mental disorders but is also considered as a personality trait exhibited by healthy individuals. Current studies suggest that early stressful life events might cause higher impulsivity in the adulthood. Morphological features, which reflect early brain development, could provide valuable information regarding the origin of impulsive behavior. However, none of the previous MRI studies employed a methodology specifically designed to investigate the relationship between impulsivity and markers of brain development. In this regard, we aimed to investigate the relationship between cortical folding and the three distinct factors of impulsivity (attention, motor, and non-planning) in young healthy adults. Fifty-four right-handed healthy individuals were recruited for the study and underwent magnetic resonance imaging (MRI) at 3 Tesla. A surface-based analysis was used to calculate a local gyrification index (LGI). Impulsivity was examined by the Barratt Impulsiveness Scale (BIS-11) and related to LGI. Associations between LGI and BIS-11 scores were assessed using within-group correlations ($p < 0.05$, "cluster-wise probability" [CWP] corr.). BIS subscores were positively correlated with cortical folding in several

distinct areas: Total and attention scores were positively correlated with LGI in the left postcentral gyrus, cingulate gyrus, precentral gyrus, pars opercularis of the inferior frontal gyrus, right middle temporal gyrus, superior parietal gyrus, pericalcarine gyrus, and lateral occipital gyrus (each $p < 0.05$ CWP corr.). BIS motor score was positively correlated with LGI in the left superior temporal, lingual and supramarginal gyrus (each $p < 0.05$ CWP corr.). BIS non-planning score showed a positive correlation with LGI in the pars opercularis of the right inferior frontal gyrus and the left middle temporal, precentral and superior parietal gyrus (each $p < 0.05$ CWP corr.). Furthermore, we found gender-specific differences in BIS-11-LGI-correlation in the middle and inferior frontal gyrus. Our findings illustrate the advantages of cortical folding as a marker of early brain development when investigating structural brain correlates of impulsivity in young adulthood. Further, they lend additional support to the notion that alterations in early neurodevelopment comprising fronto-temporo-parietal regions might give rise to higher impulsivity in healthy individuals.

PMID: 27743376 [PubMed - as supplied by publisher]

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48. Int J Neuropsychopharmacol. 2016 Oct 14. pii: pyw090. doi: 10.1093/ijnp/pyw090. [Epub ahead of print]

Exposure-Response Relationships during Free-Access Intravenous Alcohol Self-Administration in Non-Dependent Drinkers: Influence of Alcohol Expectancies and Impulsivity.

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Abstract

BACKGROUND:

Self-administration is a hallmark of all addictive drugs, including alcohol. Human laboratory models of alcohol self-administration have characterized alcohol-seeking behavior, and served as surrogate measures of the effectiveness of pharmacotherapies for alcohol use disorders. Intravenous alcohol self-administration (IV-ASA) is a novel method that assesses alcohol exposure driven primarily by the pharmacological response to alcohol, and may have utility in characterizing unique behavioral and personality correlates of alcohol-seeking and consumption.

METHODS:

This study examined exposure-response relationships for IV-ASA, and the influence of impulsivity and alcohol expectancy, in healthy non-dependent drinkers (n=112). Participants underwent a 2.5 hour free-access IV-ASA session using the Computerized Alcohol Infusion System (CAIS). Serial subjective response measures included the Drug Effects Questionnaire (DEQ) and Alcohol Urge Questionnaire (AUQ). To characterize the motivational aspects of alcohol consumption prior to potential acute adaptation, the number of self-infusions in the first 30-min of the free-access session was used to classify participants as low- and high-responders.

RESULTS:

High responders showed greater subjective responses during IV-ASA compared to low responders, reflecting robust exposure-driven hedonic responses to alcohol. High responders also reported heavier drinking patterns and lower scores for negative alcohol expectancies on the Alcohol Effects Questionnaire. High responders also showed higher measures of impulsivity on a delayed discounting task, supporting previous work associating impulsivity with greater alcohol use and problems.

CONCLUSIONS:

These findings indicate that early phase measures of free-access IV-ASA are particularly sensitive to the rewarding and motivational properties of alcohol, and may provide a unique phenotypic marker of alcohol-seeking behavior.

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[Mechanisms of comorbidity, continuity, and discontinuity in anxiety-related disorders.](#)

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Abstract

We discuss comorbidity, continuity, and discontinuity of anxiety-related disorders from the perspective of a two-dimensional neuropsychology of fear (threat avoidance) and anxiety (threat approach). Pharmacological dissection of the "neurotic" disorders justifies both a categorical division between fear and anxiety and a subdivision of each mapped to a hierarchy of neural modules that process different immediacies of threat. It is critical that each module can generate normal responses, symptoms of another syndrome, or syndromal responses. We discuss the resultant possibilities for comorbid dysfunction of these modules both with each other and with some disorders not usually classified as anxiety related. The simplest case is symptomatic fear/anxiety comorbidity, where dysfunction in one module results in excess activity in a second, otherwise normal, module to generate symptoms and apparent comorbidity. More complex is syndromal fear/anxiety comorbidity, where more than one module is concurrently dysfunctional. Yet more complex are syndromal comorbidities of anxiety that go beyond the two dimensional fear/anxiety systems: depression, substance use disorder, and attention-deficit/hyperactivity disorder. Our account of attention-deficit/hyperactivity disorder-anxiety comorbidity entails discussion of the neuropsychology of externalizing disorders to account for the lack of anxiety comorbidity in some of these. Finally, we link the neuropsychology of disorder to personality variation, and to the development of a biomarker of variation in the anxiety system among individuals that, if extreme, may provide a means of unambiguously identifying the first of a range of anxiety syndromes.

PMID: 27739392 [PubMed - in process]

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Development of self-inflicted injury: Comorbidities and continuities with borderline and antisocial personality traits.

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Abstract

Self-inflicted injury (SII) is a continuum of intentionally self-destructive behaviors, including nonsuicidal self-injuries, suicide attempts, and death by suicide. These behaviors are among the most pressing yet perplexing clinical problems, affecting males and females of every race, ethnicity, culture, socioeconomic status, and nearly every age. The complexity of these behaviors has spurred an immense literature documenting risk and vulnerability factors ranging from individual to societal levels of analysis. However, there have been relatively few attempts to articulate a life span developmental model that integrates ontogenetic processes across these diverse systems. The objective of this review is to outline such a model with a focus on how observed patterns of comorbidity and continuity can inform developmental theories, early prevention efforts, and intervention across traditional diagnostic boundaries. Specifically, when SII is viewed through the developmental psychopathology lens, it becomes apparent that early temperamental risk factors are associated with risk for SII and a range of highly comorbid conditions, such as borderline and antisocial personality disorders. Prevention efforts focused on early-emerging biological and temperamental contributors to psychopathology have great potential to reduce risk for many presumably distinct clinical problems. Such work requires identification of early biological vulnerabilities, behaviorally conditioned social mechanisms, as well as societal inequities that contribute to self-injury and underlie intergenerational transmission of risk.

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Dependent personality features in a complex case of borderline personality disorder.

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Abstract

Borderline personality disorder is a complex disease model as it encompasses a diversity of pathological personality traits and psychopathological symptoms. It is not surprising, therefore, that it is often manifested by personality disorders across all three clusters and accompanied by other mental (Axis I) disorders. This melange makes both psychological treatment and pharmacotherapy especially challenging, and this paper describes the case of a particularly complex case of a 33-year-old Romanian patient, who has a history of severe deprivation in childhood, mood and substance use disorder in association with borderline pathology. In the course of treatment from many sources and interventions, it has become clear that dependence is a key component of the pathology and has been rewarded with a degree of success in management. Copyright © 2016 John Wiley & Sons, Ltd.

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52. Personal Ment Health. 2016 Oct 13. doi: 10.1002/pmh.1350. [Epub ahead of print]

Is borderline personality disorder only a mental health problem?

[Cailhol L](#)¹, [Francois M](#)², [Thalamos C](#)³, [Garrido C](#)⁴, [Birmes P](#)⁴, [Pourcel L](#)⁴, [Lapeyre-Mestre M](#)⁴, [Paris J](#)⁵.

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Abstract

Patients with borderline personality disorder (BPD) have been shown to have increased rates of the use of medical services. The objective of this multicentre study was to compare the utilization of physical health services by patients with severe BPD (n = 36) with that of two control groups: one with other personality disorders (PDs) (n = 38) and one with matched subjects randomly selected from the general population (n = 165). Information was drawn from an insurance database collected over a 5-year period. The results showed that the BPD group had a higher mean number of medication prescriptions (377.3 vs. 97.4, $p < 0.001$), general medical consultations (34.4 vs. 13.2, $p < 0.05$) and days of medical or surgical hospitalization (10.2 vs. 1.9, $p = 0.03$). However, there were no significant differences between the groups with BPD and other PDs. The annual health-care cost for each BPD patient is estimated to be 12 761 euros, of which 17.6% is due to somatic care. In the BPD group, co-morbidity for narcissistic PD (NPD) contributed to the overall use of medications and hospitalization use. Combined with other data, this exploratory study shows that BPD is a medical burden and not just a psychiatric one. Copyright © 2016 John Wiley & Sons, Ltd.

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53. Health Qual Life Outcomes. 2016 Oct 12;14(1):145.

[The burden of disease in patients eligible for mentalization-based treatment \(MBT\): quality of life and costs.](#)

[Laurensen EM](#)^{1,2}, [Eeren HV](#)³, [Kikkert MJ](#)⁴, [Peen J](#)⁴, [Westra D](#)⁵, [Dekker JJ](#)^{4,6}, [Busschbach JJ](#)^{3,7}.

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Abstract

BACKGROUND:

Mentalization-Based Treatment (MBT) is a promising, though expensive treatment for severely ill patients with Borderline Personality Disorder (BPD). A high burden of disease in terms of quality of life (QoL) and life years lost can be a reason to prioritize mental health interventions, and specifically for BPD patients. Moreover, when the societal costs of the illness are high, spending resources on high treatment costs would be more easily legitimized. Therefore, the purpose of this study was to calculate the burden of disease of BPD patients eligible for MBT.

METHODS:

The 403 patients included in this study were recruited from two mental health care institutes in the Netherlands. All patients were eligible for MBT. Burden of disease consisted of QoL, measured with the EuroQol EQ-5D-3L, and costs, calculated using the Trimbos and Institute for Medical Technology Assessment Questionnaire for Costs Associated with Psychiatric Illness.

RESULTS:

The mean QoL index score was .48. The mean total costs in the year prior to treatment were €16,879 per patient, of which 21 % consisted of productivity costs.

CONCLUSIONS:

The burden of disease in BPD patients eligible for MBT is high, which makes it more likely that society is willing to invest in treatment for these patients. However, this finding should not be interpreted as a license to unlimitedly use resources to reimburse treatment for severe BPD patients, as these findings do not provide any information on the effectiveness of MBT or other available treatment programs for BPD. The effectiveness of available treatments should be evident by studies on the effectiveness of the treatment itself and by comparing the

effectiveness of these treatments to treatment as usual and to other treatment options for BPD patients.

TRIAL REGISTRATION:

The data on this paper came from two trials: NTR2175 and NTR2292 .

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PMID: 27733207 [PubMed - in process]

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54. Harm Reduct J. 2016 Oct 12;13(1):29.

Mental health among clients of the Sydney Medically Supervised Injecting Centre (MSIC).

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Abstract

The Sydney Medically Supervised Injecting Centre (MSIC) is a supervised injecting facility (SIF) where people who inject drugs (PWID) can do so legally, under health professional supervision. The majority of clients have low levels of education and employment, high rates of incarceration and unstable housing and poor social networks, and 70 % do not access local health services. These factors increase the risk of poor mental health, and it has been documented that PWID have elevated rates of mood, anxiety, personality and psychotic disorders; post-traumatic stress disorder (PTSD); and higher rates of trauma exposure, suicidality and self-harm. The current study is the first to investigate the mental health among clients of a SIF. Validated instruments to examine clients' mental health, social networks and trauma histories were administered to 50 frequently attending clients by a mental health nurse. The majority of respondents were unemployed, homeless and had a

history of incarceration, and 82 % report they had been diagnosed with a mental health problem, but only 24 % report they were receiving treatment. Respondents had poor social networks, had poorer mental health symptoms compared to US inpatients and had experienced multiple traumatic events, and a high number of respondents had scores indicative of PTSD. These results highlight the need for mental health clinicians to be employed in SIFs and other drug consumption rooms (DCRs) to assist clients to address their mental health and psychosocial needs, particularly in light of the fact that these services are often the only places these PWID engage with in an ongoing way.

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55. Neuropsychol Rev. 2016 Oct 10. [Epub ahead of print]

[A Systematic Review of Psychiatric and Psychosocial Comorbidities of Genetic Generalised Epilepsies \(GGE\).](#)

[Loughman A](#)^{1,2}, [Bendrup NA](#)³, [D'Souza WJ](#)⁴.

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Abstract

Psychiatric disorders and associated poor psychosocial outcomes are recognised to be a common sequelae of epilepsy. The extent to which this is true of genetic generalised epilepsies (GGE), particularly syndromes other than juvenile myoclonic epilepsy (JME) is unclear. This systematic review synthesises findings regarding psychiatric and associated comorbidities in adults and children with GGE. Systematic review yielded 34 peer-reviewed studies of psychiatric and psychosocial outcomes in adults and children with GGE. Clinically

significant psychiatric comorbidity was reported in over half of all children and up to a third of all adults with GGE. There was no evidence to support the presence of personality traits specific to JME or other syndromes; rather rates mirrored community samples. A small number of studies report poor psychosocial outcomes in GGE, however the interpretation of these findings is limited by paucity of healthy comparison groups. Some evidence suggests that anti-epileptic drug polytherapy in children and seizure burden at all ages may constitute risk factors for psychopathology. Findings highlight the importance of early screening so as not to overlook early or developing symptoms of psychopathology.

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56. Psych J. 2016 Oct 8. doi: 10.1002/pchj.138. [Epub ahead of print]

A trend toward smaller optical angles and medial-ocular distance in schizophrenia spectrum, but not in bipolar and major depressive disorders.

[Wang Y](#)¹, [Deng Y](#)^{1,2}, [Li Z](#)^{1,3}, [Li X](#)^{1,3}, [Zhang CY](#)¹, [Jin Z](#)⁴, [Fan MX](#)⁵, [Compton MT](#)^{6,7}, [Cheung EF](#)⁸, [Lim KO](#)⁹, [Chan RC](#)¹⁰.

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Abstract

Minor physical anomalies (MPAs) are subtle signs of fetal developmental abnormalities that have been considered to be among the most replicated risk markers for schizophrenia-spectrum disorders. However, quantitative approaches are needed to measure craniofacial MPAs. The present study adopted an imaging-based quantitative approach to examine craniofacial MPAs across the spectrum of schizophrenia and affective disorders, to address their sensitivity and specificity. We sampled 31 patients with schizophrenia, 30 of their unaffected relatives, and 30 individuals with schizotypal personality traits, as well as 37 non-schizotypal controls. We also examined 17 patients with bipolar disorder and 19 patients with major depressive disorder. Five craniofacial MPAs were measured on anterior-posterior commissure-aligned T1-weighted images of an individual's native brain space: medial-ocular distance, lateral-ocular distance, optical angle, maximum skull length, and skull-base width. Compared to non-schizotypal controls, patients with schizophrenia and their relatives showed a trend toward having smaller optical angles and medial-ocular distance, while no difference was found in patients with bipolar or major depressive disorders, suggesting some degree of specificity to schizophrenia. Our approach may benefit future research on craniofacial MPAs as risk markers for schizophrenia-spectrum disorders, and may eventually be useful in strategies to enhance risk stratification using multiple risk markers.

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PMID: 27718340 [PubMed - as supplied by publisher]

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57. *Trials*. 2016 Oct 8;17(1):487.

[Group schema therapy versus group cognitive behavioral therapy for social anxiety disorder with comorbid avoidant personality disorder: study protocol for a randomized controlled trial.](#)

[Baljé A](#)¹, [Greeven A](#)^{2,3}, [van Giezen A](#)^{2,3}, [Korrelboom K](#)^{2,4}, [Arntz A](#)⁵, [Spinhoven P](#)^{2,3}.

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Abstract

BACKGROUND:

Social anxiety disorder (SAD) with comorbid avoidant personality disorder (APD) has a high prevalence and is associated with serious psychosocial problems and high societal costs. When patients suffer from both SAD and APD, the Dutch multidisciplinary guidelines for personality disorders advise offering prolonged cognitive behavioral therapy (CBT). Recently there is increasing evidence for the effectiveness of schema therapy (ST) for personality disorders such as borderline personality disorder and cluster C personality disorders. Since ST addresses underlying personality characteristics and maladaptive coping strategies developed in childhood, this treatment might be particularly effective for patients with SAD and comorbid APD. To our knowledge, there are no studies comparing CBT with ST in this particular group of patients. This superiority trial aims at comparing the effectiveness of these treatments. As an additional goal, predictors and underlying mechanisms of change will be explored.

METHODS/DESIGN:

The design of the study is a multicentre two-group randomized controlled trial (RCT) in which the treatment effect of group cognitive behavioral therapy (GCBT) will be compared to that of group schema therapy (GST) in a semi-open group format. A total of 128 patients aged 18-65 years old will be enrolled. Patients will receive 30 sessions of GCBT or GST during a period of approximately 9 months. Primary outcome measures are the Liebowitz Social Anxiety Scale Self-Report (LSAS-SR) for social anxiety disorder and the newly developed Avoidant Personality Disorder Severity Index (AVPDSI) for avoidant personality disorder. Secondary outcome measures are the MINI section SAD, the SCID-II section APD, the Schema Mode Inventory (SMI-2), the Inventory of Depressive Symptomatology Self-Report (IDS-SR), the World Health Organization Quality of Life-BREF (WHOQOL-BREF), the Difficulties in Emotion Regulation Scale (DERS), the Rosenberg Self-Esteem Scale (RSES) and the Acceptance and Action Questionnaire (AAQ-II). Data will be collected at the start, halfway and at the end of the treatment, followed by measurements at 3, 6 and 12 months post-treatment.

DISCUSSION:

The trial will increase our knowledge on the effectiveness and applicability of both treatment modalities for patients suffering from both diagnoses.

TRIAL REGISTRATION:

Dutch Trial Register: NTR3921 . Registered on 25 March 2013.

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PMID: 27717405 [PubMed - in process]

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58. PLoS One. 2016 Oct 6;11(10):e0164417. doi: 10.1371/journal.pone.0164417. eCollection 2016.

Behavioural and Psychiatric Phenotypes in Men and Boys with X-Linked Ichthyosis: Evidence from a Worldwide Online Survey.

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Abstract

BACKGROUND:

X-linked ichthyosis (XLI) is a rare dermatological condition arising from deficiency for the enzyme steroid sulfatase (STS). Preliminary evidence in boys with XLI, and animal model studies, suggests that individuals lacking STS are at increased risk of developmental disorders and associated traits. However, the behavioural profile of children with XLI is poorly-characterised, and the behavioural profile of adults with XLI has not yet been documented at all.

MATERIALS AND METHODS:

Using an online survey, advertised worldwide, we collected detailed self- or parent-reported information on behaviour in adult (n = 58) and younger (≤ 18 yrs, n = 24) males with XLI for comparison to data from their non-affected brothers, and age/gender-matched previously-published normative data. The survey comprised demographic and background information (including any prior clinical diagnoses) and validated questionnaires assaying phenotypes of particular interest (Adult ADHD Self-Report Scale v1.1, Barrett Impulsiveness Scale-11, adult and adolescent Autism Quotient, Kessler Psychological Distress Scales, and Disruptive Behaviour Disorder Rating Scale).

RESULTS:

Individuals with XLI generally exhibited normal sensory function. Boys with XLI were at increased risk of developmental disorder, whilst adults with the condition were at increased risk of both developmental and mood disorders. Both adult and younger XLI groups scored significantly more highly than male general population norms on measures of inattention, impulsivity, autism-related traits, psychological distress and disruptive behavioural traits.

CONCLUSIONS:

These findings indicate that both adult and younger males with XLI exhibit personality profiles that are distinct from those of males within the general population, and suggest that individuals with XLI may be at heightened risk of psychopathology. The data are consistent with the notion that STS is important in neurodevelopment and ongoing brain function, and with previous work suggesting high rates of developmental disorders in boys with XLI. Our results suggest that individuals with XLI may require medical care from multidisciplinary teams, and should help to inform genetic counselling for the condition.

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PMID: 27711218 [PubMed - in process]

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59.J Psychoactive Drugs. 2016 Oct 5:1-9. [Epub ahead of print]

[Personality and Defense Styles: Clinical Specificities and Predictive Factors of Alcohol Use Disorder in Women.](#)

[Ribadier A](#)¹, [Dorard G](#)², [Varescon F](#)³.

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Abstract

This study investigated personality traits and defense styles in order to determine clinical specificities and predictive factors of alcohol use disorders (AUDs) in women. A female sample, composed of AUD outpatients (n = 48) and a control group (n = 50), completed a sociodemographic self-report and questionnaires assessing personality traits (BFI), defense mechanisms and defense styles (DSQ-40). Comparative and correlational analyses, as well as univariate and multivariate logistic regressions, were performed. AUD women presented with higher neuroticism and lower extraversion and conscientiousness. They used less mature and more neurotic and immature defense styles than the control group. Concerning personality traits, high neuroticism and lower conscientiousness were predictive of AUD, as well as low mature, high neurotic, and immature defense styles. Including personality traits and defense styles in a logistic model, high neuroticism was the only AUD predictive factor. AUD women presented clinical specificities and predictive factors in personality traits and defense styles that must be taken into account in AUD studies. Implications for specific treatment for women are discussed.

PMID: 27705533 [PubMed - as supplied by publisher]

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60. Europace. 2016 Oct 4. pii: euw153. [Epub ahead of print]

[Fluoxetine vs. placebo for the treatment of recurrent vasovagal syncope with anxiety sensitivity.](#)

[Flevari P](#)¹, [Leftheriotis D](#)², [Repasos E](#)², [Katsaras D](#)², [Katsimardos A](#)², [Lekakis J](#)².

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Abstract

AIMS:

The optimal medical therapy of patients with vasovagal syncope (VVS) remains controversial. Fluoxetine is effective against anxiety and panic disorders, while its use has shown promising results for VVS. Anxiety sensitivity is a personality trait observed in a considerable proportion of patients with VVS, associated with predisposition to anxiety and panic disorders. Our aim was to examine whether fluoxetine exerts beneficial effects regarding VVS prevention in the subset of patients with anxiety sensitivity.

METHODS AND RESULTS:

We assessed 106 patients with typical history of recurrent VVS, without other comorbidities, and a diagnostic, positive head-up tilt test. A psychiatric examination ruled out clinical psychiatric disease. Their psychological, stress-related profile was assessed by the Anxiety Sensitivity Index (ASI) questionnaire, a 16-item questionnaire, assessing fear of anxiety-related sensations, previously studied in VVS. Patients scoring positive for ASI (n = 60, 57% of the population) were randomized in a 2:1 fashion to receive either 10-40 mg fluoxetine daily (n = 40) or placebo (n = 20), and were followed-up for 1 year. A significant difference was observed between patients receiving fluoxetine and those with placebo, regarding the distribution of syncope-free time during the study (P < 0.05). A significant difference was also observed between the two groups regarding presyncopal events and the total number of patients who experienced syncope or presyncope during follow-up.

CONCLUSION:

Sensitivity to anxiety is a common personality trait in recurrent VVS. Fluoxetine is superior to placebo against syncope in these patients. This drug may be a first-line pharmacological treatment for this difficult-to-treat group.

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Pursuing Precision Speech-Language Therapy Services for Children with Down Syndrome.

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Abstract

The behavioral phenotype of individuals with Down syndrome (DS) offers one avenue for developing speech-language therapy services that are tailored to the individual's characteristics that affect treatment response. Behavioral phenotypes are patterns of behavioral strengths and weaknesses for specific genetic disorders that can help guide the development and implementation of effective interventions. Nonetheless, individual differences within children with DS must be acknowledged and addressed because behavioral phenotypes are probabilistic, not deterministic. Developing precision speech-language therapy services to maximize learning opportunities and outcomes for children with DS calls for increased collaboration among clinicians and researchers to address the needs, challenges, and opportunities on three interconnected themes: (1) moving effective interventions from research to practice, (2) making evidence-based, child-specific treatment intensity decisions, and (3) considering child motivation and temperament characteristics. Increased availability of intervention materials and resources as well as more specific recommendations that acknowledge individual differences could help narrow the research-practice gap. Clear descriptions of disciplined manipulations of treatment intensity components could lead to more effective intervention services. Last, addressing motivation and temperament characteristics, such as the personality-motivation orientation, in children with DS may help maximize learning opportunities. Focused attention and collaboration on these key themes could produce substantial, positive changes for children with DS and their families in the coming decade.

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PMID: 27701700 [PubMed - in process]

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Psychological Distress as an Indicator of Co-Occurring Psychopathology among Treatment-Seeking Disordered Gamblers.

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Abstract

Disordered gamblers frequently present with concurrent anxiety, depressive, personality, and substance use disorders, which may complicate treatment. Although there is a need for a thorough assessment, some questionnaires may prove lengthy for clients and clinicians. Thus, there is a need for brief screens for identifying co-occurring psychopathology. The present study sought to examine whether a brief, self-report measure of psychological distress could indicate the presence of co-occurring psychopathology among an outpatient sample of disordered gamblers. At intake, 69 participants completed self-report measures of distress and gambling symptomatology, a personality inventory, and a structured interview for the diagnostic criteria for disordered gambling. Gamblers with greater elevations of psychological distress evidenced greater severity of gambling pathology. Clinically significant elevations were present for symptoms of depression, deviancy, and anxiety, but not substance abuse. Greater scores of psychological distress significantly predicted elevations of depression, deviancy, and anxiety. Sensitivity and specificity were evaluated and the findings supported that an average psychological distress score of 16 corresponded with the presence of co-occurring psychopathology. Clinicians treating disordered gamblers should consider screening for co-occurring psychopathology with brief, self-report measures of psychological distress.

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Qualitative Analysis of Resources and Barriers Related to Treatment of Borderline Personality Disorder in the United States.

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Abstract

OBJECTIVE:

Resources and treatment for individuals with borderline personality disorder (BPD) are limited and often difficult to obtain. This article aimed to identify key resources for and barriers to obtaining supportive and treatment services for BPD from the perspective of individuals seeking information or services related to BPD ("BPD care seekers").

METHODS:

Data came from transcripts of resource requests to the Borderline Personality Disorder Resource Center from January 2008 to December 2015 (N=6,253). Basic statistics, including the type of service requested, demographic information for the BPD care seeker, and national distribution of requests, were generated for all eligible transcripts. Qualitative analysis of a random subset of 500 transcripts was used to identify themes, challenges, and common experiences reported by BPD care seekers.

RESULTS:

The greatest number of requests for primary services or resources among the random subset of transcripts was for outpatient services (51%), informational materials (13%), and day programs (9%). Family services, crisis intervention, and mental health literacy were identified as areas where available resources did not meet current demand and that could be improved or expanded. Factors identified as potential barriers to finding and obtaining

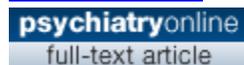
appropriate treatment for BPD included stigmatization and marginalization within mental health care systems, financial concerns, and comorbidity with psychiatric or medical disorders.

CONCLUSIONS:

BPD care seekers face numerous barriers to obtaining appropriate care. Expanded services and resources to connect individuals with treatment are needed to meet the current demands and preferences of those seeking care.

PMID: 27691382 [PubMed - as supplied by publisher]

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Items 1 - 51 of 51

1. Patient Prefer Adherence. 2016 Nov 15;10:2351-2356. eCollection 2016.

Validity of the Control Preferences Scale in patients with emotional disorders.

[De Las Cuevas C¹](#), [Peñate W²](#).

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Abstract

BACKGROUND:

The Control Preferences Scale (CPS) is the most frequently used measure of patients' preferred roles in treatment decisions. The aim of this study was to provide data about the validity of CPS in psychiatric care of patients with emotional disorders.

METHODS:

The original CPS was translated to Spanish using the process of cross-cultural adaptation of self-reported measures as the methodological model for Spanish translation. The final version was tested in a convenience sample of 621 consecutive psychiatric outpatients (461 depressive

and 160 anxiety disorders) that also completed the Shared Decision-Making Questionnaire, the Multidimensional Health Locus of Control Scale, the Drug Attitude Inventory, and a questionnaire including sociodemographic and clinical variables.

RESULTS:

CPS showed a moderate internal consistency and a good convergent validity. Patients with collaborative and passive preferences expressed a greater reliance on psychotropics. Patients preferring a collaborative role self-reported greater perception of involvement in decision-making about their treatment. Patients preferring a passive role showed a greater external health locus of control. The most common preferred role was the collaborative-passive. Older patients and those under longer treatments preferred a passive role, while patients with higher levels of education preferred a collaborative role.

CONCLUSION:

The CPS is a valid measure of the amount of control that psychiatric outpatients with emotional disorders want to assume in the process of making decisions about their treatment.

PMID: 27895470 [PubMed - in process]



2. Curr Drug Targets. 2016 Nov 25. [Epub ahead of print]

[New insight in improving therapeutic efficacy of antipsychotic agents: An overview of improved in vitro and in vivo performance, efficacy upgradation and future prospects.](#)

[Hussain Z](#)¹, [Thu HE](#), [Shuid AN](#).

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Abstract

Psychotic disorders are severe mental disorders that rigorously affect patient personality, critical thinking, and perceptual ability. High prevalence, global dissemination and

limitations of conventional pharmacological approaches compel a significant burden to the patient, medical professionals and the healthcare system. To date, numerous orally administered therapies are available for the management of depressive disorders, schizophrenia, anxiety, bipolar disorders and autism spectrum problems. However, poor water solubility, erratic oral absorption, extensive first-pass metabolism, low oral bioavailability and short half-lives are major factors which limit the pharmaceutical significance and therapeutic feasibility of these agents. In recent decades, nanotechnology-based delivery systems have gained remarkable attention of the researchers to mitigate the pharmaceutical issues related to the antipsychotic therapies and to optimize their oral drug delivery, therapeutic outcomes, and patient compliance. Therefore, the present review was aimed to summarize the available in vitro and in vivo evidences signifying the pharmaceutical importance of the advanced delivery systems in improving the aqueous solubility, transmembrane permeability, oral bioavailability and therapeutic outcome of the antipsychotic agents.

PMID: 27894237 [PubMed - as supplied by publisher]

3. Psychol Assess. 2016 Nov 28. [Epub ahead of print]

[Correction to Fossati et al. \(2016\).](#)

[No authors listed]

Abstract

Reports an error in "Profiling Pathological Narcissism According to DSM-5 Domains and Traits: A Study on Consecutively Admitted Italian Psychotherapy Patients" by Andrea Fossati, Antonella Somma, Serena Borroni, Aaron L. Pincus, Kristian E. Markon and Robert F. Krueger (*Psychological Assessment*, Advanced Online Publication, Jun 23, 2016, np). In the original article, several values were reversed and the mean was misreported in Table 2. The corrected Table 2 is provided in the erratum. (The following abstract of the original article appeared in record 2016-31181-001.) Pathological narcissism represents a clinically relevant, albeit controversial personality construct, with multiple conceptualizations that are operationalized by different measures. Even in the recently published Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition (DSM-5), 2 different views of narcissistic personality disorder (NPD) are formulated (i.e., Section II and Section III). The DSM-5 Section III alternative PD model diagnosis of NPD is based on self and interpersonal dysfunction (Criterion A) and a profile of maladaptive personality traits (Criterion B), specifically elevated scores on Attention Seeking and Grandiosity. Given the diversity of conceptualizations of pathological narcissism, we evaluated the convergences and divergences in DSM-5 trait profiles characterizing multiple measures of narcissism in a clinical sample of 278 consecutively admitted Italian psychotherapy patients. Patients were administered the Italian versions of the Personality Inventory for DSM-5 (PID-5) and 4 measures of NPD, (a) the Narcissistic Personality Inventory (NPI); (b) the NPD scale of the Personality Diagnostic Questionnaire-4+; (c) the Structured Clinical Interview for Axis II Personality Disorders, Version 2.0 (SCID-II) as an observer-rated measure of NPD; and (d) the Pathological Narcissism Inventory (PNI). Multiple regression analyses showed that PID-5 traits explained from 13% to more than 60% of the variance in the different NPD measures. Attention Seeking

was consistently associated with all measures of NPD, whereas Grandiosity was associated with some of the NPD measures. All measures of NPD were also significantly related to additional DSM-5 maladaptive traits. (PsycINFO Database Record

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PMID: 27893225 [PubMed - as supplied by publisher]

4. Front Psychol. 2016 Nov 10;7:1747. eCollection 2016.

Internet-Communication Disorder: It's a Matter of Social Aspects, Coping, and Internet-Use Expectancies.

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Abstract

Online communication applications such as Facebook, WhatsApp, and Twitter are some of the most frequently used Internet applications. There is a growing amount of individuals suffering diminished control over their use of online communication applications which leads to diverse negative consequences in offline life. This could be referred to as Internet-communication disorder (ICD). The current study investigates the role of individual characteristics (e.g., psychopathological symptoms, feelings of loneliness) and specific cognitions. In a sample of 485 participants a structural equation model was tested to investigate predictors and mediators which may predict an excessive use. The results emphasize that a higher level of social loneliness and less perceived social support enhance the risk of a pathological use. The effects of psychopathological symptoms (depression and social anxiety) as well as individual characteristics (self-esteem, self-efficacy, and stress vulnerability) on ICD symptoms are mediated by Internet-use expectancies and dysfunctional coping mechanisms. The results illustrate mediation effects which are in line with the theoretical model by Brand et al. (2016). As suggested in the model social aspects seem to be key predictors of ICD symptoms. Further research should investigate convergent and divergent factors of other types of specific Internet-use disorders.

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PMID: 27891107 [PubMed - in process]



5. Psychiatry Res. 2016 Nov 10;247:120-124. doi: 10.1016/j.psychres.2016.11.011. [Epub ahead of print]

The buffer role of meaning in life in hopelessness in women with borderline personality disorders.

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Abstract

Meaning in life has been found to be a protective factor against suicidal ideation. The aim of this study was to investigate whether meaning in life can moderate and buffer the association between suicide risk factors and hopelessness in women with borderline personality disorders. One hundred twenty-four women diagnosed with borderline personality disorder completed self-report measures of suicide risk factors, hopelessness, and meaning in life. The main result from this study was that meaning in life moderated the association between suicide risk factors and hopelessness. Meaning in life is an important variable in the prevention and treatment of risk of suicide in women with borderline personality disorder.

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PMID: 27888681 [PubMed - as supplied by publisher]

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6. Psychiatry Res. 2016 Nov 10;247:113-119. doi: 10.1016/j.psychres.2016.11.007. [Epub ahead of print]

Symptomatic and functional outcomes of substance use disorder persistence 2 years after admission to a first-episode psychosis program.

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Abstract

Substance use disorders (SUD) in first-episode psychosis (FEP) are highly prevalent and linked with poor outcomes. However, most longitudinal studies investigating their impacts in FEP have not reported proportions of patients who ceased SUD. Our aim was to examine the influence of SUD course on functional and symptomatic outcomes as well as service use in FEP. We performed a 2-year longitudinal study of 212 FEP patients, aged between 18 and 30 years, admitted to 2 early psychosis services in Montréal, Québec, Canada. We observed that cannabis was the first substance abused (42.9% at baseline), followed by alcohol (19.3%). The SUD rate decreased by approximately 30% during the first year. Patients with persistent SUD had worse functional outcomes (Quality of Life Scale, Social and Occupational Functioning Assessment Scale, employment), more symptoms (Positive and Negative Symptoms Scale) and heavier service use (emergency and hospitalization). SUD persistence was associated with illness severity, homelessness and cluster-B personality. Those living with their parents and financially supported by them were more likely to cease SUD. Our results indicate that SUD course was more significant than having SUD at admission; persistent SUD was associated with worse outcomes. SUD decreased during a general early psychosis intervention program (with no specialized SUD treatment). An integrated, specialized approach targeting FEP

patients with predictive factors of SUD persistence during the first years of treatment might increase SUD cessation and possibly improve outcomes.

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PMID: 27888680 [PubMed - as supplied by publisher]

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7. Psychiatry Res. 2016 Nov 16;247:105-112. doi: 10.1016/j.psychres.2016.11.017. [Epub ahead of print]

[Kynurenic acid and psychotic symptoms and personality traits in twins with psychiatric morbidity.](#)

[Kegel ME](#)¹, [Johansson V](#)², [Wetterberg L](#)³, [Bhat M](#)⁴, [Schwieler L](#)¹, [Cannon TD](#)⁵, [Schuppe-Koistinen I](#)⁶, [Engberg G](#)¹, [Landén M](#)⁷, [Hultman CM](#)⁸, [Erhardt S](#)¹.

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Abstract

Increased cytokines and kynurenic acid (KYNA) levels in cerebrospinal fluid (CSF) have been reported in patients with schizophrenia and bipolar disorder. The aim of the present study was to investigate cytokines and kynurenines in the CSF of twin pairs discordant for schizophrenia or bipolar disorder and to study these CSF markers in relation to psychotic

symptoms and personality traits. CSF levels of tryptophan (TRP), KYNA, quinolinic acid (QUIN), interleukin (IL)-6, IL-8 and tumor necrosis factor-alpha (TNF- α) were analyzed in 23 twins with schizophrenia or bipolar disorder, and in their not affected co-twins. Ratings of psychotic symptoms and personality traits were made using the Scales for Assessment of Negative and Positive symptoms, the Structured Clinical Interview for DSM-IV - Axis II Disorders, and the Schizotypal Personality Questionnaire - Brief. A total score for psychotic symptoms and personality traits was constructed for analysis. CSF KYNA was associated with the score for psychotic symptom and personality traits. TNF- α and IL-8 were associated, and the intra-pair differences scores of TNF- α and IL-8 were highly correlated. Intraclass correlations indicated genetic influences on CSF KYNA, TRP, IL-8 and TNF- α . The association between KYNA and psychotic symptoms further supports a role of KYNA in psychotic disorders.

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PMID: 27886578 [PubMed - as supplied by publisher]

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8. J Ment Health. 2016 Nov 25:1-5. [Epub ahead of print]

[College students' stigmatization of people with mental illness: familiarity, implicit person theory, and attribution.](#)

[Lyndon AE](#)¹, [Crowe A](#)², [Wuensch KL](#)³, [McCammon SL](#)³, [Davis KB](#)³.

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Abstract

BACKGROUND:

Stigma associated with mental illness (MI) results in underutilization of mental health care. We must understand factors contributing to stigma to shape anti-stigma campaigns.

AIMS:

To investigate the factors influencing stigma in university students.

METHOD:

Undergraduate psychology students completed measures on causal attribution, stigma, social distance, implicit person theory (IPT), and familiarity.

RESULTS:

The hypothesis was partially supported; people who felt personality traits were unchangeable (i.e. entity IPT) were more likely to stigmatize individuals with mental disorders and desired more social distance from them. Familiarity with people with a MI individually predicted less desire for social distance, yet the redundancy of the predictors made the effect of familiarity on stigma fall just short of statistical significance. Judgments of biogenetic causal attribution were related to higher stigma levels, but not so when familiarity and IPT were taken into account.

CONCLUSIONS:

Educational campaigns may be effective by focusing on aspects of MI highlighting similarity with non-diagnosed people, and that people with MI can recover.

PMID: 27885883 [PubMed - as supplied by publisher]

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9. Br J Gen Pract. 2016 Dec;66(653):e887-e895. Epub 2016 Oct 10.

Managing barriers to empathy in the clinical encounter: a qualitative interview study with GPs.

[Derksen FA](#)¹, [Hartman TC](#)², [Bensing JM](#)³, [Lagro-Janssen AL](#)¹.

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- ³Department of Psychology, Faculty of Social and Behavioural Sciences, Utrecht University, NIVEL, Netherlands Institute for Health Services Research, the Netherlands.

Abstract

BACKGROUND:

Current daily general practice has become increasingly technical and somatically oriented (where attention to patients' feelings is decreased) due to an increase in protocol-based guidelines. Priorities in GP-patient communication have shifted from a focus on listening and empathy to task-oriented communication.

AIM:

To explore what barriers GPs experience when applying empathy in daily practice, and how these barriers are managed.

DESIGN AND SETTING:

Thirty Dutch GPs with sufficient heterogeneity in sex, age, type of practice, and rural or urban setting were interviewed.

METHOD:

The consolidated criteria for reporting qualitative research (COREQ) were applied. The verbatim transcripts were then analysed.

RESULTS:

According to participating GPs, the current emphasis on protocol-driven care can be a significant barrier to genuineness in communication. Other potential barriers mentioned were time pressures and constraints, and dealing with patients displaying 'unruly behaviour' or those with personality disorders. GPs indicated that it can be difficult to balance emotional involvement and professional distance. Longer consulting times, smaller practice populations, and efficient practice organisation were described as practical solutions. In order to focus on a patient-as-person approach, GPs strongly suggested that deviating from guidelines should be possible when necessary as an element of good-quality care. Joining intercollegiate counselling groups was also discussed.

CONCLUSION:

In addition to practical solutions for barriers to behaving empathically, GPs indicated that they needed more freedom to balance working with protocols and guidelines, as well as a patient-as-person and patient-as-partner approach. This balance is necessary to remain connected with patients and to deliver care that is truly personal.

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PMID: 27884917 [PubMed - in process]

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10. Pain Manag. 2016 Nov 24. [Epub ahead of print]

Psychological mislabeling of chronic pain: lessons from migraine in the 20th century.

[Pikoff HB](#)¹.

Author information:

- ¹Lockwood Library, State University of New York at Buffalo, Buffalo, NY 14260, USA.

Abstract

Starting with Freud, psychoanalytically oriented practitioners described a complex of unconscious conflicts, desires and personality traits they believed to be the primary cause of a wide range of medical disorders. This was the psychogenic model. With the advance of basic research and pharmacotherapy, the psychogenic model was gradually replaced by a biopsychobehavioral model. This model treats chronic pain as a biologically based disorder that can be influenced by psychological factors and lifestyle. The present paper argues that many patients with chronic pain may not be significantly impacted by psychological factors, and that for those who are, cognitive-behavioral therapy is the treatment of choice.

PMID: 27883293 [PubMed - as supplied by publisher]

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11. Pediatr Diabetes. 2016 Nov 23. doi: 10.1111/pedi.12469. [Epub ahead of print]

Psychiatric disorders during early adulthood in those with childhood onset type 1 diabetes: Rates and clinical risk factors from population-based follow-up.

[Cooper MN](#)¹, [Lin A](#)¹, [Alvares GA](#)¹, [de Klerk NH](#)^{1,2}, [Jones TW](#)^{1,2,3}, [Davis EA](#)^{1,2,3}.

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- ³Department of Endocrinology and Diabetes, Princess Margaret Hospital for Children, Perth, Australia.

Abstract

AIM:

To determine the incidence of and risk factors for psychiatric disorders in early adulthood in patients with childhood onset type 1 diabetes (T1D).

METHODS:

In this retrospective-cohort study, we identified a population-based childhood onset T1D cohort and an age and sex matched (5:1) non-diabetic comparison cohort. Data linkage was used to access inpatient hospitalization data, mental health support service data, and mortality data to follow-up both cohorts into early adulthood.

RESULTS:

The mean age of T1D diagnosis was 9.5 years (SD 4.1), with a mean age at end of follow-up of 26.4 years (SD 5.2, max 37.7). The diagnosis of any psychiatric disorder was observed for 187 of 1302 (14.3%) in the T1D cohort and 400 of 6422 (6.2%) in the comparison cohort [adjusted hazard ratio (HR) 2.3; 95% CI 1.9, 2.7]. Anxiety, eating, mood, and personality and behaviour disorders were observed at higher rates within the T1D cohort. Comorbid psychiatric disorders were more frequent, at the cohort level, within the T1D cohort (2-3 disorders 3.76% vs 1.56%) and service utilization was higher (15+ contacts 6.8% vs 2.8%); though these differences did not remain when restricted to only those individuals diagnosed during follow-up. A history of poor glycaemic control was associated with an increased risk of anxiety, mood, and 'any' disorder (HR ranging from 1.35 to 1.42 for each 1% increase in mean paediatric HbA1c).

CONCLUSION:

Our findings highlight the need for access to mental health support services as part of routine patient care for young adults with T1D, and for better predictive tools to facilitate targeting at-risk patients with early intervention programs.

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PMID: 27878933 [PubMed - as supplied by publisher]

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12. Soc Psychiatry Psychiatr Epidemiol. 2016 Nov 22. [Epub ahead of print]

Assessing needs for psychiatric treatment in prisoners: 2. Met and unmet need.

[Jakobowitz S](#)¹, [Bebbington P](#)², [McKenzie N](#)³, [Iveson R](#)⁴, [Duffield G](#)⁴, [Kerr M](#)⁵, [Killaspy H](#)¹.

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Abstract

BACKGROUND:

In a companion paper, we established high levels of psychiatric morbidity in prisoners (Bebbington et al. Soc Psychiatry Psychiatr Epidemiol, 2016). In the current report, we evaluate how this morbidity translates into specific needs for treatment and the consequent implications for services. Mental health treatment needs and the extent to which they had been met were assessed in a representative sample of prisoners in a male and a female prison in London (Pentonville and Holloway).

METHODS:

Prisoners were sampled at random in a sequential procedure based on the Local Inmate Data System. We targeted equal numbers of male remand, male sentenced, female remand, and female sentenced prisoners. Following structured assessment of psychosis, common mental disorders, PTSD, personality disorders and disorders of abuse, we used the MRC Needs for Care Assessment (NFCAS) to establish whether potential needs for care in ten areas of mental health functioning were met, unmet, or incapable of being met by services.

RESULTS:

Data on treatment experience were provided by 360 inmates. Eighty percent of females and 70% of males had at least one need for treatment. Over half (53.7%) of the needs of female prisoners were met, but only one third (36.5%) in males. Needs for medication were unmet in 32% of cases, while those for psychological treatment were unmet in 51%.

CONCLUSIONS:

Unmet needs for mental health treatment and care were common in the two prisons. This has adverse consequences both for individual prisoners and for the effective functioning of the criminal justice system.

PMID: 27878323 [PubMed - as supplied by publisher]

[Similar articles](#)



13. Soc Psychiatry Psychiatr Epidemiol. 2016 Nov 22. [Epub ahead of print]

Assessing needs for psychiatric treatment in prisoners: 1. Prevalence of disorder.

[Bebbington P](#)¹, [Jakobowitz S](#)², [McKenzie N](#)^{2,3}, [Killaspy H](#)², [Iveson R](#)⁴, [Duffield G](#)⁴, [Kerr M](#)⁵.

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Abstract

BACKGROUND:

High levels of psychiatric morbidity in prisoners have important implications for services. Assessing Needs for Psychiatric Treatment in Prisoners is an evaluation of representative

samples of prisoners in a male and a female prison in London. This paper reports on the prevalence of mental disorders. In a companion paper, we describe how this translates into mental health treatment needs and the extent to which they have been met.

METHODS:

Prisoners were randomly sampled in a sequential procedure based on the Local Inmate Data System. We interviewed roughly equal numbers from the following groups: male remand; male sentenced prisoners (Pentonville prison); and female remand; female sentenced prisoners (Holloway prison). Structured assessments were made of psychosis, common mental disorders, PTSD, personality disorder and substance abuse.

RESULTS:

We interviewed 197 male and 171 female prisoners. Psychiatric morbidity in male and female, sentenced and remand prisoners far exceeded in prevalence and severity than in equivalent general population surveys. In particular, 12% met criteria for psychosis; 53.8% for depressive disorders; 26.8% for anxiety disorders; 33.1% were dependent on alcohol and 57.1% on illegal drugs; 34.2% had some form of personality disorder; and 69.1% had two disorders or more. Moreover, in the year before imprisonment, 25.3% had used mental health services.

CONCLUSIONS:

These rates of mental ill-health and their similarity in remand and sentenced prisoners indicate that diversion of people with mental health problems from the prison arm of the criminal justice system remains inadequate, with serious consequences for well-being and recidivism.

PMID: 27878322 [PubMed - as supplied by publisher]

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14. J Parasit Dis. 2016 Dec;40(4):1636-1639. Epub 2015 May 15.

Psychiatric aspects of toxoplasmosis: an Indian perspective.

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Abstract

Toxoplasma gondii is one of the well-studied parasites because of its medical and veterinary importance, and its suitability as a model for cell biology and molecular studies. Latent toxoplasmosis in an immunocompetent host was considered benign until recently. The importance of this parasite has been steadily rising in the field of psychiatry and neurology as it has been implicated in numerous neuropsychiatric disorders. Researchers in India have unfortunately restricted themselves to finding the prevalence of toxoplasma antibodies in special populations and animals. On the other hand, there has been increasing research interest worldwide in *T. gondii* for its effects on human behaviour, manifestations of which range from psychoses and neuroses to Alzheimer's and Parkinson's disease. *Toxoplasma* infected organisms may be akin to living zombies. From changing the core natural defensive behaviour in mice to changing personality & leading to neuropsychiatric disorders in humans, *Toxoplasma* brings about subtle but significant & specific changes in its host. Surprisingly there is severe dearth of such studies from India even though prevalence rates of latent *Toxoplasma* infection are comparable, or in some regions, higher to those found elsewhere in the world. The potential for identifying *Toxoplasma* induced behavioural alterations is enormous in this part of the world which could have future treatment implications. It's high time that we move beyond researching the obvious and involve ourselves in more rigorous, novel and stimulating studies in the future.

PMID: 27877000 [PubMed - in process]

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15. Drug Alcohol Depend. 2016 Nov 8;170:66-73. doi: 10.1016/j.drugalcdep.2016.10.040. [Epub ahead of print]

[Analysis of alcohol use disorders from the Nathan Kline Institute-Rockland Sample: Correlation of brain cortical thickness with neuroticism.](#)

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Abstract

BACKGROUND:

Although differences in both neuroanatomical measures and personality traits, in particular neuroticism, have been associated with alcohol use disorders (AUD), whether lifetime AUD diagnosis alters the relationship between neuroticism and neuroanatomical structures remains to be determined.

METHODS:

Data from 65 patients with lifetime AUD diagnoses and 65 healthy comparisons (HC) group-matched on age, sex and race were extracted from the Nathan Kline Institute - Rockland Sample data set. Each subject completed personality trait measures and underwent MRI scanning. Cortical thickness measures at 68 Desikan-Killiany Atlas regions were obtained using FreeSurfer 5.3.0. Regression analyses were performed to identify brain regions at which the neuroticism-cortical thickness relationship was altered by lifetime AUD status.

RESULTS:

As expected, AUDs had higher neuroticism scores than HCs. Correlations between neuroticism and cortical thickness in the left insula and right fusiform differed significantly across groups. Higher neuroticism score in AUD and the interaction between the insular cortical thickness-neuroticism correlation and AUD status were confirmed in a replication study using the Human Connectome Project data set.

CONCLUSIONS:

Results confirmed the relationship between neuroticism and AUD and suggests that specific cortical regions, particularly the left insula, represent anatomic substrates underlying this association in AUD.

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PMID: 27875803 [PubMed - as supplied by publisher]

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[From Asperger's Autistischen Psychopathen to DSM-5 Autism Spectrum Disorder and Beyond: A Subthreshold Autism Spectrum Model.](#)

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Abstract

Growing interest has recently been devoted to partial forms of autism, lying at the diagnostic boundaries of those conditions previously diagnosed as Asperger's Disorder. This latter includes an important retrieval of the European classical psychopathological concepts of adult autism to which Hans Asperger referred in his work. Based on the review of Asperger's *Autistische Psychopathie*, from first descriptions through the DSM-IV Asperger's Disorder and up to the recent DSM-5 Autism Spectrum Disorder, the paper aims to propose a Subthreshold Autism Spectrum Model that encompasses not only threshold-level manifestations but also mild/atypical symptoms, gender-specific features, behavioral manifestations and personality traits associated with Autism Spectrum Disorder. This model includes, but is not limited to, the so-called *broad autism phenotype* spanning across the general population that does not fully meet Autism Spectrum Disorder criteria. From this perspective, we propose a subthreshold autism as a unique psychological/behavioral model for research that could help to understand the neurodevelopmental trajectories leading from autistic traits to a broad range of mental disorders.

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Exploring Personality and Readiness to Change in Patients With Substance Use Disorders With and Without ADHD.

[Flores-García L](#)^{1,2}, [Ytterstad E](#)², [Lensing MB](#)³, [Eisemann M](#)².

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Abstract

OBJECTIVE:

To explore personality and readiness to change among substance use disorders (SUD) patients with and without ADHD.

METHOD:

SUD + ADHD versus SUD - ADHD patients consecutively entering treatment between 2010 and 2012 were compared concerning personality (Temperament and Character Inventory) and readiness to change (Stages of Change Readiness and Treatment Eagerness Scale).

RESULTS:

Among 103 SUD patients (76 men, age $M = 43.3$, $SD = 11.1$), 16 (15.5%) were diagnosed with ADHD. SUD + ADHD patients reported significantly elevated eagerness to effort ($p = .008$) compared with SUD - ADHD patients, who reported significantly elevated fear of uncertainty ($p < .000$). SUD + ADHD patients reported higher ambition ($p = .025$), self-forgetfulness ($p = .029$), and lower recognition ($p = .022$). They were younger ($p = .019$) and showed more often amphetamine addiction ($p = .022$) compared with SUD - ADHD patients.

CONCLUSION:

The distinct characteristics found in SUD + ADHD and SUD - ADHD patients underline the need for differentiated treatment interventions.

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Risk of psychiatric disorders, self-harm behaviour and service use associated with bariatric surgery.

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Author information:

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- ²Department of Clinical Medicine, Aalborg University, Aalborg, Denmark.

Abstract

OBJECTIVE:

To investigate psychiatric outcomes after bariatric surgery, including suicide, self-harm, psychiatric service use and substance misuse.

METHOD:

Retrospective study on a Danish nationwide register-based cohort of 22 451 patients followed for 1 029 736 person-years. Data were analysed utilizing single- and multi-event Cox regression with non-operated controls with obesity and mirror-image analyses with the operated patient serving as their own controls.

RESULTS:

We showed an increased ratio of self-harm (hazard ratio [HR] 3.23, $P < 0.001$; incidence rate ratio [IRR] 1.71, $P < 0.001$), psychiatric service use (admissions IRR 1.52, $P < 0.001$; emergency room visits IRR 1.70, $P < 0.001$), psychiatric diagnosis (organic psychiatric disorders HR 1.78, $P < 0.001$; substance use HR 2.06, $P < 0.001$; mood disorders HR 2.66, $P < 0.001$; neurotic, stress-related and somatoform disorders HR 2.48, $P < 0.001$; behavioural syndromes HR 3.15, $P < 0.001$; disorders of personality HR 2.68, $P < 0.001$; behavioural and emotional disorders HR 6.43, $P < 0.001$), as well as substance misuse utilizing Cox regression as well as mirror-image analyses, as compared to non-operated. We did not find an increased suicide rate (HR 1.35, $P = 0.658$) among operated as compared to non-operated.

CONCLUSION:

Our study shows that undergoing bariatric surgery is associated with increases in self-harm, psychiatric service use and occurrence of mental disorders.

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PMID: 27864830 [PubMed - as supplied by publisher]

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19. Int J Epidemiol. 2016 Nov 17. pii: dyw219. [Epub ahead of print]

[Molecular genetic contributions to self-rated health.](#)

[Harris SE](#)^{1,2}, [Hagenaars SP](#)^{1,3,4}, [Davies G](#)^{1,3}, [David Hill W](#)^{1,3}, [Liewald DC](#)^{1,3}, [Ritchie SJ](#)^{1,3}, [Marioni RE](#)^{1,2,5}; [METASTROKE Consortium](#), [International Consortium for Blood Pressure Genome-Wide Association Studies](#), [CHARGE Consortium Aging and Longevity Group](#), [CHARGE Consortium Cognitive Group](#), [Sudlow CL](#)^{1,2,6}, [Wardlaw JM](#)^{1,6}, [McIntosh AM](#)⁴, [Gale CR](#)^{1,3,7}, [Deary IJ](#)^{8,3}.

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Abstract

BACKGROUND:

Poorer self-rated health (SRH) predicts worse health outcomes, even when adjusted for objective measures of disease at time of rating. Twin studies indicate SRH has a heritability

of up to 60% and that its genetic architecture may overlap with that of personality and cognition.

METHODS:

We carried out a genome-wide association study (GWAS) of SRH on 111 749 members of the UK Biobank sample. Univariate genome-wide complex trait analysis (GCTA)-GREML analyses were used to estimate the proportion of variance explained by all common autosomal single nucleotide polymorphisms (SNPs) for SRH. Linkage disequilibrium (LD) score regression and polygenic risk scoring, two complementary methods, were used to investigate pleiotropy between SRH in the UK Biobank and up to 21 health-related and personality and cognitive traits from published GWAS consortia.

RESULTS:

The GWAS identified 13 independent signals associated with SRH, including several in regions previously associated with diseases or disease-related traits. The strongest signal was on chromosome 2 (rs2360675, $P = 1.77 \times 10^{-10}$) close to KLF7. A second strong peak was identified on chromosome 6 in the major histocompatibility region (rs76380179, $P = 6.15 \times 10^{-10}$). The proportion of variance in SRH that was explained by all common genetic variants was 13%. Polygenic scores for the following traits and disorders were associated with SRH: cognitive ability, education, neuroticism, body mass index (BMI), longevity, attention-deficit hyperactivity disorder (ADHD), major depressive disorder, schizophrenia, lung function, blood pressure, coronary artery disease, large vessel disease stroke and type 2 diabetes.

CONCLUSIONS:

Individual differences in how people respond to a single item on SRH are partly explained by their genetic propensity to many common psychiatric and physical disorders and psychological traits.

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20. Int J Eat Disord. 2016 Nov 12. doi: 10.1002/eat.22644. [Epub ahead of print]

Predictors of dropout in face-to-face and internet-based cognitive-behavioral

therapy for bulimia nervosa in a randomized controlled trial.

[Watson HJ](#)^{1,2,3,4}, [Levine MD](#)⁵, [Zerwas SC](#)¹, [Hamer RM](#)^{1,6}, [Crosby RD](#)^{7,8}, [Sprecher CS](#)¹, [O'Brien A](#)², [Zimmer B](#)⁹, [Hofmeier SM](#)¹, [Kordy H](#)⁹, [Moessner M](#)⁹, [Peat CM](#)¹, [Runfola CD](#)^{1,10}, [Marcus MD](#)⁵, [Bulik CM](#)^{1,11,12} .

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- ¹²Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.

Abstract

OBJECTIVE:

We sought to identify predictors and moderators of failure to engage (i.e., pretreatment attrition) and dropout in both Internet-based and traditional face-to-face cognitive-behavioral therapy (CBT) for bulimia nervosa. We also sought to determine if Internet-based treatment reduced failure to engage and dropout.

METHOD:

Participants (N = 191, 98% female) were randomized to Internet-based CBT (CBT4BN) or traditional face-to-face group CBT (CBTF2F). Sociodemographics, clinical history, eating disorder severity, comorbid psychopathology, health status and quality of life, personality and temperament, and treatment-related factors were investigated as predictors.

RESULTS:

Failure to engage was associated with lower perceived treatment credibility and expectancy (odds ratio [OR] = 0.91, 95% CI: 0.82, 0.97) and body mass index (BMI) (OR = 1.10; 95% CI: 1.03, 1.18). Dropout was predicted by not having a college degree (hazard ratio [HR] = 0.55; 95% CI: 0.37, 0.81), novelty seeking (HR = 1.02; 95% CI: 1.01, 1.03), previous CBT experience (HR = 1.77; 95% CI: 1.16, 2.71), and randomization to the individual's nonpreferred treatment format (HR = 1.95, 95% CI: 1.28, 2.96).

DISCUSSION:

Those most at risk of failure to engage had a higher BMI and perceived treatment as less credible and less likely to succeed. Dropout was associated with less education, higher novelty seeking, previous CBT experience, and a mismatch between preferred and assigned treatment. Contrary to expectations, Internet-based CBT did not reduce failure to engage or dropout. © 2016 Wiley Periodicals, Inc. (Int J Eat Disord 2016).

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PMID: 27862108 [PubMed - as supplied by publisher]

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21. Personal Ment Health. 2016 Nov 16. doi: 10.1002/pmh.1362. [Epub ahead of print]

[How do mothers with borderline personality disorder mentalize when interacting with their infants?](#)

[Marcoux AA](#)¹, [Bernier A](#)¹, [Séguin JR](#)^{1,2}, [Boike Armerding J](#)³, [Lyons-Ruth K](#)³.

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Abstract

Mothers with borderline personality disorder (BPD) have been theorized to have decreased mentalization ability, which is the capacity to perceive and interpret mental states. This could increase the risk for troubled relationships with their infants and therefore have adverse consequences for child social and emotional development. Mind-mindedness (MM), which codes the mother's references to her infant's mental states during an interaction, is one method of indexing mothers' mentalizing ability. However, research has yet to examine MM in mothers with BPD. Our objective was to assess the MM ability of 38 mothers during interactions with their 12-month-old infants, including 10 mothers with BPD and 28 mothers without a psychiatric diagnosis. Trained observers assessed maternal MM from 2 min of videotaped mother-infant free play. BPD was assessed with the Structured Clinical Interview for DSM-III-R-Personality Disorders (SCID-II). Mothers with and without BPD did not differ in the proportion of total comments referring to infant mental states. However, mothers in the BPD group proportionately made 3.6 times more misattuned mind-related comments than control mothers. Thus, mothers with and without BPD appear equally likely to envision mental states in their infants. However, mothers with BPD also appear more likely to misread their infants' mental states. Copyright © 2016 John Wiley & Sons, Ltd.

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PMID: 27860436 [PubMed - as supplied by publisher]

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22. J Forensic Sci. 2016 Nov 17. doi: 10.1111/1556-4029.13278. [Epub ahead of print]

[Self-Strangulation Through A Sphygmomanometer: An Uncommon Suicide.](#)

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Abstract

Suicide by asphyxia is quite a common event in forensic practice and may be implemented in different ways. The authors report a unique case of a 16-year-old youth who committed

suicide by means of a standard mercury sphygmomanometer. This manner of suicide has never been described in the literature reviewed. A complete forensic investigation led to the conclusion that the cause of death was mechanical asphyxia, ascribed to self-strangulation by means of an atypical item. The victim suffered from attention-deficit/hyperactivity disorder (ADHD) syndrome and was assisted by support teachers. He had a solitary and depressive personality. The exceptional nature of this case suggests that sphygmomanometers may be regarded as possible means of self-strangulation. The case also highlights the importance of managing patients with psychiatric or cognitive disorders; indeed, particular caution is required to keep them away from objects that, although apparently harmless, can become lethal.

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PMID: 27859329 [PubMed - as supplied by publisher]

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23. J Forensic Sci. 2016 Nov 17. doi: 10.1111/1556-4029.13234. [Epub ahead of print]

[Trait Anger, Physical Aggression, and Violent Offending in Antisocial and Borderline Personality Disorders.](#)

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Abstract

Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) are common conditions in forensic settings that present high rates of violence. Personality traits related to the five-factor model personality domains of neuroticism and agreeableness have shown a relationship with physical aggression in nonclinical and general psychiatric samples. The aim of the present investigation was to examine the association of these personality traits with violence and aggression in ASPD and BPD. Results revealed that trait

anger/hostility predicted self-reported physical aggression in 47 ASPD and BPD subjects ($\beta = 0.5$, $p = 0.03$) and number of violent convictions in a subsample of the ASPD participants ($\beta = 0.2$, $p = 0.009$). These preliminary results suggest that high anger and hostility are associated with physical aggression in BPD and ASPD. Application of validated, self-report personality measures could provide useful and easily accessible information to supplement clinical risk assessment of violence in these conditions.

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24. Trials. 2016 Nov 17;17(1):549.

The NOURISHED randomised controlled trial comparing mentalisation-based treatment for eating disorders (MBT-ED) with specialist supportive clinical management (SSCM-ED) for patients with eating disorders and symptoms of borderline personality disorder.

[Robinson P](#)^{1,2}, [Hellier J](#)³, [Barrett B](#)³, [Barzdaitiene D](#)⁴, [Bateman A](#)⁵, [Bogaardt A](#)⁶, [Clare A](#)⁶, [Somers N](#)⁶, [O'Callaghan A](#)⁶, [Goldsmith K](#)³, [Kern N](#)⁷, [Schmidt U](#)³, [Morando S](#)⁶, [Ouellet-Courtois C](#)⁶, [Roberts A](#)⁵, [Skårderud F](#)⁸, [Fonagy P](#)^{5,9}.

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Abstract

BACKGROUND:

In this multi-centre randomized controlled trial (RCT) we compared modified mentalisation-based treatment (MBT-ED) to specialist supportive clinical management (SSCM-ED) in patients with eating disorders (EDs) and borderline personality disorder symptoms (BPD). This group of patients presents complex challenges to clinical services, and a treatment which addresses their multiple problems has the potential to improve outcome. MBT has been shown to be effective in improving outcome in patients with BPD, but its use has not been reported in ED.

METHODS:

Sixty-eight eligible participants were randomised to MBT-ED or SSCM-ED. The primary outcome measure was the global score on the Eating Disorder Examination. Secondary outcomes included measures of BPD symptoms (the Zanarini Rating Scale for Borderline Personality Disorder), general psychiatric state, quality of life and service utilisation. Participants were assessed at baseline and at 6, 12 and 18 months after randomisation. Analysis was performed using linear mixed models.

RESULTS:

Only 15 participants (22 %) completed the 18 month follow-up. Early drop-out occurred significantly more in the SSCM-ED group. Drop-out did not vary with treatment model later in therapy and was sometimes attributed to participants moving away. There was higher drop-out amongst smokers and those with higher neuroticism scores. 47.1 % of participants in the MBT-ED arm and 37.1 % in the SSCM-ED arm attended at least 50 % of therapy sessions offered. Amongst those remaining in the trial, at 12 and 18 months MBT-ED was associated with a greater reduction in Shape Concern and Weight Concern in the Eating Disorder Examination compared to SSCM-ED. At 6, 12 and 18 months there was a decline of ED and BPD symptoms in both groups combined. Ten participants were reported as having had adverse events during the trial, mostly self-harm, and there was one death, attributed as 'unexplained' by the coroner.

CONCLUSIONS:

The high drop-out rate made interpretation of the results difficult. Greater involvement of research staff in clinical management might have improved compliance with both therapy and research assessment. MBT-ED may have had an impact on core body image psychopathology.

TRIAL REGISTRATION:

Current Controlled Trials: ISRCTN51304415 . Registered on 19 April 2011.

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25. Z Kinder Jugendpsychiatr Psychother. 2016 Nov 18:1-9. [Epub ahead of print]

Psychiatric Disorders and Personality Styles in Mothers of Female Adolescent Patients with Eating Disorders.

[Rost S](#)¹, [Kappel V](#)², [Salbach H](#)², [Schneider N](#)², [Pfeiffer E](#)², [Lehmkuhl U](#)², [Winter S](#)², [Sarrar L](#)³.

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Abstract

OBJECTIVE:

To provide further insight into the presently poorly understood role of familial psychopathology in the development of eating disorders (ED).

METHOD:

The present study assesses psychiatric and personality disorders listed on Axis I and II of the DSM-IV in 27 mothers of adolescent patients with anorexia (AN mothers) and 14 bulimia nervosa (BN mothers) as well as 22 mentally healthy girls (CG mothers) on a categorical level. Furthermore, we conducted a dimensional diagnostic regarding personality styles and personality traits.

RESULTS:

AN and BN mothers showed increased rates of Axis I disorders, especially affective, substance use, and anxiety disorders. Differences on Axis II did not reach statistical significance. However, BN mothers showed higher occurrences of paranoid, negativistic, and schizotypal personality styles compared to the other groups. BN mothers further showed higher occurrences than CG mothers of the personality traits excitability, aggressiveness, physical complaints, openness, and emotionality. AN mothers differed significantly from CG mothers on the scale demands.

CONCLUSIONS:

Increased occurrence of psychopathology on both categorical and dimensional levels in mothers of patients with AN and BN supports the assumption of a familial accumulation of psychopathology in ED. Longitudinal studies and genetic analyses should clarify a possible cause-effect relationship and interactions between familial dynamics and adolescent ED.^[P]_[SEP]
Keywords: eating disorders, adolescent patients, mothers, psychiatric disorders, personality styles.

PMID: 27855559 [PubMed - as supplied by publisher]

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Hogrefe

26. Cochrane Database Syst Rev. 2016 Nov 18;11:CD002779. [Epub ahead of print]

[Interventions for treating burning mouth syndrome.](#)

[McMillan R](#)¹, [Forssell H](#), [Buchanan JA](#), [Glenny AM](#), [Weldon JC](#), [Zakrzewska JM](#).

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Abstract

BACKGROUND:

Burning mouth syndrome (BMS) is a term used for oral mucosal pain (burning pain or discomfort in the tongue, lips or entire oral cavity) without identifiable cause. General population prevalence varies from 0.1% to 3.9%. Many BMS patients indicate anxiety, depression, personality disorders and impaired quality of life (QoL). This review updates the previous versions published in 2000 and 2005.

OBJECTIVES:

To determine the effectiveness and safety of any intervention versus placebo for symptom relief and changes in QoL, taste, and feeling of dryness in people with BMS.

SEARCH METHODS:

Cochrane Oral Health's Information Specialist searched the following databases: Cochrane Oral Health's Trials Register (to 31 December 2015), the Cochrane Central Register of Controlled Trials (CENTRAL; 2015, Issue 11) in the Cochrane Library (searched 31 December 2015), MEDLINE Ovid (1946 to 31 December 2015), and Embase Ovid (1980 to 31 December 2015). We searched ClinicalTrials.gov and the World Health Organization International Clinical Trials Registry Platform for ongoing trials. We placed no restrictions on the language or date of publication when searching the electronic databases. **SELECTION CRITERIA:** Randomised controlled trials (RCTs) comparing any treatment against placebo in people with BMS. The primary outcomes were symptom relief (pain/burning) and change in QoL. Secondary outcomes included change in taste, feeling of dryness, and adverse effects.

DATA COLLECTION AND ANALYSIS:

We used standard methodological procedures expected by Cochrane. Outcome data were analysed as short-term (up to three months) or long-term (three to six months).

MAIN RESULTS:

We included 23 RCTs (1121 analysed participants; 83% female). Interventions were categorised as: antidepressants and antipsychotics, anticonvulsants, benzodiazepines, cholinergics, dietary supplements, electromagnetic radiation, physical barriers, psychological therapies, and topical treatments. Only one RCT was assessed at low risk of bias overall, four RCTs' risk of bias was unclear, and 18 studies were at high risk of bias. Overall quality of the evidence for effectiveness was very low for all interventions and all outcomes. Twenty-one RCTs assessed short-term symptom relief. There is very low-quality evidence of benefit from electromagnetic radiation (one RCT, 58 participants), topical benzodiazepines (two RCTs, 111 participants), physical barriers (one RCT, 50 participants), and anticonvulsants (one RCT, 100 participants). We found insufficient/contradictory evidence regarding the effectiveness of antidepressants, cholinergics, systemic benzodiazepines, dietary supplements or topical treatments. No RCT assessing psychological therapies evaluated short-term symptom relief. Four studies assessed long-term symptom relief. There is very low-quality evidence of a benefit from psychological therapies (one RCT, 30 participants), capsaicin oral rinse (topical treatment) (one RCT, 18 participants), and topical benzodiazepines (one RCT, 66 participants). We found no evidence of a difference for dietary supplements or lactoperoxidase oral rinse. No studies assessing antidepressants, anticonvulsants, cholinergics, electromagnetic radiation or physical barriers evaluated long-term symptom relief. Short-term change in QoL was assessed by seven studies (none long-term). The quality of evidence was very low. A benefit was found for electromagnetic

radiation (one RCT, 58 participants), however findings were inconclusive for antidepressants, benzodiazepines, dietary supplements and physical barriers. Secondary outcomes (change in taste and feeling of dryness) were only assessed short-term, and the findings for both were also inconclusive. With regard to adverse effects, there is very low-quality evidence that antidepressants increase dizziness and drowsiness (one RCT, 37 participants), and that alpha lipoic acid increased headache (two RCTs, 118 participants) and gastrointestinal complaints (3 RCTs, 138 participants). We found insufficient/contradictory evidence regarding adverse events for anticonvulsants or benzodiazepines. Adverse events were poorly reported or unreported for cholinergics, electromagnetic radiation, and psychological therapies. No adverse events occurred from physical barriers or topical therapy use.

AUTHORS' CONCLUSIONS:

Given BMS' potentially disabling nature, the need to identify effective modes of treatment for sufferers is vital. Due to the limited number of clinical trials at low risk of bias, there is insufficient evidence to support or refute the use of any interventions in managing BMS. Further clinical trials, with improved methodology and standardised outcome sets are required in order to establish which treatments are effective. Future studies are encouraged to assess the role of treatments used in other neuropathic pain conditions and psychological therapies in the treatment of BMS.

PMID: 27855478 [PubMed - as supplied by publisher]

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27. Psychiatr Danub. 2016 Dec;28(4):357-362.

Idiopathic Scoliosis from Psychopathological and Mind-Body Medicine Perspectives.

[Talić G¹](#), [Ostojić L](#), [Bursać SN](#), [Nožica-Radulović T](#), [Stevanović-Papić Đ](#).

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Abstract

Idiopathic scoliosis, defined as a three-dimensional spine and trunk deformity, which appears in otherwise healthy subjects, exhibits complex relations with various forms of personal

well-being and psychopathology. Most research studies have documented a higher proportion of psychological disturbances (e.g., self-criticism, negative body image, low self-esteem) and mental disorders (e.g., anxiety and depressive disorders, personality disorders) among idiopathic scoliosis patients compared to healthy controls. In addition, there are some reports, although more systematic research is warranted, on the role of mental health and personality traits in relation to the adherence to conservative treatment. Given the increasing role of surgical treatment in the management of scoliosis, as well as several reports on negative psychological outcomes of such interventions, there is a growing need for ongoing screening and mental health care in this population. It seems this also holds true for non-operative treatments, particularly bracing therapy. One should keep in mind that these scoliosis-psychopathology relations are deduced from a limited number of empirical studies, usually conducted on small sample sizes, suggesting the need for further large-scale investigations, preferably those with longitudinal research designs. Understanding the complex interplay between personality/psychopathology and spinal deformities within the framework of personalized mind-body medicine, should help clinicians tailor more individualized and specific treatments and predict therapeutic outcomes in this clinical population.

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PMID: 27855426 [PubMed - in process]

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28. J Pers Assess. 2016 Nov 16:1-14. [Epub ahead of print]

Assessment of DSM-5 Section II Personality Disorders With the MMPI-2- RF in a Nonclinical Sample.

[Sellbom M](#)¹, [Smith A](#)².

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- ²b Research School of Psychology , Australian National University , Canberra , Australia.

Abstract

The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008 / 2011) is frequently used in clinical practice. However, there has been a dearth of literature on how well this instrument can assess symptoms associated with personality disorders (PDs). This investigation examined a range of hypothesized MMPI-2-

RF scales in predicting PD symptoms. We evaluated these associations in a sample of 397 university students who had been administered the MMPI-2-RF and the Structured Clinical Interview for DSM-IV Axis II Disorders-Personality Questionnaire (First, Gibbon, Spitzer, Williams, & Benjamin, 1997). Zero-order correlation analyses and negative binomial regression models indicated that a wide range of MMPI-2-RF scale hypotheses were supported; however, the least support was available for predicting schizoid and obsessive-compulsive PDs. Implications for MMPI-2-RF interpretation and PD diagnosis are discussed.

PMID: 27849364 [PubMed - as supplied by publisher]

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29. Ethn Health. 2016 Nov 16:1-20. [Epub ahead of print]

Ethnicity, work-related stress and subjective reports of health by migrant workers: a multi-dimensional model.

[Capasso R](#)¹, [Zurlo MC](#)¹, [Smith AP](#)².

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- ²b Centre for Occupational and Health Psychology, School of Psychology , Cardiff University , Cardiff , UK.

Abstract

OBJECTIVES:

This study integrates different aspects of ethnicity and work-related stress dimensions (based on the Demands-Resources-Individual-Effects model, DRIVE [Mark, G. M., and A. P. Smith. 2008. "Stress Models: A Review and Suggested New Direction." In Occupational Health Psychology, edited by J. Houdmont and S. Leka, 111-144. Nottingham: Nottingham University Press]) and aims to test a multi-dimensional model that combines individual differences, ethnicity dimensions, work characteristics, and perceived job satisfaction/stress as independent variables in the prediction of subjectives reports of health by workers differing in ethnicity.

DESIGN:

A questionnaire consisting of the following sections was submitted to 900 workers in Southern Italy: for individual and cultural characteristics, coping strategies, personality behaviours, and acculturation strategies; for work characteristics, perceived job demands and

job resources/rewards; for appraisals, perceived job stress/satisfaction and racial discrimination; for subjective reports of health, psychological disorders and general health. To test the reliability and construct validity of the extracted factors referred to all dimensions involved in the proposed model and logistic regression analyses to evaluate the main effects of the independent variables on the health outcomes were conducted.

RESULTS:

Principal component analysis (PCA) yielded seven factors for individual and cultural characteristics (emotional/relational coping, objective coping, Type A behaviour, negative affectivity, social inhibition, affirmation/maintenance culture, and search identity/adoption of the host culture); three factors for work characteristics (work demands, intrinsic/extrinsic rewards, and work resources); three factors for appraisals (perceived job satisfaction, perceived job stress, perceived racial discrimination) and three factors for subjective reports of health (interpersonal disorders, anxious-depressive disorders, and general health). Logistic regression analyses showed main effects of specific individual and cultural differences, work characteristics and perceived job satisfaction/stress on the risk of suffering health problems.

CONCLUSION:

The suggested model provides a strong framework that illustrates how psychosocial and individual variables can influence occupational health in multi-cultural workplaces.

PMID: 27846733 [PubMed - as supplied by publisher]

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30. Psychopathology. 2016 Nov 16. [Epub ahead of print]

[The New Hamburg-Hannover Agitation Scale in Clinical Samples: Manifestation and Differences of Agitation in Depression, Anxiety, and Borderline Personality Disorder.](#)

[Jung S¹](#), [Proske M](#), [Kahl KG](#), [Krüger TH](#), [Wollmer MA](#).

Author information:

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Abstract

BACKGROUND/AIMS:

Agitation is a burdening phenomenon that occurs in a variety of psychiatric disorders. The aim of this study was to give a first direction for agitation occurrence in depression, anxiety disorder, and borderline personality disorder (BPD) as well as in healthy controls with and without psychiatric record.

METHODS:

Using the Hamburg-Hannover Agitation Scale (H2A), an instrument that allows for the measurement of agitation independently of the presence of a specific disorder, a patient sample (n = 158) and a healthy control group (n = 685) with (n = 94) and without (n = 591) psychiatric record were examined. The data were mainly analysed using ANOVAs and post hoc tests.

RESULTS:

Patients showed significantly higher H2A agitation levels than healthy controls. Within the clinical sample, BPD patients exhibited the strongest manifestation of agitation, scoring significantly higher than the depression and the anxiety disorder sample, while these two subgroups did not significantly differ from each other. Moreover, healthy subjects with a psychiatric record experienced a significantly stronger agitation than subjects without a psychiatric record.

CONCLUSION:

Further studies are needed with larger, more balanced, and differentiated sample sizes including a wider range of clinical pictures. The results demonstrate that agitation occurs and differs in psychiatric patients as well as in healthy controls.

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Psychiatric and neurological disorders are associated with bullous pemphigoid - a nationwide Finnish Care Register study.

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Abstract

Bullous pemphigoid (BP) is an autoimmune blistering skin disease with increasing incidence. BP is associated with neurological disorders, but it has not been established, what subtypes of dementia and stroke are associated with BP, and what is the temporal relation between these diseases. Also, the association between BP and psychiatric disorders is controversial. We conducted a retrospective nationwide study, using the Finnish Care Register for Health Care diagnoses between 1987 and 2013. The study population of 4524 BP patients were compared with 66138 patients with basocellular carcinoma (BCC), neurological and psychiatric comorbid disorders were evaluated for both groups, and associations were estimated by Cox regression and logistic regression analyses. The strongest risk of developing BP was found after diagnosis of multiple sclerosis (MS) (OR=5.9, 95% CI 3.9-8.5). Among psychiatric diseases, the corresponding risk was strongest in schizophrenia (OR=2.7, 95% CI 2.0-3.5), and as a novel finding, also personality disorders (OR=2.2, 95% CI 1.3-3.3) preceded BP. In conclusion, many psychiatric disorders, especially schizophrenia, carry heightened risk for BP. Furthermore, several neurological diseases which cause central nervous system inflammation or degeneration were related to BP, and the association was strongest between MS and BP.

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32.J Youth Adolesc. 2016 Nov 14. [Epub ahead of print]

[Neuroticism and Conscientiousness as Moderators of the Relation Between Social Withdrawal and Internalizing Problems in Adolescence.](#)

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Abstract

Social withdrawal, or refraining from social interaction in the presence of peers, places adolescents at risk of developing emotional problems like anxiety and depression. The personality traits of neuroticism and conscientiousness also relate to emotional difficulties. For example, high conscientiousness predicts lower incidence of anxiety disorders and depression, while high neuroticism relates to greater likelihood of these problems. Based on these associations, socially withdrawn adolescents high in conscientiousness or low in neuroticism were expected to have lower levels of anxiety and depressive symptoms. Participants included 103 adolescents (59 % female) who reported on their personality traits in 8th grade and their anxiety and depressive symptoms in 9th grade. Peer ratings of social withdrawal were collected within schools in 8th grade. A structural equation model revealed that 8th grade withdrawal positively predicted 9th grade anxiety and depressive symptoms controlling for 8th grade anxiety and depressive symptoms, but neuroticism did not. Conscientiousness moderated the relation of withdrawal with depressive symptoms but not anxiety, such that high levels of conscientiousness attenuated the association between withdrawal and depressive symptoms. This buffering effect may stem from the conceptual relation between conscientiousness and self-regulation. Conscientiousness did not, however, moderate the association between withdrawal and anxiety, which may be partly due to the

role anxiety plays in driving withdrawal. Thus, a conscientious, well-regulated personality partially protects withdrawn adolescents from the increased risk of emotional difficulties.
PMID: 27844459 [PubMed - as supplied by publisher]

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33. Attach Hum Dev. 2016 Nov 14:1-18. [Epub ahead of print]

Attachment anxiety and avoidance as mediators of the association between childhood maltreatment and adult personality dysfunction.

[Cohen LJ](#)¹, [Ardalan F](#)¹, [Tanis T](#)¹, [Halimi W](#)², [Galynker I](#)¹, [Von Wyl A](#)³, [Hengartner MP](#)³.

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Abstract

This paper tests the hypothesis that the association between childhood maltreatment and adult personality dysfunction is at least partially attributable to insecure attachment, that is that attachment style mediates the relationship between childhood maltreatment and adult personality dysfunction. Associations between childhood trauma, as measured by the Childhood Trauma Questionnaire (CTQ), anxious and avoidant attachment in romantic relationships, as measured by the Experiences in Close Relationships-Revised (ECR-R), and five personality domains, as measured by the Severity Indices of Personality Problems (SIPP-118), were examined in a sample of 72 psychiatric inpatients. The SIPP-118 domains included relational capacities, identity integration, self-control, responsibility, and social concordance. The direct effect of childhood trauma on all SIPP-118 domains was not significant after controlling for the indirect effect of attachment. In regression modeling, a significant indirect effect of childhood trauma via adult attachment style was found for SIPP-118 relational capacities, identity integration, self-control, and social concordance. Specifically, anxious attachment was a significant mediator of the effect of childhood trauma on self-control, identity integration, and relational domains. These results suggest that childhood trauma impacts a broad range of personality domains and does so in large part through the pathway of anxious romantic attachment style.

PMID: 27842464 [PubMed - as supplied by publisher]

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34. J Anxiety Disord. 2016 Dec;44:92-101. doi: 10.1016/j.janxdis.2016.10.011. Epub 2016 Oct 24.

[Prediction of 6-yr symptom course trajectories of anxiety disorders by diagnostic, clinical and psychological variables.](#)

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Abstract

This study aimed to identify course trajectories of anxiety disorder using a data-driven method and to determine the incremental predictive value of clinical and psychological variables over and above diagnostic categories. 703 patients with DSM-IV panic disorder with or without agoraphobia, agoraphobia, social phobia, or generalized anxiety disorder were selected from a prospective cohort study. Latent Growth Mixture Modeling was conducted, based on symptoms of anxiety and avoidance as assessed with the Life Chart Interview covering a 6-year time period. In 44% of the participants symptoms of anxiety and avoidance improved, in 24% remained stable, in 25% slightly increased, and in 7% severely increased. Identified course trajectories were predicted by baseline DSM-IV anxiety categories, clinical variables (i.e., severity and duration and level of disability) and

psychological predictors (i.e., neuroticism, extraversion, anxiety sensitivity, worry, and rumination). Clinical variables better predicted unfavorable course trajectories than psychological predictors, over and above diagnostic categories.

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PMID: 27842240 [PubMed - in process]

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35. Eur Psychiatry. 2016 Nov 9;40:45-54. doi: 10.1016/j.eurpsy.2016.07.002. [Epub ahead of print]

Institutional abuse - Characteristics of victims, perpetrators and organisations: A systematic review.

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Abstract

BACKGROUND:

Abuse of vulnerable adults in institutional settings has been reported from various countries; however, there has been no systematic review of the characteristics of the victims and their abusers. Our aim was to identify and synthesise the literature on victims, perpetrators and institutions where abuse occurred in order to inform interventions to prevent such abuse.

METHODS:

Searches of MEDLINE (OVID), CINHAL (EBSCO), EMBASE (OVID) and PsychINFO (OVID) databases identified 4279 references. After screening of titles and abstracts, 123 citations merited closer inspection. After applying inclusion and exclusion criteria, 22 articles were included in the review.

RESULTS:

Our review suggested that the evidence available on risk factors is not extensive but some conclusions can be drawn. Clients, staff, institutional and environmental factors appear to play a role in increasing the risk of abuse.

CONCLUSIONS:

Vulnerable clients need closer monitoring. Clients and staff may lack the awareness and knowledge to identify and report abuse. Institutions should take proactive steps to monitor clients, train staff and devise systems that allow for the identification and prevention of incidents of abuse. There is a need for further research into the associations between the individual client, staff, institutional characteristics and abuse.

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36. Personal Disord. 2016 Nov 10. [Epub ahead of print]

Identification of Mental States and Interpersonal Functioning in Borderline Personality Disorder.

[Berenson KR](#), [Dochat C](#), [Martin CG](#), [Yang X](#), [Rafaeli E](#), [Downey G](#).

Abstract

Atypical identification of mental states in the self and others has been proposed to underlie interpersonal difficulties in borderline personality disorder (BPD), yet no previous empirical research has directly examined associations between these constructs. We examine 3 mental state identification measures and their associations with experience-sampling measures of interpersonal functioning in participants with BPD relative to a healthy comparison (HC) group. We also included a clinical comparison group diagnosed with avoidant personality disorder (APD) to test the specificity of this constellation of difficulties to BPD. When categorizing blended emotional expressions, the BPD group identified anger at a lower threshold than did the HC and APD groups, but no group differences emerged in the threshold for identifying happiness. These results are consistent with enhanced social threat identification and not general negativity biases in BPD. The Reading the Mind in the Eyes Test (RMET) showed no group differences in general mental state identification abilities. Alexithymia scores were higher in both BPD and APD relative to the HC group, and

difficulty identifying one's own emotions was higher in BPD compared to APD and HC. Within the BPD group, lower RMET scores were associated with lower anger identification thresholds and higher alexithymia scores. Moreover, lower anger identification thresholds, lower RMET scores, and higher alexithymia scores were all associated with greater levels of interpersonal difficulties in daily life. Research linking measures of mental state identification with experience-sampling measures of interpersonal functioning can help clarify the role of mental state identification in BPD symptoms. (PsycINFO Database Record

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PMID: 27831693 [PubMed - as supplied by publisher]

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37. Personal Disord. 2016 Nov 10. [Epub ahead of print]

[A Quantitative and Qualitative Evaluation of Trainee Opinions of Four Methods of Personality Disorder Diagnosis.](#)

[Nelson SM](#), [Huprich SK](#), [Shankar S](#), [Sohnleitner A](#), [Paggeot AV](#).

Abstract

Four methods of how to assess and diagnose personality disorders have received much attention within the literature: the Shedler-Westen Assessment Procedure (Shedler & Westen, 1998), the *DSM-5* Section III Personality Disorders section (APA, 2011), the *DSM-5* Section III trait model (APA, 2013), and the *Psychodynamic Diagnostic Manual* (PDM; PDM Task Force, 2006) descriptions of 15 personality disorders. Given that much of the debate has been driven by clinician concerns, it is important to consider clinical utility when evaluating the usefulness of each method. The present study compares the 4 models on ratings of several dimensions of clinical utility provided by 329 graduate student clinicians and psychology interns from across the United States. Findings suggest that participants rated the *DSM-5* trait model significantly higher in most clinical utility domains. Additionally, qualitative analyses of the open-ended responses provided by participants indicated that each method had strengths and weaknesses. Most notably, participants commented positively on the PDM's level of comprehensiveness and appreciated the SWAP-II's inclusion of a health category, despite the ease of use not being as highly rated for these methods. (PsycINFO Database Record

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PMID: 27831692 [PubMed - as supplied by publisher]

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38. Rev Esp Sanid Penit. 2016 Dec;18(3):76-84.

Prevalence of Mental Health problems in sentenced men in prisons from Andalucía (Spain).

[López M](#)¹, [Saavedra FJ](#)², [López A](#)¹, [Laviana M](#)³.

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- ³Unidad de Gestión Clínica de Salud Mental, Hospital Universitario Virgen del Rocío, Sevilla.

Abstract

OBJECTIVES:

To estimate the prevalence of different mental health problems in men serving prison sentences in Andalusia.

METHODS:

Descriptive, cross-sectional study of a random sample of 472 men interned in two prisons located in Andalusia. We collected socio-demographic and general criminal and penitentiary data, and we identified mental health problems with two validated instruments for epidemiological research in mental health: the SCID-I interview to diagnose Axis I disorders of the DSM-IV and the self-applied questionnaire IPDE to estimate personality disorders. We analyzed the data (proportions and confidence intervals) with the SPSS-18 statistical package.

RESULTS:

82.6% of the sample had a history of having suffered some type of mental health problem throughout their life (prevalence-life) and 25.8 have suffered from them in the past month (month prevalence). The most common disorders of the Axis I (DSM-IV) are related to abuse of and dependence on psychoactive substances (prevalence life of 65.9% and month prevalence of 6.6%), with an important but less frequent presence of affective (31.4%-9.3%), anxiety (30.9%-10, 4%) and psychotic disorders (9.5%-3, 4%). As regards personality

disorders, the estimated probable prevalence lies between the 56.6% ("5" cutoff point) and the 79.9 ("4" cut-off point).

CONCLUSIONS:

The male inmate population in prisons in Andalucía shows a high prevalence of mental health problems, similar to that found in other Spanish and international prisons, but their care needs should take into account the different pathologies that they present.

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39. Assessment. 2016 Nov 7. pii: 1073191116676889. [Epub ahead of print]

Utility of the Personality Inventory for DSM-5-Brief Form (PID-5-BF) in the Measurement of Maladaptive Personality and Psychopathology.

[Anderson JL](#)^{1,2}, [Sellbom M](#)³, [Salekin RT](#)⁴.

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Abstract

The Diagnostic and Statistical Manual of Mental Disorders-Fifth edition (DSM-5) Personality and Personality Disorders workgroup developed the Personality Inventory for the DSM-5 (PID-5) for the assessment of the alternative trait model for DSM-5. Along with this measure, the American Psychiatric Association published an abbreviated version, the PID-5-Brief form (PID-5-BF). Although this measure is available on the DSM-5 website for use, only two studies have evaluated its psychometric properties and validity and no studies have examined the U.S. version of this measure. The current study evaluated the reliability, factor structure, and construct validity of PID-5-BF scale scores. This included an evaluation of the scales' associations with Section II PDs, a well-validated dimensional measure of personality

psychopathology, and broad externalizing and internalizing psychopathology measures. We found support for the reliability of PID-5-BF scales as well as for the factor structure of the measure. Furthermore, a series of correlation and regression analyses showed conceptually expected associations between PID-5-BF and external criterion variables. Finally, we compared the correlations with external criterion measures to those of the full-length PID-5 and PID-5-Short form. Intraclass correlation analyses revealed a comparable pattern of correlations across all three measures, thereby supporting the use of the PID-5-BF as a screening measure of dimensional maladaptive personality traits.

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PMID: 27827808 [PubMed - as supplied by publisher]

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40. Occup Environ Med. 2016 Nov 8. pii: oemed-2016-103920. doi: 10.1136/oemed-2016-103920. [Epub ahead of print]

[Short rest between shift intervals increases the risk of sick leave: a prospective registry study.](#)

[Vedaa Ø](#)^{1,2}, [Pallesen S](#)^{1,3}, [Waage S](#)^{3,4}, [Bjorvatn B](#)^{3,4}, [Sivertsen B](#)^{2,5,6}, [Erevik E](#)¹, [Svensen E](#)⁷, [Harris A](#)¹.

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Abstract

OBJECTIVES:

The purpose of this study was to use objective registry data to prospectively investigate the effects of quick returns (QR, <11 hours of rest between shifts) and night shifts on sick leave.

METHODS:

A total of 1538 nurses (response rate =41.5%) answered questionnaires on demographics and personality and provided consent to link this information to registry data on shift work and sick leave from employers' records. A multilevel negative binomial model was used to investigate the predictive effect of exposure to night shifts and QR every month for 1 year, on sick leave the following month.

RESULTS:

Exposure to QR the previous month increased the risk for sick leave days (incidence rate ratio (IRR)=1.066, 95% CI 1.022 to 1.108, $p<0.01$) and sick leave spells (IRR=1.059, 95% CI 1.025 to 1.097, $p<0.001$) the following month, whereas night shifts did not. 83% per cent of the nurses experienced QR within a year, and on average they were exposed to 3.0 QR per month (SD=1.6). Personality characteristics associated with shift work tolerance (low on morningness, low on languidity and high on flexibility) were not associated with sick leave, and did not moderate the relationship between QR and sick leave.

CONCLUSIONS:

We found a positive linear relationship between QR and sick leave. Avoiding QR may help reduce workers' sick leave. The restricted recovery opportunity associated with QR may give little room for beneficial effects of individual characteristics usually associated with shift work tolerance.

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41. Curr Treat Options Neurol. 2016 Dec;18(12):52.

Myotonic Dystrophy Type 1 Management and Therapeutics.

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Abstract

OPINION STATEMENT:

Myotonic dystrophy (DM1) is the most common form of adult muscular dystrophy. It is a multisystem disorder with a complex pathophysiology. Although inheritance is autosomal dominant, disease variability is attributed to anticipation, a maternal expansion bias, variable penetrance, somatic mosaicism, and a multitude of aberrant pre-mRNA splicing events. Patient presentations range from asymptomatic or mild late onset adult to severe congenital forms. Multiple organ systems may be affected. Patients may experience early cataracts, myotonia, muscle weakness/atrophy, fatigue, excessive daytime sleepiness, central/obstructive apnea, respiratory failure, cardiac arrhythmia, insulin resistance, dysphagia, GI dysmotility, cognitive impairment, Cluster C personality traits, and/or mood disorders. At present, there is no curative or disease-modifying treatment, although clinical treatment trials have become more promising. Management focuses on genetic counseling, preserving function and independence, preventing cardiopulmonary complications, and symptomatic treatment (e.g., pain, myotonia, hypersomnolence, etc.). Currently, there is an increasing international consensus on monitoring and treatment options for these patients which necessitates a multidisciplinary team to provide comprehensive, coordinated clinical care.

PMID: 27826760 [PubMed - in process]

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42. Curr Biol. 2016 Nov 21;26(22):3083-3089. doi: 10.1016/j.cub.2016.09.035. Epub 2016 Nov 3.

[Molecular Genetic Contributions to Social Deprivation and Household Income in UK Biobank.](#)

[Hill WD](#)¹, [Hagenaars SP](#)², [Marioni RE](#)³, [Harris SE](#)⁴, [Liewald DC](#)⁵, [Davies G](#)⁵, [Okbay A](#)⁶, [McIntosh AM](#)⁷, [Gale CR](#)⁸, [Deary IJ](#)⁹.

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Abstract

Individuals with lower socio-economic status (SES) are at increased risk of physical and mental illnesses and tend to die at an earlier age [1-3]. Explanations for the association between SES and health typically focus on factors that are environmental in origin [4]. However, common SNPs have been found collectively to explain around 18% of the phenotypic variance of an area-based social deprivation measure of SES [5]. Molecular genetic studies have also shown that common physical and psychiatric diseases are partly heritable [6]. It is possible that phenotypic associations between SES and health arise partly due to a shared genetic etiology. We conducted a genome-wide association study (GWAS)

on social deprivation and on household income using 112,151 participants of UK Biobank. We find that common SNPs explain 21% of the variation in social deprivation and 11% of household income. Two independent loci attained genome-wide significance for household income, with the most significant SNP in each of these loci being rs187848990 on chromosome 2 and rs8100891 on chromosome 19. Genes in the regions of these SNPs have been associated with intellectual disabilities, schizophrenia, and synaptic plasticity. Extensive genetic correlations were found between both measures of SES and illnesses, anthropometric variables, psychiatric disorders, and cognitive ability. These findings suggest that some SNPs associated with SES are involved in the brain and central nervous system. The genetic associations with SES obviously do not reflect direct causal effects and are probably mediated via other partly heritable variables, including cognitive ability, personality, and health.

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43.J Vestib Res. 2016 Nov 3;26(4):403-408.

Chronic subjective dizziness: Analysis of underlying personality factors.

[Chiarella G](#)¹, [Petrolo C](#)¹, [Riccelli R](#)², [Giofrè L](#)², [Olivadese G](#)², [Gioacchini FM](#)³, [Scarpa A](#)⁴, [Cassandro E](#)⁴, [Passamonti L](#)^{2,5}.

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- ⁵Department of Clinical Neurosciences, University of Cambridge, Cambridge, UK.

Abstract

BACKGROUND:

Chronic subjective dizziness (CSD) is characterized by persistent dizziness, unsteadiness, and hypersensitivity to one's own motion or exposure to complex visual stimuli. CSD may be triggered, in predisposed individuals with specific personality traits, by acute vestibular diseases. CSD is also thought to arise from failure to re-establish normal balance strategies after resolution of acute vestibular events which may be modulated by diathesis to develop anxiety and depression.

OBJECTIVE:

To confirm the role of personality traits linked to anxiety and depression (i.e., neuroticism, introversion, low openness) as predisposing factors for CSD and to evaluate how individual differences in these personality traits are associated with CSD severity.

METHODS:

We compared 19 CSD patients with 24 individuals who had suffered from peripheral vestibular disorders (PVD) (i.e., Benign Paroxysmal Postural Vertigo or Vestibular Neuritis) but had not developed CSD as well as with 25 healthy controls (HC) in terms of personality traits, assessed via the NEO-PI-R questionnaire.

RESULTS:

CSD patients, relative to PVD patients and HCs, scored higher on the anxiety facet of neuroticism. Total neuroticism scores were also significantly associated with dizziness severity in CSD patients but not PVD patients.

CONCLUSIONS:

Pre-existing anxiety-related personality traits may promote and sustain the initial etiopathogenetic mechanisms linked with the development of CSD. Targeting anxiety-related mechanisms in CSD may be therefore a promising way to reduce the disability associated with CSD.

PMID: 27814314 [PubMed - in process]

[Similar articles](#)



44. J Abnorm Child Psychol. 2016 Nov 4. [Epub ahead of print]

[A Within-Person Analysis of the Association between Borderline Personality Disorder and Alcohol Use in Adolescents.](#)

[Lazarus SA](#)¹, [Beardslee J](#)², [Pedersen SL](#)², [Stepp SD](#)².

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Abstract

Many studies examining the association between borderline personality disorder (BPD) and alcohol use during adolescence have focused on between-individual differences (rank order stability), comparing whether adolescents with elevated rates of alcohol use have higher BPD symptoms than those with lower rates of alcohol use. As such, the extent to which an individual's alcohol use is associated with concurrent and future BPD symptoms has been relatively unstudied. The current study assessed year-to-year fluctuations in alcohol use and BPD symptoms in a large urban sample of girls from age 14 to age 17 (N = 2450). The primary aim was to examine whether increases in alcohol use were associated with increases in adolescent girls' BPD symptoms in the same year and in the following year. Results of fixed-effects (within-individual) models revealed that even while controlling for the time-varying impact of symptoms of both internalizing and externalizing disorders, prior and concurrent other substance use, and all time invariant, pre-existing differences between individuals, higher past-year alcohol use was associated with higher levels of BPD symptoms. Furthermore, this association did not vary by age, or by sociodemographic factors, including child race and socioeconomic status of the family. The results of this study indicate heightened risk for the exacerbation of BPD symptoms following increases in alcohol use frequency and highlight the potential utility of interventions targeting drinking behavior for preventing escalations in BPD symptoms.

PMID: 27812907 [PubMed - as supplied by publisher]

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45. *Epidemiol Psychiatr Sci.* 2016 Dec;25(6):511-514. Epub 2016 Aug 11.

[Martin Erhard - upper world and underworld. Order and perversion.](#)

[Dammann G](#)¹.

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PMID: 27510090 [PubMed - in process]

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46. J Abnorm Psychol. 2016 Nov 3. [Epub ahead of print]

[A Psychometric Investigation of Gender Differences and Common Processes Across Borderline and Antisocial Personality Disorders.](#)

[Chun S](#), [Harris A](#), [Carrion M](#), [Rojas E](#), [Stark S](#), [Lejuez C](#), [Lechner WV](#), [Bornovalova MA](#).

Abstract

The comorbidity between borderline personality disorder (BPD) and antisocial personality disorder (ASPD) is well-established, and the 2 disorders share many similarities. However, there are also differences across disorders: most notably, BPD is diagnosed more frequently in women and ASPD in men. We investigated if (a) comorbidity between BPD and ASPD is attributable to 2 discrete disorders or the expression of common underlying processes, and (b) if the model of comorbidity is true across sex. Using a clinical sample of 1,400 drug users in residential substance abuse treatment, we tested 3 competing models to explore whether the comorbidity of ASPD and BPD should be represented by a single common factor, 2 correlated factors, or a bifactor structure involving a general and disorder-specific factors. Next, we tested whether our resulting model was meaningful by examining its relationship with criterion variables previously reported to be associated with BPD and ASPD. The bifactor model provided the best fit and was invariant across sex. Overall, the general factor of the bifactor model significantly accounted for a large percentage of the variance in criterion variables, whereas the BPD and AAB specific factors added little to the models. The association of the general and specific factor with all criterion variables was equal for men and women. Our results suggest common underlying vulnerability accounts for both the comorbidity between BPD and AAB (across sex), and this common vulnerability drives the association with other psychopathology and maladaptive behavior. This in turn has implications for diagnostic classification systems and treatment. (PsycINFO Database Record

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Enhanced visual performance in obsessive compulsive personality disorder.

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Abstract

Visual performance is considered as commanding modality in human perception. We tested whether Obsessive-compulsive personality disorder (OCPD) people do differently in visual performance tasks than people without OCPD. One hundred ten students of Ferdowsi University of Mashhad and non-student participants were tested by Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II), among whom 18 (mean age = 29.55; SD = 5.26; 84% female) met the criteria for OCPD classification; controls were 20 persons (mean age = 27.85; SD = 5.26; female = 84%), who did not meet the OCPD criteria. Both groups were tested on a modified Flicker task for two dimensions of visual performance (i.e., visual acuity: detecting the location of change, complexity, and size; and visual contrast sensitivity). The OCPD group had responded more accurately on pairs related to size, complexity, and contrast, but spent more time to detect a change on pairs related to complexity and contrast. The OCPD individuals seem to have more accurate visual performance than non-OCPD controls. The findings support the relationship between personality characteristics and visual performance within the framework of top-down processing model.

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The higher you climb: Dark side personality and job level.

[Gøtzsche-Astrup O](#)¹, [Jakobsen J](#)², [Furnham A](#)^{3,4}.

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- ³University College London, London, UK.
- ⁴Norwegian Business School, Oslo, Norway.

Abstract

The purpose of this study was to explore the idea that there are dark side personality differences in the profiles of people at different levels in organizations. This study replicates and extends existing leadership research by focusing on self-defeating behavioral tendencies. A Danish consultancy provided data on 264 adults based on assessment reports. This paper explored linear and quadratic relationships between personality and de facto job level. More senior managers scored high on Cluster B/Moving Against Others scales of Bold, Colorful and Imaginative, and low on Cautious and Dutiful. These Danish data are compared to data from Great Britain and New Zealand which show very similar findings. Practice should take into account that dark side personality traits associated with an assertive, sometimes hostile, interpersonal orientation, predict leadership level up to a point.

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49. J Atten Disord. 2016 Dec;20(12):1056-1065. Epub 2014 Feb 7.

Sex- and Subtype-Related Differences of Personality Disorders (Axis II) and Personality Traits in Persistent ADHD.

[Jacob CP](#)¹, [Gross-Lesch S](#)², [Reichert S](#)², [Geissler J](#)², [Jans T](#)², [Kittel-Schneider S](#)², [Nguyen TT](#)³, [Romanos M](#)³, [Reif A](#)², [Dempfle A](#)³, [Lesch KP](#)².

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- ³Department of Child and Adolescent Psychiatry and Psychotherapy, University of Würzburg, Würzburg, Germany.

Abstract

OBJECTIVE:

Despite growing awareness of adult ADHD and its comorbidity with personality disorders (PDs), little is known about sex- and subtype-related differences.

METHOD:

In all, 910 patients (452 females, 458 males) affected with persistent adult ADHD were assessed for comorbid PDs with the Structured Clinical Interview of DSM-IV and for personality traits with the revised NEO personality inventory, and the Tridimensional Personality Questionnaire.

RESULTS:

The most prevalent PDs were narcissistic PD in males and histrionic PD in females. Affected females showed higher Neuroticism, Openness to Experience, and Agreeableness scores as well as Harm Avoidance and Reward Dependence scores. Narcissistic PD and antisocial PD have the highest prevalence in the H-type, while Borderline PD is more frequent in the C-type.

CONCLUSION:

Sex- and subtype-related differences in Axis II disorder comorbidity as well as impairment-modifying personality traits have to be taken into account in epidemiological studies of persistent ADHD.

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PMID: 24510476 [PubMed - in process]

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50. Psychiatr Q. 2016 Nov 2. [Epub ahead of print]

General Overview of Psychotherapeutic Practice in Poland. Results from a Nationwide Survey.

[Suszek H](#)¹, [Grzesiuk L](#)², [Styła R](#)², [Krawczyk K](#)².

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Abstract

A total of 1196 persons conducting psychotherapy in Poland fully completed a nationwide online survey (or, alternatively, a paper and pencil enquiry) concerning their education, training, experience, and clinical work (professional environment, patients treated). The results are described in detail and compared with findings of similar studies from other countries. Among the primary findings were: (1) psychotherapy in Poland is conducted mostly by women (80 %); (2) almost all participants have an MA degree (91 %), including 75.2 % having graduated in psychology; (3) the therapists are well trained (mean number of training hours is above 942) and established (average experience is about 9.8 years), however, more than half of the therapists have no type of certificate; (4) 54 % of respondents identify with the integrative or eclectic orientation and, simultaneously, for 48.6 % of the therapists the most important approach is either psychodynamic or psychoanalytic; (5) the most common form of therapy is individual psychotherapy in private practice; (6) the majority of the therapists treat adult patients with anxiety or personality disorders. In sum, the results show that psychotherapeutic practice is well established in Poland and many indices are similar to those found in Western countries.

PMID: 27804007 [PubMed - as supplied by publisher]

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51. J Alzheimers Dis. 2016 Nov 19;55(2):777-785.

Rapidly Progressive Frontotemporal Dementia Associated with MAPT Mutation G389R.

[Sun L](#)¹, [Chen K](#)², [Li X](#)¹, [Xiao S](#)¹.

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Abstract

Frontotemporal dementia includes a large spectrum of neurodegenerative disorders. Here, we report the case of a young patient with MAPT mutation G389R, who was 27 years old when he progressively developed severe behavioral disturbances. Initially, he presented with slowly progressive personality change. After 1 year, he exhibited moderate dementia with extrapyramidal and pyramidal symptoms. MRI showed frontotemporal atrophy. He rapidly progressed to severe dementia 3 years after onset. Genetic testing revealed a heterozygous guanine to cytosine mutation at the first base of codon 389 (c.1165G>A) of MAPT, the tau gene, resulting in a glycine to arginine substitution in the patient and two unaffected relatives. We predicted the model of mutant tau protein through I-TASSER software, and speculated the structural change of tau protein caused by mutant site. We also detected the MAPT gene transcript and methylation of samples from peripheral blood leucocytes in an attempt to explain the possible mechanisms of incomplete penetrance, although there were not positive findings. This case is remarkable because of the early onset and rapid progression of the disease.

PMID: 27802239 [PubMed - in process]

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Items 1 - 35 of 35

1. Psychol Psychother. 2016 Dec 30. doi: 10.1111/papt.12112. [Epub ahead of print]

[Does schema therapy change schemas and symptoms? A systematic review across mental health disorders.](#)

[Taylor CD](#)^{1,2}, [Bee P](#)³, [Haddock G](#)².

Author information:

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- ³Division of Nursing, Midwifery and Social Work, School of Health Sciences, University of Manchester, UK.

Abstract

PURPOSE:

Schema therapy was first applied to individuals with borderline personality disorder (BPD) over 20 years ago, and more recent work has suggested efficacy across a range of disorders. The present review aimed to systematically synthesize evidence for the efficacy and effectiveness of schema therapy in reducing early maladaptive schema (EMS) and improving symptoms as applied to a range of mental health disorders in adults including BPD, other personality disorders, eating disorders, anxiety disorders, and post-traumatic stress disorder.

METHODS:

Studies were identified through electronic searches (EMBASE, PsycINFO, MEDLINE from 1990 to January 2016).

RESULTS:

The search produced 835 titles, of which 12 studies were found to meet inclusion criteria. A significant number of studies of schema therapy treatment were excluded as they failed to include a measure of schema change. The Clinical Trial Assessment Measure was used to rate the methodological quality of studies. Schema change and disorder-specific symptom change was found in 11 of the 12 studies.

CONCLUSIONS:

Schema therapy has demonstrated initial significant results in terms of reducing EMS and improving symptoms for personality disorders, but formal mediation analytical studies are lacking and rigorous evidence for other mental health disorders is currently sparse.

PRACTITIONER POINTS:

First review to investigate whether schema therapy leads to reduced maladaptive schemas and symptoms across mental health disorders. Limited evidence for schema change with schema therapy in borderline personality disorder (BPD), with only three studies conducting correlational analyses. Evidence for schema and symptom change in other mental health disorders is sparse, and so use of schema therapy for disorders other than BPD should be based on service user/patient preference and clinical expertise and/or that the theoretical underpinnings of schema therapy justify the use of it therapeutically. Further work is needed to develop the evidence base for schema therapy for other disorders.

PMID: 28035734 [PubMed - as supplied by publisher]

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2. Aesthetic Plast Surg. 2016 Dec 28. doi: 10.1007/s00266-016-0752-4. [Epub ahead of print]

Psychological and Psychiatric Traits in Post-bariatric Patients Asking for Body-Contouring Surgery.

[Pavan C](#)¹, [Marini M](#)¹, [De Antoni E](#)², [Scarpa C](#)², [Brambullo T](#)², [Bassetto F](#)², [Mazzotta A](#)¹, [Vindigni V](#)³.

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Abstract

BACKGROUND:

Obese patients, mainly females, feel uncomfortable and unsatisfied with their physical appearance; they have a wrong perception of their image and consequently diminish their self-esteem, sometimes showing difficulties in functional areas such as work, relationship, social activity. Beside health concerns, improving their appearance and body image are often common motives for weight loss in obese individuals and after weight loss about 30% of bariatric surgery patients undergo plastic surgical correction of excessive skin. The authors investigated psychological and psychiatric traits in post-bariatric patients undergoing body-contouring surgery to underline the strong correlation between psychiatry and obesity and avoid unsatisfactory results in post-bariatric patients.

METHODS:

The Mini International Neuropsychiatric Interview, Beck Depression Inventory II, Yale-Brown Obsessive Compulsive Scale modified for Body Dysmorphic Disorder Tridimensional Personality Questionnaire, Body Uneasiness Test, Barratt Impulsiveness Scale 11, and Binge Eating Scale were performed in 36 post-bariatric patients looking for plastic surgery and 21 controls, similar for clinical features, not seeking shape remodelling.

RESULTS:

Much different psychiatric pathology characterizes cases, including current body dysmorphic disorder and previous major depression and anxiety disorders, impulsivity, binging and body uneasiness are other common traits.

CONCLUSIONS:

In post-obesity rehabilitation, a strong collaboration between the plastic surgeon and psychiatrist is recommended to reduce the number of non-compliant patients. Preoperative psychological assessment of the body-contouring patient should be a central part of the initial plastic surgery consultation, as it should be for all plastic surgery patients.

LEVEL OF EVIDENCE II:

This journal requires that authors assign a level of evidence to each article. For a full description of these Evidence-Based Medicine ratings, please refer to the Table of Contents or the online Instructions to Authors <http://www.springer.com/00266> .

PMID: 28032161 [PubMed - as supplied by publisher]

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3. Neuropsychiatr Dis Treat. 2016 Dec 19;13:17-24. doi: 10.2147/NDT.S123788. eCollection 2017.

Temperament, personality, and treatment outcome in major depression: a 6-month preliminary prospective study.

[Kudo Y](#)¹, [Nakagawa A](#)², [Wake T](#)³, [Ishikawa N](#)³, [Kurata C](#)³, [Nakahara M](#)⁴, [Nojima T](#)⁵, [Mimura M](#)³.

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- ³Department of Neuropsychiatry, Keio University School of Medicine, Tokyo.
- ⁴Graduate School, Tokyo University of Social Welfare, Gunma, Japan.
- ⁵Department of Psychiatry, Gunma Hospital, Gunma.

Abstract

BACKGROUND:

Despite available treatments, major depression is a highly heterogeneous disorder, which leads to problems in classification and treatment specificity. Previous studies have reported that personality traits predict and influence the course and treatment response of depression. The Temperament and Personality Questionnaire (T&P) assesses eight major constructs of personality traits observed in those who develop depression. The aim of this study was to investigate the influence of T&P's eight constructs on the treatment outcome of depressed patients.

PATIENTS AND METHODS:

A preliminary 6-month prospective study was conducted with a sample of 51 adult patients with a diagnosis of major depressive disorder (MDD) without remarkable psychomotor disturbance using the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition. All patients received comprehensive assessment including the T&P at baseline. We compared each T&P construct score between patients who achieved remission and those who did not achieve remission after 6 months of treatment for depression using both subjective and objective measures. All 51 (100%) patients received the 6-month follow-up assessment.

RESULTS:

This study demonstrated that higher scores on T&P personal reserve predicted poorer treatment outcome in patients with MDD. Higher levels of personal reserve, rejection sensitivity, and self-criticism correlated with higher levels of depression. Higher levels of rejection sensitivity and self-criticism were associated with non-remitters; however, when we controlled for baseline depression severity, this relationship did not show significance.

CONCLUSION:

Although the results are preliminary, this study suggests that high scores on T&P personal reserve predict poorer treatment outcome and T&P rejection sensitivity and self-criticism correlate with the severity of depression. Longer follow-up studies with large sample sizes are required to improve the understanding of these relationships.

PMCID: PMC5182045

PMID: 28031714 [PubMed]

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4. PeerJ. 2016 Dec 22;4:e2826. doi: 10.7717/peerj.2826. eCollection 2016.

Personality, mental health and demographic correlates of hoarding behaviours in a midlife sample.

[Spittlehouse JK](#)¹, [Vierck E](#)¹, [Pearson JF](#)², [Joyce PR](#)¹.

Author information:

- ¹Department of Psychological Medicine, University of Otago, Christchurch , Christchurch , New Zealand.
- ²Biostatistics and Computational Biology Unit, University of Otago, Christchurch , Christchurch , New Zealand.

Abstract

We describe the Temperament and Character Inventory personality traits, demographic features, physical and mental health variables associated with hoarding behaviour in a random community sample of midlife participants in New Zealand. A sample of 404 midlife participants was recruited to a study of ageing. To assess hoarding behaviours participants completed the Savings Inventory-Revised (SI-R), personality was assessed by the Temperament and Character Inventory and self-reported health was measured by the Short Form-36v2 (SF-36v2). Other measures were used to assess socio-demographic variables and current mental disorders. Participants were split into four groups by SI-R total score (scores: 0-4, 5-30, 31-41 and >41). Those who scored >41 on the SI-R were classified as having pathological hoarding. Trend tests were calculated across the four hoarding groups for socio-demographic, personality, mental and physical health variables. SI-R scores ranged from 0 to 58. The prevalence of pathological hoarding was 2.5% and a further 4% reported sub-clinical symptoms of hoarding. Higher hoarding behaviour scores were related to higher Temperament and Character Inventory scores for Harm Avoidance and lower scores for Self-directedness. Persistence and Cooperativeness scores were lower too but to a lesser extent. Trend analysis revealed that those with higher hoarding behaviour scores were more likely to be single, female, unemployed, receive income support, have a lower socio-economic status, lower household income and have poorer self-reported mental health scores. Current depression rates were considerably higher in the pathological hoarding group. Increasing SI-R hoarding behaviour scores were associated with higher scores of negative affect (Harm Avoidance) and lower scores of autonomy (Self-directedness). Those with pathological hoarding or sub-clinical symptoms of hoarding also reported widespread mental and socio-economic problems. In this study it is clear to see the physical, mental and socio-economic problems experienced by those achieving the highest hoarding scores. The prevalence of pathological hoarding was 2.5%, similar to the prevalence reported by other studies. The personality traits associated with hoarding behaviours are discussed.

PMCID: PMC5183092 **Free Article**

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5. J Affect Disord. 2016 Dec 14;210:82-89. doi: 10.1016/j.jad.2016.12.004. [Epub ahead of print]

[Relationships between self-reported childhood traumatic experiences, attachment style, neuroticism and features of borderline personality disorders in patients with mood disorders.](#)

[Baryshnikov I](#)¹, [Joffe G](#)¹, [Koivisto M](#)¹, [Melartin T](#)¹, [Aaltonen K](#)², [Suominen K](#)³, [Rosenström T](#)⁴, [Näätänen P](#)¹, [Karpov B](#)¹, [Heikkinen M](#)¹, [Isometsä E](#)⁵.

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- ⁵Department of Psychiatry, University of Helsinki and Helsinki University Hospital, Helsinki, Finland; Mental Health Unit, National Institute for Health and Welfare, Helsinki, Finland. Electronic address: erkki.isometsa@hus.fi.

Abstract

BACKGROUND:

Co-occurring borderline personality disorder (BPD) features have a marked impact on treatment of patients with mood disorders. Overall, high neuroticism, childhood traumatic experiences (TEs) and insecure attachment are plausible aetiological factors for BPD. However, their relationship with BPD features specifically among patients with mood

disorders remains unclear. We investigated these relationships among unipolar and bipolar mood disorder patients.

METHODS:

As part of the Helsinki University Psychiatric Consortium study, the McLean Screening Instrument (MSI), the Experiences in Close Relationships-Revised (ECR-R), the Short Five (S5) and the Trauma and Distress Scale (TADS) were filled in by patients with mood disorders (n=282) in psychiatric care. Correlation coefficients between total scores of scales and their dimensions were estimated, and multivariate regression (MRA) and mediation analyses were conducted.

RESULTS:

Spearman's correlations were strong ($\rho=0.58$; $p<0.001$) between total scores of MSI and S5 Neuroticism and moderate ($\rho=0.42$; $p<0.001$) between MSI and TADS as well as between MSI and ECR-R Attachment Anxiety. In MRA, young age, S5 Neuroticism and TADS predicted scores of MSI ($p<0.001$). ECR-R Attachment Anxiety mediated 33% (CI=17-53%) of the relationships between TADS and MSI.

LIMITATIONS:

Cross-sectional questionnaire study.

CONCLUSIONS:

We found moderately strong correlations between self-reported BPD features and concurrent high neuroticism, reported childhood traumatic experiences and Attachment Anxiety also among patients with mood disorders. Independent predictors for BPD features include young age, frequency of childhood traumatic experiences and high neuroticism. Insecure attachment may partially mediate the relationship between childhood traumatic experiences and borderline features among mood disorder patients.

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PMID: 28024223 [PubMed - as supplied by publisher]

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Psychopathological Differences Between Suicide Ideators and Suicide Attempters in Patients with Mental Disorders.

[Pérez S¹](#), [Marco JH¹](#), [García-Alandete J¹](#).

Author information:

- ¹Universidad Católica de Valencia San Vicente Martir, Department of Personality, Assessment and Therapeutic Intervention, Valencia, Spain.

Abstract

BACKGROUND:

Although suicide is one of the leading causes of death worldwide, there is a need for studies to identify variables that can differentiate patients with suicide ideation at risk of transitioning to an attempt.

METHOD:

In this study, we assessed suicide ideation and attempts, non-suicidal self-injury (NSSI), hopelessness, borderline symptoms and meaning in life in a sample of 348 patients with different diagnoses of mental disorders. We divided the sample into four subgroups: patients without suicide ideation or suicide attempts; patients with current suicide ideation; patients with lifetime suicide attempts and patients with a suicide attempt in the previous year.

RESULTS:

The group with suicide attempts in the previous year showed higher levels of hopelessness, borderline symptoms and NSSI, and lower levels of meaning in life than the other groups.

LIMITATIONS:

Groups were composed of unequal numbers of patients, and in some of them, the sample size was small. The sample was composed mainly of women with eating disorders. The study design was retrospective, and so the results must be considered in terms of correlates.

CONCLUSIONS:

Our results suggest that hopelessness, borderline symptoms-including NSSI-and meaning in life play a key role in suicide attempts. Thus, psychotherapeutic interventions should focus on

managing NSSI, searching for meaning and managing emptiness, loss of control and feelings such as self-contempt in patients with suicide ideation. Copyright © 2016 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGE:

Recent suicide attempters show higher levels of hopelessness, borderline symptoms and NSSI than lifetime attempters and suicide ideators. Clinicians should focus attention on assessing hopelessness, borderline symptoms and NSSI in those with suicide ideation. Lower levels of meaning in life are related to recent suicide attempts. Levels of hopelessness differentiate between recent and lifetime suicide attempters.

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PMID: 28004442 [PubMed - as supplied by publisher]

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7. *Curr Opin Neurol*. 2016 Dec 20. doi: 10.1097/WCO.0000000000000417. [Epub ahead of print]

Functional dizziness: from phobic postural vertigo and chronic subjective dizziness to persistent postural-perceptual dizziness.

[Dieterich M¹](#), [Staab JP](#).

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Abstract

PURPOSE OF REVIEW:

Functional dizziness is the new term for somatoform or psychogenic dizziness. The aim of this study is to review arguments for the new nomenclature, clinical features, possible pathomechanisms, and comorbidities of functional dizziness.

RECENT FINDINGS:

The prevalence of functional dizziness as a primary cause of vestibular symptoms amounts to 10% in neuro-otology centers. Rates of psychiatric comorbidity in patients with structural vestibular syndromes are much higher with nearly 50% and with highest rates in patients with vestibular migraine, vestibular paroxysmia, and Ménière's disease. Pathophysiologic processes seem to include precipitating events that trigger anxiety-related changes in postural strategies with an increased attention to head and body motion and a cocontraction of leg muscles. Personality traits with high levels of neuroticism and low levels of extraversion appear as risk factors for anxiety and depressive disorders and increased morbidity in functional disorders.

SUMMARY:

Correct and early diagnosis of functional dizziness, as primary cause or secondary disorder after a structural vestibular syndrome, is very important to prevent further chronification and enable adequate treatment. Treatment plans that include patient education, vestibular rehabilitation, cognitive and behavioral therapies, and medications substantially reduce morbidity and offer the potential for sustained remission when applied systematically.

PMID: 28002135 [PubMed - as supplied by publisher]

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8. J Addict Dis. 2016 Dec 21:0. doi: 10.1080/10550887.2016.1274594. [Epub ahead of print]

Severity factors associated with the Borderline Personality Disorder among Substance Use Disorders in outpatient sample in Spain.

[Barral C](#)^{1,2,3}, [Daigre C](#)^{1,3}, [Bachiller D](#)^{1,2}, [Calvo N](#)², [Ros-Cucurull E](#)^{1,2,3}, [Gancedo B](#)², [Grau-López L](#)^{1,2,3}, [Ferrer M](#)^{1,2,3}, [Casas M](#)^{1,2,3}, [Roncero C](#)^{1,2,3}.

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Affective instability and impulsivity predict nonsuicidal self-injury in the general population: a longitudinal analysis.

[Peters EM](#)¹, [Baetz M](#)¹, [Marwaha S](#)², [Balbuena L](#)¹, [Bowen R](#)¹.

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Abstract

BACKGROUND:

Impulsivity and affective instability are related traits known to be associated with nonsuicidal self-injury, although few longitudinal studies have examined this relationship. The purpose of this study was to determine if impulsivity and affective instability predict future nonsuicidal self-injury in the general population while accounting for the overlap between these traits.

METHODS:

Logistic regression analyses were conducted on data from 2344 participants who completed an 18-month follow-up of the 2000 British National Psychiatric Morbidity Survey. Affective instability and impulsivity were assessed at baseline with the Structured Clinical Interview for DSM-IV Axis II Personality Disorders. Nonsuicidal self-injury was assessed at baseline and follow-up during semi-structured interviews.

RESULTS:

Affective instability and impulsivity predicted the onset of nonsuicidal self-injury during the follow-up period. Affective instability, but not impulsivity, predicted the continuation of nonsuicidal self-injury during the follow-up period. Affective instability accounted for part of the relationship between impulsivity and nonsuicidal self-injury.

CONCLUSIONS:

Affective instability and impulsivity are important predictors of nonsuicidal self-injury in the general population. It may be more useful to target affective instability over impulsivity for the treatment of nonsuicidal self-injury.

PMCID: PMC5154055 **Free PMC Article**

PMID: 27999677 [PubMed]

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10. Eat Weight Disord. 2016 Dec 19. [Epub ahead of print]

[The comorbidity of personality disorders in eating disorders: a meta-analysis.](#)

[Martinussen M](#)¹, [Friborg O](#)^{2,3}, [Schmierer P](#)⁴, [Kaiser S](#)⁵, [Øvergård KT](#)², [Neunhoffer AL](#)², [Martinsen EW](#)⁶, [Rosenvinge JH](#)².

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- ⁶Division of Mental Health and Addiction, Department of Clinical Medicine, Oslo University Hospital, University of Oslo, Oslo, Norway.

Abstract

PURPOSE:

The present meta-analysis summarized the proportion of comorbid personality disorders (PDs) in patients with anorexia (AN) and bulimia nervosa (BN), respectively, and examined possible moderating variables.

METHODS:

A search of the databases PsychINFO, Embase, and Medline for the period 1980-2016 identified 87 studies from 18 different countries.

RESULTS:

The mean proportion of PDs among patients with any type of eating disorder (ED) was .52 compared to .09 in healthy controls. There were no statistically significant differences between AN (.49) and BN (.54) in proportions of any PD or PD clusters except for obsessive-compulsive PD (.23 vs .12 in AN and BN, respectively).

CONCLUSIONS:

Both ED diagnoses had a similar comorbidity profile with a high prevalence of borderline and avoidant PDs. Moderator analyses conducted for any ED and any PD yielded significant differences for diagnostic systems with respect to EDs, method for assessing PD as well as patient weight and age.

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[Similar articles](#)



11. Front Hum Neurosci. 2016 Dec 5;10:582. eCollection 2016.

Repetitive TMS on Left Cerebellum Affects Impulsivity in Borderline Personality Disorder: A Pilot Study.

[De Vidovich GZ](#)¹, [Muffatti R](#)², [Monaco J](#)³, [Caramia N](#)³, [Broglia D](#)⁴, [Caverzasi E](#)⁴, [Barale F](#)⁴, [D'Angelo E](#)³.

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- ⁴Interdepartmental Center for Research on Personality Disorders, University of Pavia Pavia, Italy.

Abstract

The *borderline personality disorder* (BPD) is characterized by a severe pattern of instability in emotional regulation, interpersonal relationships, identity and impulse control. These functions are related to the prefrontal cortex (PFC), and since PFC shows a rich anatomical connectivity with the cerebellum, the functionality of the cerebellar-PFC axis may impact on BPD. In this study, we investigated the potential involvement of cerebello-thalamo-cortical connections in impulsive reactions through a pre/post stimulation design. BPD patients ($n = 8$) and healthy controls (HC; $n = 9$) performed an Affective Go/No-Go task (AGN) assessing information processing biases for positive and negative stimuli before and after repetitive transcranial magnetic stimulation (rTMS; 1 Hz/10 min, 80% resting motor threshold (RMT) over the left lateral cerebellum. The AGN task consisted of four blocks requiring associative capacities of increasing complexity. BPD patients performed significantly worse than the HC, especially when cognitive demands were high (third and fourth block), but their performance approached that of HC after rTMS (rTMS was almost ineffective in HC). The more evident effect of rTMS in complex associative tasks might have occurred since the cerebellum is deeply involved in integration and coordination of different stimuli. We hypothesize that in BPD patients, cerebello-thalamo-cortical communication is altered, resulting in emotional dysregulation and disturbed impulse control. The rTMS over the left cerebellum might have interfered with existing functional connections exerting a facilitating effect on PFC control.

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12. Psychol Assess. 2016 Dec 19. [Epub ahead of print]

[Is Dietary Restraint a Unitary or Multi-Faceted Construct?](#)

[Hagan KE](#), [Forbush KT](#), [Chen PY](#).

Abstract

Given that approximately two-thirds of adults are overweight or obese, there is substantial interest in dieting (dietary restraint) to promote weight loss. However, research on the associations between dietary restraint and binge eating is inconsistent. One possible explanation for contradictory findings is that measures of dietary restraint assess heterogeneous constructs. Nonclinical samples of university student ($n = 433$; 62.6% female) and community-recruited ($n = 407$; 47.4% female) adults completed self-report measures of dietary restraint. Exploratory structural equation modeling and exploratory and confirmatory factor analyses were used to identify latent dietary restraint factor(s). Structural equation modeling and multiple regression were used to test associations among latent dietary

restraint factor(s), body mass index (BMI), eating-disorder risk, binge eating, and psychopathological and personality variables. Three latent dietary restraint factors emerged: (a) Calorie Counting; (b) Preoccupation With Dieting; and (c) Weight-Focused Restraint. The model demonstrated a good fit to the data. Eating-disorder risk was significantly and positively associated with all restraint factors, whereas higher levels of BMI and binge eating were significantly associated with greater Preoccupation with Dieting and Weight-Focused Restraint only. Our findings indicated that dietary restraint is a heterogeneous construct and that measures of restraint assess different aspects of dieting. Our results have important implications for eating and weight disorders treatment, and suggest that weight-loss interventions that do not simultaneously increase negative attitudes toward one's body may be useful for treating weight disorders, without promoting disordered eating. (PsycINFO Database Record

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PMID: 27991825 [PubMed - as supplied by publisher]

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13. Personal Disord. 2016 Dec 19. [Epub ahead of print]

Self- and Partner-Reported Psychopathic Traits' Relations With Couples' Communication, Marital Satisfaction Trajectories, and Divorce in a Longitudinal Sample.

[Weiss B](#), [Lavner JA](#), [Miller JD](#).

Abstract

Given that psychopathy is composed in large part by an antagonistic relational approach and is associated with many troubling interpersonally relevant outcomes, its role in romantic functioning warrants greater attention. The current study used data from a community sample of 172 newlywed couples to examine spouses' psychopathic traits in relation to their partners' psychopathic traits, observed communication, 4-year marital satisfaction trajectories, and 10-year divorce rates. Spouses reporting greater levels of psychopathic traits were married to partners reporting greater levels of psychopathic traits. Psychopathic traits were correlated cross-sectionally with more negative affect and less positive affect during conversations regarding sources of tension in the relationship. Longitudinally, hierarchical linear modeling of spouses' 4-year marital trajectories indicated that psychopathic traits generally predicted lower initial and sustained marital satisfaction for spouses and their partners over time. In addition, wives' ratings of husbands' psychopathic traits predicted declines in husbands' satisfaction over time and elevated 10-year divorce rates. These

findings highlight the relationship impairment associated with psychopathic traits, indicate that this impairment is present from the beginning of couples' marital trajectories, and show that psychopathic traits predict divorce. Findings also suggest that partner-ratings of psychopathic traits provide substantial incremental validity in the prediction of marital functioning outcomes relative to self-ratings. Future research on the pathways by which psychopathic traits undermine relationship functioning over time would be valuable. (PsycINFO Database Record

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14. Br J Clin Psychol. 2016 Dec 19. doi: 10.1111/bjc.12124. [Epub ahead of print]

Interpersonal emotion regulation in Asperger's syndrome and borderline personality disorder.

[López-Pérez B](#)¹, [Ambrona T](#)², [Gummerum M](#)¹.

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Abstract

OBJECTIVES:

Interpersonal emotion regulation (ER) plays a significant role in how individuals meet others' emotional needs and shape social interactions, as it is key to initiating and maintaining high-quality social relationships. Given that individuals with borderline personality disorder (BPD) or Asperger's syndrome (AS) exhibit problems in social interactions, the aim of this study was to examine their use of different interpersonal ER strategies compared to normative control participants.

METHODS:

Thirty individuals with AS, 30 with BPD, and 60 age-, gender-, and education-matched control participants completed a battery of measures to assess interpersonal ER, which assessed to what extent participants tended to engage in interpersonal affect improvement and worsening and to what extent they used different strategies. Before completing those

measures, all groups were screened for disorders of Axis I and Axis II with the Structured Clinical Interview for DSM-IV Axis I and Axis II Disorders.

RESULTS:

Compared to controls, individuals with AS and with BPD engaged less in affect improvement. No differences were found for affect worsening. Individuals with AS reported to use less adaptive (attention deployment, cognitive change) and more maladaptive (expressive suppression) interpersonal ER strategies, compared to individuals with BPD and control participants who did not differ from each other.

CONCLUSIONS:

The obtained results suggest the need to develop tailored ER interventions for each of the clinical groups studied. Furthermore, they highlight the need to study further potential differences in intrapersonal and interpersonal ER in clinical populations.

PRACTITIONER POINTS:

Individuals with Asperger's syndrome (AS) and borderline personality disorder (BPD) engaged significantly less than healthy controls in interpersonal affect improvement. Individuals with BPD did not differ from healthy controls in the use of interpersonal strategies. Individuals with AS reported to use more maladaptive and less adaptive strategies than BPD individuals and healthy controls. Understanding differences in interpersonal emotion regulation in individuals with AS and with BPD and normative controls might help practitioners develop better interventions.

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15. Eur J Health Econ. 2016 Dec 18. [Epub ahead of print]

Health care costs of borderline personality disorder and matched controls with major depressive disorder: a comparative study based on anonymized claims data.

[Bode K](#)¹, [Vogel R](#)^{2,3}, [Walker J](#)³, [Kröger C](#)⁴.

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Abstract

BACKGROUND:

Borderline personality disorder (BPD) and major depressive disorder (MDD) pose a significant burden to the German health care system in terms of direct and indirect costs. The aim of this study was to determine the incremental costs that arise due to the treatment of patients with BPD, in relation to MDD patients adjusted for gender and age.

METHODS:

Insured persons who suffered from BPD (F60.3; N = 6599) or MDD (F32, F33; N = 26,396) in the year 2010 were identified from the German Health Risk Institute research database. To estimate the costs resulting from disorder-specific health care service utilization and the mean total costs per patient for the health care system, we analyzed anonymized claims data of individuals with BPD and matched individuals with MDD.

RESULTS:

The costs resulting from disorder-specific health care service utilization 1 year after index diagnosis amounted to 8508 EUR for BPD and 8281 EUR for MDD per patient utilizing services. With mean total annual costs per patient of 4636 EUR versus 2020 EUR 1 year preceding index diagnosis, 7478 EUR versus 3638 EUR in the year after index diagnosis, and 11,817 EUR versus 6058 EUR 2 years after index diagnosis, BPD patients incurred markedly higher costs.

CONCLUSIONS:

Since the treatment of BPD causes incremental costs for the German health care system compared to the treatment of MDD, and since both conditions are associated with a high level of suffering, there is a need for establishing adequate and early treatment of these mental disorders.

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[A retrospective analysis of personality disorder presentations in a Canadian university-affiliated hospital's emergency department.](#)

[Penfold S](#)¹, [Groll D](#)², [Mauer-Vakil D](#)³, [Pikard J](#)¹, [Yang M](#)¹, [Mazhar MN](#)⁴.

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Abstract

BACKGROUND:

Individuals with personality disorders often have extensive involvement with healthcare services including frequent utilisation of emergency departments.

AIMS:

The aim of this study was to identify factors associated with emergency department presentations by individuals with personality disorders.

METHOD:

A 12-month retrospective data analysis of all mental-health-related emergency department visits was performed. Age, gender, time and season of presentation, length of stay, mode of arrival and discharge arrangements for individuals with personality disorders were compared to individuals with other psychiatric diagnoses.

RESULTS:

There were 336 visits by individuals with personality disorders and 5290 visits by individuals with other psychiatric diagnoses. Individuals with personality disorders were significantly more likely to be female, young adults, brought in by police, arrive in the evening, discharged home and have a longer median length of stay.

CONCLUSION:

Knowing what factors are associated with emergency department presentations by individuals with personality disorders can help ensure that appropriately trained support staff are available.

DECLARATION OF INTEREST:

None.

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17. J Affect Disord. 2017 Feb;209:273-278. doi: 10.1016/j.jad.2016.12.002. Epub 2016 Dec 8.

Treatment outcomes for inpatients with obsessive-compulsive personality disorder: An open comparison trial.

[Smith R](#)¹, [Shepard C](#)², [Wiltgen A](#)², [Rufino K](#)³, [Fowler JC](#)⁴.

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Abstract

BACKGROUND:

The current case-control study compared rates of clinically significant and reliable change in psychopathology and global functioning, prevalence of clinical deterioration, and rates of symptom remission among adult patients with obsessive compulsive personality disorder OCPD (n=52) and well-matched inpatients with any other personality disorder (n=56) and no personality disorder (n=53).

METHODS:

Propensity score matching (PSM) was utilized to select patients matched on specific criteria present in the OCPD group. Multivariate analysis of variance models measured differences in admission functioning and RCI change across depression and anxiety severity, emotion dysregulation and suicidal ideation.

RESULTS:

Patients diagnosed with OCPD admit to treatment with higher rates of depression, anxiety, difficulty with emotion regulation and non-acceptance of emotional experience than inpatient controls. Furthermore, OCPD patients respond to treatment at a similar rate to inpatient controls, but experience lower rates of anxiety remission upon discharge. Post-hoc analyses indicate individuals meeting stubbornness and rigidity (OCPD Criteria 8) were nine times more likely to report moderate to severe anxiety at point of discharge.

LIMITATIONS:

Limitations include a predominantly Caucasian, inpatient sample, use of self-report measures and a non-manualized treatment approach.

CONCLUSIONS:

Overall, OCPD inpatients benefit from an intensive multimodal psychiatric treatment, but experience more anxiety than non-PD patients upon discharge.

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Self-Embedding Behavior in Adults: A Report of Two Cases and a Systematic Review.

[Mannarino VS](#)^{1,2}, [Pereira DC](#)¹, [Gurgel WS](#)^{1,2}, [Costa CB](#)^{1,2}, [Valença AM](#)^{1,3}, [Fontenelle LF](#)^{1,3,4,5}, [Mendlowicz MV](#)^{1,3}.

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- ⁵School of Psychological Sciences & Monash Institute of Cognitive and Clinical Neurosciences, Monash University, Victoria, 3800, Australia.

Abstract

Self-embedding behavior (SEB) is the repeated insertion of sharp objects, such as needles or pins, into the soft tissues of abdomen, limbs, and other body parts. In this study, two cases of SEB were reported and the scientific worldwide literature reviewed. Thirty-two cases of SEB were identified through systematic searches in the main bibliographic databases. Mean age was 35 years (SD = 8.97). Just over two-thirds of the patients were female. Although the number of embedded objects could be as high as 200, major clinical and surgical complications were uncommon and mortality was null. Patients with SEB presented three major diagnoses: psychotic (25%), personality (21.9%), and factitious (28.1%) disorders. The practice of SEB largely went undetected as the patients themselves did not bring it to the attention of family members or physicians and usually denied they have engaged in SEB. A high level of suspicion is required to avoid a missed diagnosis.

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Biological mechanism of post-herpetic neuralgia: Evidence from multiple patho-physiological measures.

[Peng WW](#)¹, [Guo XL](#)², [Jin QQ](#)³, [Wei H](#)³, [Xia XL](#)³, [Zhang Y](#)³, [Huang PC](#)², [Wang WC](#)², [Li SL](#)², [Wang JS](#)⁴, [Chen J](#)⁵, [Hu L](#)^{3,6}.

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Abstract

BACKGROUND:

Post-herpetic neuralgia (PHN), which develops after the resolution of a herpes zoster eruption, is an exceptionally drug-resistant neuropathic pain. The unsatisfactory management of PHN partly results from the difficulty in dissecting out its contributing factors due to the complexity of PHN mechanism.

METHODS:

Here, to elaborate our understanding of the PHN mechanism and to establish a basis for effective therapeutic strategies, we comprehensively investigated the contributions of multiple factors to PHN severity.

RESULTS:

Based on the comparison of somatosensory detection thresholds (C, A δ and A β fibre thresholds) between affected and unaffected sides, 16 PHN patients with significant sensory deficits and 13 PHN patients without significant sensory deficits were identified and assigned to different groups. The different extents of lesions in the nociceptive system

between patients with and without sensory deficits were confirmed using laser-evoked brain responses. Moreover, patients with sensory deficits had more severe pain and psychological disorders, e.g. anxiety and depression. Importantly, chronic pain severity was significantly influenced by various psychophysiological factors (sleep disturbances, psychological disorders and hypothalamic-pituitary-adrenal axis dysfunction) for patients with sensory deficits.

CONCLUSIONS:

Our findings demonstrated the contribution of multiple patho-psychophysiological factors to PHN severity, which could help establish a basis for the development of a rational, patient-centred therapeutic strategy.

SIGNIFICANCE:

This study revealed the contribution of multiple patho-psychophysiological factors to PHN severity, which expanded our understanding of the underlying PHN mechanism, and helped develop a rational, patient-centred therapeutic strategy targeting towards the corresponding etiology and psychophysiological disorders for individual patient.

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20. Neuropsychiatr. 2016 Dec 13. [Epub ahead of print]

Psychiatric emergencies of minors with and without migration background.

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Abstract

BACKGROUND:

The conditions of children and adolescents with migration background receiving emergency psychiatric care in Europe are not well known. Migrants usually attend regular psychiatric care less frequently than the autochthonous population. We therefore speculated that, being undertreated, they would be overrepresented among psychiatric emergency care patients.

METHODS:

We retrospectively analyzed the records of 1093 minors aged 4-18 years treated during a period of three years at the psychiatric emergency outpatient clinic of the Department of Child and Adolescent Psychiatry at the Medical University of Vienna.

RESULTS:

More minors with migration background than natives consulted our emergency clinic. Most frequent reasons for referral were suicide attempts by Turkish patients, acute stress disorder in Serbian/Croatian/Bosnian and in Austrian patients. Psychiatric diagnoses like eating and personality disorders were mostly diagnosed in natives. We found gender specific differences between the groups.

CONCLUSIONS:

The reasons for these differences possibly relate to deficits of adequate mental health-care in Austria, to intercultural and intrafamilial conflicts related to acculturation distress in the migrant population. Prospective longitudinal studies focusing on the utilization of mental health care by the migrant children and the impact of the migration background on their mental health are needed for improving adequate culture-sensitive mental-health care for this population.

PMID: 27966096 [PubMed - as supplied by publisher]

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[A case of dose escalation of quetiapine in persistent insomnia disorder.](#)

[Cornelis C](#)^{1,2}, [Van Gastel A](#)^{1,3}, [Dumont G](#)⁴, [Coppens V](#)^{1,2}, [Sabbe B](#)^{1,2,3}, [Morrens M](#)^{1,2}, [Van Den Eede F](#)^{1,3}.

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- ^{4d} Department of Clinical Pharmacology, Academic Medical Center , University of Amsterdam , Amsterdam , The Netherlands.

Abstract

Quetiapine, an atypical antipsychotic drug, is recommended for the treatment of schizophrenia and mood disorders. In addition, given its sedative effects, a low dose of the agent is also widely used in the treatment of anxiety disorders, personality disorders, substance abuse, and sleep disturbances. In this case study, quetiapine was the first effective drug in reducing chronic insomnia in a male patient with a long treatment history. Because its effect declined over time, in the course of two years, a gradual dose increase led to a posology 50 times higher than the off-label dosage used to obtain sedation, i.e. 25-100 mg quetiapine administered once daily. This case raises awareness of the ease with which dose escalation of quetiapine occurs. The risk of side effects and, possibly, dependence and abuse underlines the importance of regular and careful patient monitoring. Given the unexpected effectiveness of the agent and the absence of side effects in the described case, we argue that in treatment-resistant insomnia, a high dose of quetiapine may be justifiable in selected cases but also urge that further research on the long-term effects and potential adverse events of quetiapine for this indication is of the utmost importance.

PMID: 27960654 [PubMed - as supplied by publisher]

[Similar articles](#)



22. Aging Ment Health. 2016 Dec 14:1-8. [Epub ahead of print]

A cross-validation Delphi method approach to the diagnosis and treatment of personality disorders in older adults.

[Rosowsky E](#)^{1,2}, [Young AS](#)³, [Malloy MC](#)⁴, [van Alphen SP](#)^{5,6}, [Ellison JM](#)^{7,8}.

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- ⁸h Department of Family and Community Medicine , Swank Memory Care Center, Christiana Care Health System , Wilmington , DE , USA.

Abstract

INTRODUCTION:

The Delphi method is a consensus-building technique using expert opinion to formulate a shared framework for understanding a topic with limited empirical support. This cross-validation study replicates one completed in the Netherlands and Belgium, and explores US experts' views on the diagnosis and treatment of older adults with personality disorders (PD).

METHODS:

Twenty-one geriatric PD experts participated in a Delphi survey addressing diagnosis and treatment of older adults with PD. The European survey was translated and administered electronically.

RESULTS:

First-round consensus was reached for 16 out of 18 items relevant to diagnosis and specific mental health programs for personality disorders in older adults. Experts agreed on the usefulness of establishing criteria for specific types of treatments. The majority of

psychologists did not initially agree on the usefulness of pharmacotherapy. Expert consensus was reached following two subsequent rounds after clarification addressing medication use.

CONCLUSIONS:

Study results suggest consensus among regarding psychosocial treatments. Limited acceptance amongst US psychologists about the suitability of pharmacotherapy for late-life PDs contrasted with the views expressed by experts surveyed in Netherlands and Belgium studies.

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23. Psychiatry Res. 2017 Jan;247:310-314. doi: 10.1016/j.psychres.2016.11.029. Epub 2016 Dec 5.

[Family history of suicide and interpersonal functioning in suicide attempters.](#)

[Rajalin M](#)¹, [Hirvikoski T](#)², [Salander Renberg E](#)³, [Åsberg M](#)⁴, [Jokinen J](#)⁵.

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Abstract

Difficulties in interpersonal relationships are associated with a wide range of psychiatric diagnoses and have been reported as a trigger for suicidal behavior, too. The aim of this study was to examine the relationship between interpersonal problems and family history of suicide in suicide attempters and to describe relevant patterns of interpersonal problems in this patient group. The study involves 181 patients having their clinical follow-up after a suicide attempt. Family history of suicide was assessed by using the Karolinska Self Harm History Interview or retrieved in patient records. The Inventory of Interpersonal Problems

was used to assess personal style in an interpersonal context. Suicide attempters with a family history of suicide had significantly more often an intrusive personal style. The results remained significant after adjustment for personality disorder. The specific interpersonal patterns associated with family history of suicide may interfere with the ability to create stable, long-lasting relationships. In regards to treatment, these personal qualities could cause difficulties in the alliance with health care personnel and make it harder for suicide attempters to accept or benefit from treatment. Attention to suicide attempters' interpersonal problems is of importance to lower their distress.

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24. Personal Disord. 2016 Dec 12. [Epub ahead of print]

[Social disadvantage and borderline personality disorder: A study of social networks.](#)

[Beeney JE](#), [Hallquist MN](#), [Clifton AD](#), [Lazarus SA](#), [Pilkonis PA](#).

Abstract

Examining differences in social integration, social support, and relationship characteristics in social networks may be critical for understanding the character and costs of the social difficulties experienced of borderline personality disorder (BPD). We conducted an ego-based (self-reported, individual) social network analysis of 142 participants recruited from clinical and community sources. Each participant listed the 30 most significant people (called alters) in their social network, then rated each alter in terms of amount of contact, social support, attachment strength and negative interactions. In addition, measures of social integration were determined using participant's report of the connection between people in their networks. BPD was associated with poorer social support, more frequent negative interactions, and less social integration. Examination of alter-by-BPD interactions indicated that whereas participants with low BPD symptoms had close relationships with people with high centrality within their networks, participants with high BPD symptoms had their closest relationships with people less central to their networks. The results suggest that individuals with BPD are at a social disadvantage: Those with whom they are most closely linked (including romantic partners) are less socially connected (i.e., less central) within their social network. (PsycINFO Database Record

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25. Personal Disord. 2016 Dec 12. [Epub ahead of print]

Potential effects of severe bilateral amygdala damage on psychopathic personality features: A case report.

[Lilienfeld SO](#), [Sauvigné KC](#), [Reber J](#), [Watts AL](#), [Hamann S](#), [Smith SF](#), [Patrick CJ](#), [Bowes SM](#), [Tranel D](#).

Abstract

The fearlessness model posits that psychopathy is underpinned by a deficiency in the capacity to experience fear, predisposing to other features of the condition, such as superficial charm, guiltlessness, callousness, narcissism, and dishonesty. Nevertheless, it is unclear whether fearlessness is irrelevant, necessary, sufficient, or merely contributory to psychopathy. In the present case study, we sought to examine the fearlessness model by studying an extensively investigated female patient-S. M.-who experienced early emerging bilateral calcifications of the amygdala, resulting in a virtual absence of fear. We aimed to replicate findings regarding S. M.'s deficient experience of self-reported fear and examine her levels of triarchic psychopathy dimensions (boldness, meanness, disinhibition). We also examined S. M.'s history of heroic behaviors given conjectures that fearlessness contributes to both heroism and psychopathy. Compared with population-based norms, S. M. reported deficient levels of self-reported fear and self-control, as well as elevated levels of heroism. She did not, however, exhibit elevated levels of the core affective deficits of psychopathy, as reflected in measures of coldheartedness and meanness. These findings suggest that severe fear deficits may be insufficient to yield the full clinical picture of psychopathy, although they do not preclude the possibility that these deficits are necessary. (PsycINFO Database Record

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26. Sci Rep. 2016 Dec 9;6:38735. doi: 10.1038/srep38735.

Spatiotemporal processing of somatosensory stimuli in schizotypy.

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Abstract

Unusual interaction behaviors and perceptual aberrations, like those occurring in schizotypy and schizophrenia, may in part originate from impaired remapping of environmental stimuli in the body space. Such remapping is contributed by the integration of tactile and proprioceptive information about current body posture with other exteroceptive spatial information. Surprisingly, no study has investigated whether alterations in such remapping occur in psychosis-prone individuals. Four hundred eleven students were screened with respect to schizotypal traits using the Schizotypal Personality Questionnaire. A subgroup of them, classified as low, moderate, and high schizotypes were to perform a temporal order judgment task of tactile stimuli delivered on their hands, with both uncrossed and crossed arms. Results revealed marked differences in touch remapping in the high schizotypes as compared to low and moderate schizotypes. For the first time here we reveal that the remapping of environmental stimuli in the body space, an essential function to demarcate the boundaries between self and external world, is altered in schizotypy. Results are discussed in relation to recent models of 'self-disorders' as due to perceptual incoherence.

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27. Qual Life Res. 2016 Dec 7. [Epub ahead of print]

Affective disorders and Health-Related Quality of Life (HRQoL) in adolescents and young adults with Multiple Sclerosis (MS): the moderating role of resilience.

[Rainone N](#)¹, [Chiodi A](#)², [Lanzillo R](#)², [Magri V](#)², [Napolitano A](#)², [Morra VB](#)², [Valerio P](#)², [Freda MF](#)³.

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- ³Department of Humanities, University of Naples "Federico II", via Porta di Massa 1, 80133, Naples, Italy.

Abstract

PURPOSE:

To investigate the moderating role of resilience in the relationship between affective disorders and Health-Related Quality of Life (HRQoL) for adolescents and young adults with multiple sclerosis (MS).

METHODS:

A quantitative methodology was adopted. Fifty-three adolescents and young adults were interviewed to assess resilience as a personality trait (Ego-Resiliency Scale) and resilience as an interactive competence (CYRM-28), Health-Related Quality of Life (PedsQL 4.0), depression and anxiety (BDI-II and STAI-Y).

RESULTS:

Affective disorders, both depression ($\beta = -.38$, $p < .001$) and anxiety (State $\beta = -.35$, $p < .001$; Trait $\beta = -.41$, $p < .001$), were negatively associated with HRQoL. Data also showed that the resilience competencies using Individual ($\beta = .22$, $p < .001$) and relational resources ($\beta = .12$, $p < .05$) are significantly associated HRQoL. According to the regression analyses, we tested the moderating role of resilience competence using individual resources on the relationship between the Depression Cognitive Factor and Emotional Functioning. Data show that in step 2 of the regression analysis, we obtained a variation of $\beta = -.45$ ($p < .001$) to $\beta = -.30$ ($p < .001$) in the dimension for the Depression Cognitive Factor. The Sobel test showed that the moderating effect of resilience was significant regarding the increase in R^2 ($p < .01$).

CONCLUSIONS:

Resilience competence using individual resources moderates the relationship between the Depression Cognitive Factor and Emotional Functioning in adolescents with MS. Our study suggests that to improve well-being for adolescents with MS resilience could play a key role. PMID: 27928696 [PubMed - as supplied by publisher]

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Risk of postpartum psychosis after IVF treatment: a nationwide case-control study.

[Vikström J](#)¹, [Josefsson A](#)², [Hammar M](#)², [Bladh M](#)², [Sydsjö G](#)².

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Abstract

STUDY QUESTION:

Is the risk of postpartum psychosis (PPP) increased in women who give birth after IVF treatment compared to after spontaneous conception?

SUMMARY ANSWER:

The risk of PPP is not higher in the group of women who give birth after IVF treatment compared with women who give birth after spontaneous conception.

WHAT IS KNOWN ALREADY:

Women who conceive using IVF treatment can experience higher levels of pregnancy-specific distress and are at increased risk of pre-eclampsia, an immune-related condition which in turn has been linked to PPP, as well as other pregnancy and delivery complications, which also serve as PPP risk factors. It is not known whether the risk of PPP is increased in women who have conceived using IVF treatment.

STUDY DESIGN, SIZE, DURATION:

A nationwide, register-based, case-control study of all primiparous women who had given birth after IVF treatment between 1988 and 2012.

PARTICIPANTS/MATERIALS, SETTING, METHODS:

Information about 10 412 women was collected from the Swedish IVF register. A control group of women who had given birth after spontaneous conception was selected from the Swedish Medical Birth Register (n = 18 624). PPP diagnoses, identified using ICD-10 diagnostic codes F20-31 and F531 the first year postpartum, were collected from the National Patient Register. Associations between PPP and IVF/spontaneous conception were evaluated using chi-square tests and logistic regression analyses while controlling for known risk factors of PPP.

MAIN RESULTS AND THE ROLE OF CHANCE:

There were no differences in PPP prevalence between the IVF group and the control group (0.3%, n = 29 versus 0.4%, n = 77) in the chi-square analysis (P = 0.169) or the multiple logistic regression analyses (P = 0.646; odds ratio (OR): 1.178; 95% CI: 0.586-2.365). No associations between pregnancy or delivery complications and PPP were found. A history of any psychiatric disorder (P < 0.001; OR = 40.7; 95% CI = 23.9-69.5), or specifically a psychotic (P < 0.001; OR = 324.1; 95% CI = 131.3-800.0), bipolar (P < 0.001; OR = 516.1; 95% CI = 264.3-1008.1), depressive (P < 0.001; OR = 27.5; 95% CI = 16.2-46.5), anxiety (P < 0.001; OR = 12.9; 95% CI = 7.4-22.6) or personality disorder (P < 0.001; OR = 27.3; CI = 11.8-63.0), all significantly increased the risk of PPP.

LIMITATIONS REASONS FOR CAUTION:

PPP is a rare condition, hence the number of individuals was small. Since all women for whom information was available from all registers were included, it was not possible to further increase the power of the study using this design.

WIDER IMPLICATIONS OF THE FINDINGS:

Since this study is the first to examine risk of PPP after IVF treatment, more studies are needed to verify these results. The generalizability is restricted to primiparous women in western countries. This study confirms the results of previous studies in showing a history of mental illness to be the major risk factor for PPP.

STUDY FUNDING/COMPETING INTERESTS:

None.

TRIAL REGISTRATION NUMBER:

Not applicable.

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PMID: 27927846 [PubMed - in process]

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29. BMC Psychol. 2016 Dec 7;4(1):61.

The Personality Inventory for DSM-5 Short Form (PID-5-SF): psychometric properties and association with big five traits and pathological beliefs in a Norwegian population.

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Abstract

BACKGROUND:

With the publication of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), an alternative model for personality disorders based on personality dysfunction and pathological personality traits was introduced. The Personality Inventory for DSM-5 (PID-5) is a 220-item self-report inventory designed to assess the personality traits of this model. Recently, a short 100-item version of the PID-5 (PID-5-SF) has been developed. The aim of this study was to investigate the score reliability and structure of the Norwegian PID-5-SF. Further, criterion validity with the five factor model of personality (FFM) and pathological personality beliefs was examined.

METHODS:

A derivation sample of university students (N = 503) completed the PID-5, the Big Five Inventory (BFI), and the Personality Beliefs Questionnaire - Short Form (PBQ-SF), whereas

a replication sample of 127 students completed the PID-5-SF along with the aforementioned measures.

RESULTS:

The short PID-5 showed overall good score reliability and structural validity. The associations with FFM traits and pathological personality beliefs were conceptually coherent and similar for the two forms of the PID-5.

CONCLUSIONS:

The results suggest that the Norwegian PID-5 short form is a reliable and efficient measure of the trait criterion of the alternative model for personality disorders in DSM-5.

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PMID: 27927237 [PubMed - in process]

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30. Scand J Psychol. 2016 Dec 7. doi: 10.1111/sjop.12344. [Epub ahead of print]

[Relationship between inner dialog and ideas of reference and the mediating role of dissociation.](#)

[Bellido-Zanin G](#)¹, [Perona-Garcelán S](#)^{1,2}, [Senín-Calderón C](#)³, [López-Jiménez AM](#)⁴, [Rodríguez-Testal JF](#)².

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Abstract

Recent lines of research have begun to concentrate on internal dialogue and its relationship to a diversity of psychopathological phenomena present in psychotic disorders. This study was intended as a preliminary exploration of the relationship of internal dialogue, dissociation and ideas of reference. To do this, a sample of 318 students filled in an internal

dialogue scale (the VISQ, McCarthy-Jones & Fernyhough), one for dissociation (DES-II, Carlson & Putnam) and another for ideas of reference (REF, Lenzenweger, Bennett & Lilienfeld). The results confirm the hypothesis posed in the sense that internal dialogue was positively associated with dissociation and with ideas of reference. A partial mediation effect of dissociation was also found between inner speech and ideas of reference. Lines of future research this study opens and its possible integration in a model on ideas of reference are discussed.

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31. Clin Biochem. 2016 Dec 5. pii: S0009-9120(16)30328-9. doi: 10.1016/j.clinbiochem.2016.11.035. [Epub ahead of print]

[Association between total serum cholesterol and suicide attempts in subjects with major depressive disorder: Exploring the role of clinical and biochemical confounding factors.](#)

[Bartoli F](#)¹, [Crocamo C](#)², [Dakanalis A](#)², [Riboldi I](#)², [Miotto A](#)², [Brosio E](#)², [Clerici M](#)², [Carrà G](#)³.

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Abstract

OBJECTIVES:

We tested whether serum total cholesterol levels might be associated with recent suicide attempts in subjects with major depressive disorder, after controlling for relevant individual characteristics.

DESIGN AND METHODS:

We conducted a comparative cross-sectional study including consecutive inpatients with major depressive disorder. We differentiated subjects admitted for a recent serious (violent or non-violent) suicide attempt and those without such recent history. Total cholesterol was measured from fasting blood tests.

RESULTS:

At univariate analyses, suicide attempters had levels of total cholesterol (174.0 ± 45.7 mg/dL) lower than non-attempters (193.9 ± 42.6 mg/dL) ($p=0.004$). This was confirmed among both violent (174.1 ± 46.2 mg/dL) and non-violent (173.8 ± 46.1 mg/dL) suicide attempters ($p=0.035$ and 0.016 , respectively). However, logistic regression analyses, sequentially including demographic, clinical (comorbid alcohol and personality disorders), and biochemical factors, did not show any association between serum cholesterol and recent suicide attempts ($p=0.172$). Similar findings were observed in multinomial logistic regression analyses, for both violent ($p=0.512$) and non-violent ($p=0.157$) suicide attempts.

CONCLUSIONS:

Our findings do not support the hypothesis that serum cholesterol and suicide attempts are associated among subjects with major depressive disorder. The identification of valid and accessible biological markers of suicidal behaviors still represents a challenge for future research.

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PMID: 27923628 [PubMed - as supplied by publisher]

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32. J Nerv Ment Dis. 2017 Jan;205(1):15-22. doi: 10.1097/NMD.0000000000000623.

Stability and Change in Personality Disorder Symptoms in 1-Year Follow-up of Depressed Adolescent Outpatients.

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Abstract

We investigated stability and change in personality disorder (PD) symptoms and whether depression severity, comorbid clinical psychiatric disorders, and social support predict changes in personality pathology among adolescent outpatients. The 1-year outcome of PD symptoms among consecutive adolescent psychiatric outpatients with depressive disorders (N = 189) was investigated with symptom count of depression, comorbid psychiatric disorders, and perceived social support as predictors. An overall decrease in PD symptoms in most PD categories was observed. Decreases in depression severity and in number of comorbid diagnoses correlated positively with decreases in PD symptoms of most PD categories. Social support from close friends predicted a decrease in schizotypal and narcissistic, whereas support from family predicted a decrease in paranoid symptoms. Our results suggest that among depressed adolescent outpatients, PD symptoms are relatively unstable, changes co-occurring with changes/improvement in overall psychopathology. Social support seems a possibly effective point for intervention efforts regarding positive outcome of PD symptoms.

PMID: 27922907 [PubMed - in process]

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33.J Trauma Dissociation. 2016 Dec 5. [Epub ahead of print]

[Awareness of Identity Alteration and Diagnostic Preference between Borderline Personality Disorder and Dissociative Disorders.](#)

[Sar V](#)¹, [Alioğlu F](#)², [Akyuz G](#)³, [Tayakısı E](#)⁴, [Öğülmüş EF](#)⁴, [Sönmez D](#)⁴.

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Abstract

AIM:

This study inquires into identity alteration among college students and its relationship to borderline personality disorder (BPD) and/or dissociative disorders (DDs).

METHODS:

Steinberg Identity Alteration Questionnaire (SIAQ), Childhood Trauma Questionnaire (CTQ), and self-report screening tool of the BPD section of the Structured Clinical Interview for DSM-IV (SCID-BPD) were administered to 1301 college students. Participants who fit the diagnostic criteria of BPD (n = 80) according to the clinician-administered SCID-BPD and 111 non-BPD controls were evaluated using the Structured Clinical Interview for DSM-IV DDs (SCID-D) by two psychiatrists blind to the group membership and scale scores.

RESULTS:

Test-retest evaluations and internal consistency analyses suggested that SIAQ was a reliable instrument. Of the participants, 11.3 % reported a SIAQ score 25 or above alongside some impairment. SIAQ scores differentiated participants who fit the diagnostic criteria for a DD from those who did not. While self-report identity alteration was correlated with all childhood trauma types, clinician-assessed identity alteration was correlated with childhood sexual abuse only. Those who fit criteria for both disorders had the highest identity alteration scores in self-report and clinician-assessment. Although both syndromes had significant effect on self-report identity alteration total scores, in contrast to DD, BPD did not have an effect on the clinician-administered evaluation.

CONCLUSION:

An impression of personality disorder rather than a DD may seem more likely when identity alteration remains subtle in clinical assessment, notwithstanding its presence in self-report. Lack of recognition of identity alteration may lead to overdiagnosis of BPD among individuals who have a DD.

PMID: 27918876 [PubMed - as supplied by publisher]

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Genome-wide analyses for personality traits identify six genomic loci and show correlations with psychiatric disorders.

[Lo MT](#)¹, [Hinds DA](#)², [Tung JY](#)², [Franz C](#)³, [Fan CC](#)^{1,4}, [Wang Y](#)^{5,6,7}, [Smeland OB](#)^{6,7}, [Schork A](#)^{1,4}, [Holland D](#)⁵, [Kauppi K](#)^{1,8}, [Sanyal N](#)¹, [Escott-Price V](#)⁹, [Smith DJ](#)¹⁰, [O'Donovan M](#)⁹, [Stefansson H](#)¹¹, [Bjornsdottir G](#)¹¹, [Thorgeirsson TE](#)¹¹, [Stefansson K](#)¹¹, [McEvoy LK](#)¹, [Dale AM](#)^{1,3,5}, [Andreassen OA](#)^{6,7}, [Chen CH](#)¹.

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Abstract

Personality is influenced by genetic and environmental factors and associated with mental health. However, the underlying genetic determinants are largely unknown. We identified six genetic loci, including five novel loci, significantly associated with personality traits in a meta-analysis of genome-wide association studies (N = 123,132-260,861). Of these genome-wide significant loci, extraversion was associated with variants in WSCD2 and near PCDH15, and neuroticism with variants on chromosome 8p23.1 and in L3MBTL2. We performed a principal component analysis to extract major dimensions underlying genetic variations among five personality traits and six psychiatric disorders (N = 5,422-18,759). The first genetic dimension separated personality traits and psychiatric disorders, except that neuroticism and openness to experience were clustered with the disorders. High genetic correlations were found between extraversion and attention-deficit-hyperactivity disorder (ADHD) and between openness and schizophrenia and bipolar disorder. The second genetic

dimension was closely aligned with extraversion-introversion and grouped neuroticism with internalizing psychopathology (e.g., depression or anxiety).

PMID: 27918536 [PubMed - in process]

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35. Personal Disord. 2016 Dec 5. [Epub ahead of print]

[The effect of therapist use of validation strategies on change in client emotion in individual dbt treatment sessions.](#)

[Carson-Wong A](#), [Hughes CD](#), [Rizvi SL](#).

Abstract

Dialectical behavior therapy (DBT) is a treatment for borderline personality disorder, a disorder for which emotion dysregulation is central. Within DBT, there are 6 explicitly defined validation strategies that range hierarchically from validation level (VL) 1 to VL 6. To date, there have been no studies on the frequency of use of VLs in actual DBT sessions. The aim of the current study was to explore DBT therapists' use of VLs and examine the relationship between VLs and change in a client emotion during therapy sessions. DBT treatment sessions (n = 121) across 35 participants in a DBT training clinic were coded for therapist use of VLs. A repeated-measures analysis of variance (ANOVA) was used to assess for change in therapist use of VLs over time and hierarchical linear modeling was used to correlate therapist use of these strategies with change in client emotion. Results indicated no significant relationship between overall frequency of VLs and change in client emotion. However, an increase in frequency of high VLs was associated with an increase in positive affect (PA) and a decrease in negative affect (NA) while an increase in frequency of low VLs was associated with a decrease in PA and no change in NA. An increase in frequency of VL 4 was associated with an increase in NA. VL 6 was associated with an increase in PA and a decrease in NA. Findings suggest that specific validation strategies may be related to session changes in affect and have implications for identifying potential mechanisms of change. (PsycINFO Database Record

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