

# **The 1 % of the population accountable for 63 % of all violent crime convictions.**

[Falk O](#), [Wallinius M](#), [Lundström S](#), [Frisell T](#), [Anckarsäter H](#), [Kerekes N](#).

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## **Abstract**

### **PURPOSE:**

Population-based studies on violent crime and background factors may provide an understanding of the relationships between susceptibility factors and crime. We aimed to determine the distribution of violent crime convictions in the Swedish population 1973-2004 and to identify criminal, academic, parental, and psychiatric risk factors for persistence in violent crime.

### **METHOD:**

The nationwide multi-generation register was used with many other linked nationwide registers to select participants. All individuals born in 1958-1980 (2,393,765 individuals) were included. Persistent violent offenders (those with a lifetime history of three or more violent crime convictions) were compared with individuals having one or two such convictions, and to matched non-offenders. Independent variables were gender, age of first conviction for a violent crime, nonviolent crime convictions, and diagnoses for major mental disorders, personality disorders, and substance use disorders.

### **RESULTS:**

A total of 93,642 individuals (3.9 %) had at least one violent conviction. The distribution of convictions was highly skewed; 24,342 persistent violent offenders (1.0 % of the total population) accounted for 63.2 % of all convictions. Persistence in violence was associated with male sex (OR 2.5), personality disorder (OR 2.3), violent crime conviction before age 19 (OR 2.0), drug-related offenses (OR 1.9), nonviolent criminality (OR 1.9), substance use disorder (OR 1.9), and major mental disorder (OR 1.3).

### **CONCLUSIONS:**

The majority of violent crimes are perpetrated by a small number of persistent violent offenders, typically males, characterized by early onset of violent criminality, substance abuse, personality disorders, and nonviolent criminality.

PMID: 24173408 [PubMed - as supplied by publisher]

2. Nat Rev Neurosci. 2013 Oct 30. doi: 10.1038/nrn3566. [Epub ahead of print]

## [The neural basis of humour processing.](#)

[Vrticka P](#), [Black JM](#), [Reiss AL](#).

1] Center for Interdisciplinary Brain Sciences Research, Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, California 94305, USA. [2].

### **Abstract**

Humour is a vital component of human socio-affective and cognitive functioning. Recent advances in neuroscience have enabled researchers to explore this human attribute in children and adults. Humour seems to engage a core network of cortical and subcortical structures, including temporo-occipito-parietal areas involved in detecting and resolving incongruity (mismatch between expected and presented stimuli); and the mesocorticolimbic dopaminergic system and the amygdala, key structures for reward and salience processing. Examining personality effects and sex differences in the neural correlates of humour may aid in understanding typical human behaviour and the neural mechanisms underlying neuropsychiatric disorders, which can have dramatic effects on the capacity to experience social reward.

PMID: 24169937 [PubMed - as supplied by publisher]

[Related citations](#)



3. Appl Ergon. 2013 Oct 26. pii: S0003-6870(13)00217-2. doi: 10.1016/j.apergo.2013.10.008. [Epub ahead of print]

## [Safety climate, hardiness, and musculoskeletal complaints: A mediated moderation model.](#)

[Golubovich J](#), [Chang CH](#), [Eatough EM](#).

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## Abstract

This study explores the mechanisms linking the psychosocial characteristics of the workplace with employees' work-related musculoskeletal complaints. Poor safety climate perceptions represent a stressor that may elicit frustration, and subsequently, increase employees' reports of musculoskeletal discomforts. Results from an employee sample supported that when employees' perceived safety was considered a priority, they experienced less frustration and reported fewer work-related upper body musculoskeletal symptoms. Psychological hardiness, a personality trait that is indicative of individuals' resilience and success in managing stressful circumstances, moderated these relationships. Interestingly, employees with high hardiness were more affected by poor safety climate.

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PMID: 24169091 [PubMed - as supplied by publisher]

[Related citations](#)



4. Med Sci Law. 2013 Oct 28. [Epub ahead of print]

## [A developing world perspective on homicide and personality disorder.](#)

[Mela M](#), [Audu M](#), [Tesfaye M](#), [Gurmu S](#).

Department of Psychiatry, University of Saskatchewan, Canada.

## Abstract

High rates of psychotic disorder among special populations of homicide offenders, females, youth and the mentally disordered, have received much investigation. Personality disorder, especially antisocial personality disorder, augments the relative risk ratio of violence, especially in combination with substance use disorder. Few studies of these correlates of violence and especially homicide have been reported in low- and medium-income countries (LMIC). Using the structured clinical interview for DSM diagnosis (SCID), personality disorders were identified in a cross sectional study involving 546 homicide offenders in Jimma prison, Ethiopia. Predictors of personality disorder were determined using multivariate analysis of various demographic and clinical variables, for example, age, psychiatric history and substance use. Out of the 316 offenders who completed the SCID, only 16% fulfilled DSM IV criteria for personality disorder. The rationale for killing, self-defence, anger and

revenge (52% of offenders), planning involved in offending (50%) and reasonably high level of relationship functioning (57% married) were different from most data from the high-income countries. Diagnostically relevant cultural factors in LMIC, not in play in high-income countries, may explain the differences in personality disorders similar to other mental disorders and the underlying mediators of homicide.

PMID: 24166685 [PubMed - as supplied by publisher]

[Related citations](#)



5. BMC Public Health. 2013 Oct 29;13(1):1020. [Epub ahead of print]

## [Violence, mental health and violence risk factors among women in the general population: an epidemiology study based on two national household surveys in the UK.](#)

[Yang M](#), [Wong SC](#), [Coid JW](#).

### **Abstract**

#### **BACKGROUND:**

Females who perpetrated violence in the community have important mental health and public protection implications. There is a dearth of research in this area. This study investigated the prevalence of psychiatric morbidity, personality disorders as well as victim characteristics and violence risk factors of women in the community who self-reported violence against others.

#### **METHODS:**

The study sample consisted of 8,275 community women aged 16--74 years obtained from the 2000 and 2007 UK national psychiatric morbidity surveys. Self report incidences of violence, personality disorders and the presence of psychiatric symptoms were assessed by interviews and/or established structured psychiatric assessment protocols.

#### **RESULTS:**

Weighted prevalence of female violence, which primarily involved partners and friends, was 5.5% in 2000 and 5.1% in 2007. Violence-prone women also had significantly higher prevalence of common mental disorders and comorbidity (adjusted odds ratio 3.3 and 2.9

respectively) than non-violent women. Multivariate analyses identified eight significant risk factors that characterized violence prone women: young age, residing in social-assisted housing, presence of early conduct problems, victim of domestic violence, self-harming, excessive drinking and past criminal justice involvements.

## **CONCLUSION:**

A higher prevalence of common mental disorders and some types of personality disorder was found among violence prone women compared to their non-violence prone counterparts. The identified violence risk factors could be used to develop a quick and easily administered rating tool suitable for use by non-mental health trained frontline workers such as police and social support workers in the community to identify violence-prone women. Mental health and support services then can be provided to them for mental health care and violence prevention purposes.

### **Free Article**

PMID: 24165544 [PubMed - as supplied by publisher]

[Related citations](#)



6. J Behav Ther Exp Psychiatry. 2013 Oct 10;45(1):160-169. doi: 10.1016/j.jbtep.2013.09.006. [Epub ahead of print]

## **Imagery rescripting as a stand-alone treatment for patients with social phobia: A case series.**

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### **Abstract**

#### **BACKGROUND AND OBJECTIVES:**

The majority of patients with social phobia reports experiencing negative images, usually linked to memories of earlier aversive social experiences. Several studies have indicated that such negative self-imagery appears to have a causal role in maintaining social phobia, which suggests that interventions aimed at dealing with these images could be beneficial in the treatment of social phobia. One potentially powerful approach is imagery rescripting (IR), a clinical intervention that focuses on changing the meaning and impact of unpleasant

memories. In the treatment of social phobia IR was only used as part of a broader cognitive-behavioral treatment package. However, we propose that IR alone might also be an effective treatment for this anxiety disorder. The present study reports an initial evaluation of the application of IR as a stand-alone treatment for six adult outpatients presenting with social phobia.

#### **METHODS:**

A single case series using an A-B replication across patients design was employed. Following a no-treatment baseline period, IR was delivered weekly and patients were followed up for 3 and 6 months.

#### **RESULTS:**

For all patients, substantial reductions were obtained on all outcome measures at post-treatment, and gains were largely maintained at 6-months follow-up.

#### **LIMITATIONS:**

The generalizability of the effects of IR for social phobia is limited by the small number of patients treated by only one therapist.

#### **CONCLUSIONS:**

The results of this preliminary case series suggest that IR as a stand alone treatment is an apparently effective intervention in the treatment of patients with social phobia, and indicate that controlled evaluation of its efficacy might be worthwhile.

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PMID: 24161701 [PubMed - as supplied by publisher]

[Related citations](#)



7. Prog Neuropsychopharmacol Biol Psychiatry. 2013 Oct 22. pii: S0278-5846(13)00227-3. doi: 10.1016/j.pnpbp.2013.10.011. [Epub ahead of print]

## **Dysregulated responses to emotions among abstinent heroin users: Correlation with childhood neglect and addiction severity.**

[Gerra G](#), [Somaini L](#), [Manfredini M](#), [Raggi MA](#), [Saracino M](#), [Amore M](#), [Leonardi C](#), [Cortese E](#), [Donnini C](#).

Drug Prevention and Health Branch, Division for Operations, United Nation Office on Drugs and Crime, Vienna, Austria.

## **Abstract**

Aim of this paper was to investigate the subjective responses of abstinent heroin users to both neutral and negative stimuli and the related hypothalamus-pituitary-adrenal reactions to emotional experience in relationship to their perception of childhood adverse experiences. Thirty male abstinent heroin dependents were included in the study. Emotional responses and childhood neglect perception were measured utilizing the State-Trait Anxiety Inventory Y-1 and the Child Experience of Care and Abuse Questionnaire. Neutral and unpleasant pictures selected from the International Affective Picture System and the Self-Assessment Manikin procedure have been used to determine ratings of pleasure and arousal. These ratings were compared with normative values obtained from healthy volunteers used as control. Blood samples were collected before and after the experimental sessions to determine both adrenocorticotrophic hormone and cortisol plasma levels. Basal anxiety scores, cortisol and adrenocorticotrophic hormone levels were higher in abstinent heroin users than in controls. Tests showed that anxiety scores did not change in controls after the vision of neutral slides, whilst they did in abstinent heroin addicts, increasing significantly; and increased less significantly after the unpleasant task, in comparison to controls. Abstinent heroin users showed significantly higher levels of parents antipathy and childhood emotional neglect perception than controls for both the father and the mother. Plasma adrenocorticotrophic hormone and cortisol levels did not significantly increase after unpleasant slide set viewing among addicted individuals, because of the significantly higher basal levels characterizing the addicted subjects in comparison with controls. Multiple regression correlation showed a significant relationship between childhood neglect perception, arousal reaction, impaired hypothalamus-pituitary-adrenal axis response and addiction severity. Early adverse experiences seem to affect the entire interaction between hyper-arousal, reduced hormonal response to stress and addiction severity. Our findings, although obtained in a small number of subjects, indicate a significant link between the perception of parental style/ care/ support during childhood and the ability to cope with stressful emotional stimuli in adulthood and addiction severity.

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PMID: 24161666 [PubMed - as supplied by publisher]

[Related citations](#)



8. Med Hypotheses. 2013 Oct 5. pii: S0306-9877(13)00470-2. doi: 10.1016/j.mehy.2013.09.032. [Epub ahead of print]

# **Brain "Globalopathies" cause mental disorders.**

[Peled A.](#)

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## **Abstract**

"Consciousness" "mood," "identity" and "personality" are all emergent properties from whole-brain organizations; these are typically disturbed in psychiatric disorders. This work proposes that the underlying etiopathology of mental disorders originates from disturbances to global brain dynamics, or "Globalopathies" that are divided into three major interdependent types (1) "Resting-State Networkopathies," in personality disorders, (2) "Entropiathies" in mood disorders, and (3) "Connectopathies" in psychosis and schizophrenia spectrum disorders. Novel approaches of processing signals from the brain are beginning to reveal brain organization in health and disease. For example a "small world network" has been described for optimal brain functions and breakdown of that organization might underlie relevant psychiatric manifestations. A novel diagnostic reformulation can be generated based on pathologies of whole brain organizations, such new brain related diagnostic nosology is testable and thus can be validated. Once validated Globalopathies can provide for "Global-therapies" i.e., interventions that can reorganize the brain and cure psychiatric disorders. The technology for such interventions is becoming available.

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PMID: 24161400 [PubMed - as supplied by publisher]

[Related citations](#)



9. Nord J Psychiatry. 2013 Oct 28. [Epub ahead of print]

# **Children and adolescents in the Psychiatric Emergency Department: A 10-year survey in Copenhagen County.**

[Taastrøm A](#), [Klahn J](#), [Staal N](#), [Thomsen PH](#), [Johansen A](#).

Centre for Child and Adolescents Psychiatry , Glostrup, Copenhagen , Denmark.

## Abstract

Background: Knowledge on psychiatric emergencies in children and adolescents is limited. The Psychiatric Emergency Departments (PED) in Copenhagen enable the acute examination of children and adolescents 24 h a day, 7 days a week. However, very little is known about who presents to the PED, and the reason for their visit. Aim: To describe the prevalence and characteristics of presentations in PED and treatment provided. Methods: A retrospective population based study comprising data of more than 4000 visitors presenting to PED from 2001-2010. In 2003 and 2006, two randomly chosen years, a more thorough analysis was performed, based on the individual emergency charts. Inter-rater reliability was high. Results: Visits increased nearly threefold during the period. Symptom score for 2003 and 2006 revealed that more than one third of the visitors had suicidal ideation. Depressive and anxiety symptoms together with suicidal ideation rose significantly ( $P < 0.001$ ). Psychoses and suicidal attempts remained unchanged. In one third of the visits, the discharge diagnosis was anxiety and stress-related disorders, followed by personality, behavioural and emotional disorders. Between 15% and 20% of the visits resulted in admission and more than 50% in referral for outpatient follow-up. Conclusions: The number of presenting psychiatric emergencies has increased over the last 10 years. Comparing symptoms from 2003 and 2006 showed a significant rise in their severity. This study highlights the need for 24-h access for acute evaluation by physicians skilled in child and adolescent psychiatry, and raises concern that the severity could increase.

PMID: 24161251 [PubMed - as supplied by publisher]

[Related citations](#)



10. Child Abuse Negl. 2013 Oct 22. pii: S0145-2134(13)00254-8. doi: 10.1016/j.chiabu.2013.09.002. [Epub ahead of print]

## Effects of childhood trauma on personality in a sample of Chinese adolescents.

[Li X](#), [Wang Z](#), [Hou Y](#), [Wang Y](#), [Liu J](#), [Wang C](#).

Beijing Key Lab of Mental Disorders, Beijing Anding Hospital, Capital Medical University, Beijing 100088, China.

## Abstract

Childhood trauma is a major public health problem which has an impact on personality development, yet no studies have examined the association between exposure to trauma and

personality in a sample of Chinese adolescents. Four hundred eighty-five students completed the Childhood Trauma Questionnaire-Short Form (CTQ-SF) and the Eysenck Personality Questionnaire (EPQ). The CTQ-SF cut-off scores for exposure were used to calculate the prevalence of trauma. The possible associations between specific types of trauma and the EPQ subscale scores were examined. The rates of emotional abuse (EA), physical abuse (PA), sexual abuse (SA), emotional neglect (EN), and physical neglect (PN) were 18.76%, 11.13%, 27.01%, 49.48%, and 68.66%, respectively. Individuals subjected to EA, PA, and SA had significantly higher neuroticism (EPQ-N) and psychoticism (EPQ-P) scores on the EPQ compared with those who had not experienced EA, PA, or SA (all p values<0.05). Significant positive correlations existed between CTQ-SF subscale scores for EA, SA, CTQ-SF total scores, and EPQ-N, EPQ-P scores (all p values<0.05). Significant number of subjects in this adolescent sample reported experience of childhood abuse and neglect. Exposure to childhood trauma is associated with personality development in Chinese adolescents.

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PMID: 24161247 [PubMed - as supplied by publisher]

[Related citations](#)



11. J Psychiatr Res. 2013 Oct 12. pii: S0022-3956(13)00312-9. doi: 10.1016/j.jpsychires.2013.10.003. [Epub ahead of print]

## **Methylation of the dopamine D2 receptor (DRD2) gene promoter in women with a bulimia-spectrum disorder: Associations with borderline personality disorder and exposure to childhood abuse.**

[Groleau P](#), [Joober R](#), [Israel M](#), [Zeramdini N](#), [Deguzman R](#), [Steiger H](#).

Eating Disorders Program, Douglas University Institute, Montreal, Quebec, Canada; Psychology Department, McGill University, Montreal, Quebec, Canada; Research Centre, Douglas University Institute, Montreal, Quebec, Canada. Electronic address: [patricia.groleau@mail.mcgill.ca](mailto:patricia.groleau@mail.mcgill.ca).

### **Abstract**

#### **OBJECTIVE:**

Previous findings indicate that women with Bulimia Nervosa (BN), when compared to women with no eating disorder (NED), tend to display elevated methylation in the promoter region of the DRD2 gene. The preceding would be compatible with evidence of generally reduced dopamine activity in people with BN. However, altered DNA methylation has also been associated with adverse environmental exposures (such as to childhood abuse) and with psychiatric disturbances (such as Borderline Personality Disorder: BPD). In this study, we examined the extent to which DRD2 methylation was associated with the presence or absence of a bulimic eating disorder, to childhood abuse exposure, or to comorbid BPD.

#### **METHOD:**

Women with a bulimia-spectrum disorder (BSD) and women with NED were assessed for childhood traumata, eating-disorder symptoms and BPD, and provided blood samples for methylation analyzes.

#### **RESULTS:**

BSD and NED groups did not differ as to mean percent DRD2 promoter methylation. However, among the women with a BSD, those with BPD showed small, but significant increases in DRD2 methylation levels compared to women with NED (as indicated by Hochberg's post-hoc tests). Similarly, women with a BSD who reported a history of childhood sexual abuse showed a trend-level elevation of DRD2 methylation compared to our NED group.

#### **DISCUSSION:**

Our findings imply that, in people with a BSD, increased methylation of the DRD2 gene promoter may be more strongly characteristic of comorbid psychopathology than it is a global correlate of the eating disorder per se. We discuss theoretical implications of our findings.

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PMID: 24157248 [PubMed - as supplied by publisher]

[Related citations](#)



12.J Ultrasound Med. 2013 Nov;32(11):1933-8. doi: 10.7863/ultra.32.11.1933.

## **Clinical outcomes of mild isolated cerebral ventriculomegaly in the presence of other neurodevelopmental risk factors.**

[Ball JD](#), [Abuhamad AZ](#), [Mason JL](#), [Burket J](#), [Katz E](#), [Deutsch SI](#).

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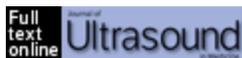
## Abstract

**Objectives-** The purpose of this study was to evaluate neuropsychological test data in school-aged children whose fetal sonograms revealed mild isolated cerebral ventriculomegaly without asymmetry of the lateral ventricles. **Methods-** Nine of 52 children 6 years and older with sonographic evidence of mild isolated cerebral ventriculomegaly without asymmetry of the lateral ventricles were able to be recruited for follow-up school-aged neuropsychological testing. The children received a half-day battery of neuropsychological tests, including the Wechsler Abbreviated Scales of Intelligence; Beery-Buktenica Developmental Test of Visual Motor Integration, Fifth Edition; Wide Range Achievement Test, Fourth Edition; and Integrated Visual and Auditory Continuous Performance Test. Parents completed the Conners 3 Parent Short Form and the Personality Inventory for Children, Second Edition. **Results-** In this small group, other risk factors for neurodevelopmental disorders were often present, including preterm birth, perinatal hypoxia, and a family history of psychiatric disease or substance abuse. Within this sample, the proportion of children with a pattern of test results showing poorer nonverbal intelligence than verbal intelligence scores and poorer math than reading performance, as well as meeting criteria for a diagnosis of attention deficit/hyperactivity disorder, was higher than the basal rates of these problems among children in general. **Conclusions-** Particularly given the complexity of various factors affecting neurodevelopment, follow-up neuropsychological evaluation is warranted in children with sonographic evidence of mild isolated cerebral ventriculomegaly without asymmetry of the lateral ventricle (eg, in the context of poor school performance).

## Free Article

PMID: 24154896 [PubMed - in process]

[Related citations](#)



13. Transcult Psychiatry. 2013 Oct 22. [Epub ahead of print]

# [Current research on transcultural psychiatry in the Anglophone Caribbean: Epistemological, public policy, and epidemiological challenges.](#)

[Hickling FW](#), [Gibson RC](#), [Hutchinson G](#).

University of the West Indies.

## Abstract

In this article, we review recent research on mental health in the Caribbean. Three major themes emerge: (a) the effects of colonialism on the Caribbean psyche; (b) decolonization of psychiatric public policy, including innovative treatment approaches, deinstitutionalization, and community and policy responses to mental health issues; and (c) the nature and epidemiology of psychiatric pathology among contemporary Caribbean people, with particular focus on migration, genetic versus social causation of psychosis and personality disorders, and mechanisms of resilience and social capital. Caribbean transcultural psychiatry illustrates the principles of equipoise unique to developing countries that protect the wellness and continued survival of postcolonial Caribbean people.

PMID: 24151148 [PubMed - as supplied by publisher]

[Related citations](#)



14. Psychiatry Res. 2013 Oct 19. pii: S0925-4927(13)00209-6. doi: 10.1016/j.psychres.2013.07.010. [Epub ahead of print]

## [A positive relationship between harm avoidance and brain nicotinic acetylcholine receptor availability.](#)

[Storage S](#), [Mandelkern MA](#), [Phuong J](#), [Kozman M](#), [Neary MK](#), [Brody AL](#).

UCLA School of Medicine, Los Angeles, CA, USA; Department of Research, VA Greater Los Angeles Healthcare System, Los Angeles, CA, USA.

## Abstract

Prior research indicates that disturbance of cholinergic neurotransmission reduces anxiety, leading to the hypothesis that people with heightened cholinergic function have a greater tendency toward anxiety-like and/or harm-avoidant behavior. We sought to determine if people with elevated levels of harm avoidance (HA), a dimension of temperament from the Temperament and Character Inventory (TCI), have high  $\alpha 4\beta 2$  nicotinic acetylcholine receptor (nAChR) availability. Healthy adults (n=105; 47 non-smokers and 58 smokers) underwent bolus-plus-continuous infusion positron emission tomography (PET) scanning using the radiotracer 2-[18F]fluoro-3-(2(S)azetidinylmethoxy) pyridine (abbreviated as 2-FA). During the uptake period of 2-FA, participants completed the TCI. The central study analysis revealed a significant association between total HA and mean nAChR availability,

with higher total HA scores being linked with greater nAChR availability. In examining HA subscales, both 'Fear of Uncertainty' and 'Fatigability' were significant, based on higher levels of these characteristics being associated with greater nAChR availabilities. This study adds to a growing body of knowledge concerning the biological basis of personality and may prove useful in understanding the pathophysiology of psychiatric disorders (such as anxiety disorders) that have similar characteristics to HA. Study findings may indicate that heightened cholinergic neurotransmission is associated with increased anxiety-like traits.

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PMID: 24148908 [PubMed - as supplied by publisher]

[Related citations](#)



15. Am J Public Health. 2013 Oct 22. [Epub ahead of print]

## [Relationship Between Adverse Childhood Experiences and Homelessness and the Impact of Axis I and II Disorders.](#)

[Roos LE](#), [Mota N](#), [Afifi TO](#), [Katz LY](#), [Distasio J](#), [Sareen J](#).

Leslie E. Roos is with the Department of Psychology, University of Oregon, Eugene. Natalie Mota is with the Department of Psychology, University of Manitoba, Winnipeg. Tracie O. Afifi is with the Departments of Psychiatry, Community Health Sciences, and Family Social Science, University of Manitoba. Laurence Y. Katz is with the Department of Psychiatry, University of Manitoba. Jino Distasio is with the Department of Geography, Institute of Urban Studies, University of Winnipeg, and the Department of Psychiatry, University of Manitoba. Jitender Sareen is with the Departments of Psychiatry, Psychology, and Community Health Sciences, University of Manitoba.

### **Abstract**

**Objectives.** We investigated the links between homelessness associated with serious mental and physical health disparities and adverse childhood experiences (ACEs) in nationally representative data, with Axis I and II disorders as potential mediators. **Methods.** We examined data from the National Epidemiologic Survey of Alcohol and Related Conditions in 2001-2002 and 2004-2005, and included 34 653 participants representative of the noninstitutionalized US population who were 20 years old or older. We studied the variables related to 4 classes of Axis I disorders, all 10 Axis II personality disorders, a wide range of ACEs, and a lifetime history of homelessness. **Results.** Analyses revealed high prevalences of each ACE in individuals experiencing lifetime homelessness (17%-60%). A mediation model with Axis I and II disorders determined that childhood adversities were significantly

related to homelessness through direct effects (adjusted odd ratios = 2.04, 4.24) and indirect effects, indicating partial mediation. Population attributable fractions were also reported. Conclusions. Although Axis I and II disorders partially mediated the relationship between ACEs and homelessness, a strong direct association remained. This novel finding has implications for interventions and policy. Additional research is needed to understand relevant causal pathways. (Am J Public Health. Published online ahead of print October 22, 2013: e1-e7. doi:10.2105/AJPH.2013.301323).

PMID: 24148049 [PubMed - as supplied by publisher]

[Related citations](#)



16. J Pers Assess. 2013 Oct 22. [Epub ahead of print]

## [A Factor Mixture Model Approach to Elaborating on Offender Mental Health Classification With the MMPI-2-RF.](#)

[Sellbom M.](#)

a Research School of Psychology , Australian National University , Canberra , Australia.

### **Abstract**

A large proportion of prison inmates suffer from mental illnesses or severe personality disorders; therefore, offender classification is a worthwhile endeavor both for efficiently allocating mental health treatment resources and security risk classification. This study sought to elaborate on offender classification by using an advanced statistical technique, factor mixture modeling, which capitalizes on the strengths of both latent trait analysis and latent class analysis. A sample consisting of 616 male and 194 female prison inmates was used for this purpose. The MMPI-2-RF Restructured Clinical (RC) scales were used to elaborate on a variety of latent trait, latent class, and factor mixture models. A 3-factor, 5-class mixture model was deemed optimal in this sample. Remaining MMPI-2-RF scales as well as scores on external criterion measures relevant to externalizing psychopathology were used to further elaborate on the utility of the resulting latent classes. These analyses indicated that 3 of the 5 classes were predominantly different expressions of externalizing personality proclivities, whereas the remaining 2 indicated inmates with substantial internalizing or thought-disordered characteristics. Implications of these findings are discussed.

PMID: 24148013 [PubMed - as supplied by publisher]

[Related citations](#)



17. Yonsei Med J. 2013 Nov 1;54(6):1454-62. doi: 10.3349/ymj.2013.54.6.1454.

## **Factors associated with treatment outcomes in mindfulness-based cognitive therapy for panic disorder.**

[Kim B](#), [Cho SJ](#), [Lee KS](#), [Lee JY](#), [Choe AY](#), [Lee JE](#), [Choi TK](#), [Lee SH](#).

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### **Abstract**

**Purpose:** Although the effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) for panic disorder (PD) has been studied previously, data on the predictors of treatment outcomes in MBCT for PD are scarce. **Materials and Methods:** Eighty patients with PD were screened to analyze treatment outcomes such as MBCT completion, treatment response, and remission after undergoing MBCT for PD. Sociodemographic characteristics, comorbid personality disorders, and baseline medication doses were examined. The study administered the Panic Disorder Severity Scale, Hamilton Anxiety Rating Scale, Hamilton Depression Rating Scale and Anxiety Sensitivity Inventory-Revised to patients at baseline and at eight weeks. **Results:** Sixty-five participants were enrolled in the present study. Comorbid personality disorder was significantly associated with MBCT non-completion. We found that anxiety sensitivity (AS) improvement after an eight week MBCT program was a statistically significant factor associated with treatment response. Using logistic regression analysis, AS improvement after MBCT showed significant association with PD remission after MBCT. **Conclusion:** Comorbid personality disorders of participants could be a potential predictor of MBCT non-completion. Furthermore, AS improvement after MBCT may predict treatment response and remission after MBCT for PD. However, better designed studies with a larger number of patients are needed to confirm our findings.

PMCID: PMC3809865 [Available on 2013/11/1] **Free Article**

PMID: 24142651 [PubMed - in process]

[Related citations](#)



18. Prog Neuropsychopharmacol Biol Psychiatry. 2013 Oct 16. pii: S0278-5846(13)00223-6. doi: 10.1016/j.pnpbp.2013.10.007. [Epub ahead of print]

# Serotonin transporter genotype, salivary cortisol, neuroticism and life events: Impact on subsequent psychopathology in healthy twins at high and low risk for affective disorder.

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## **Abstract**

### **OBJECTIVE:**

To investigate if cortisol alone or in interaction with other risk factors (familial risk, the serotonin transporter genotype, neuroticism and life events (LEs)) predicts onset of psychiatric disorder in healthy individuals at heritable risk.

### **MATERIAL AND METHODS:**

In a high-risk study, 234 healthy monozygotic and dizygotic twins with or without a co-twin history of affective disorder (high and low risk twins) were baseline assessed. Participants were followed up for seven years and then reassessed with a personal interview revealing whether they had developed psychiatric illness.

### **RESULTS:**

36 participants (15.4%) developed psychiatric disorder. Using Cox proportional hazards ratio (HR) estimates neither morning nor evening salivary cortisol at baseline did predict illness onset. In multivariate Cox models, the two-way interaction between morning cortisol and LEs lifetime before baseline was significantly associated with onset. Further, the HR of onset was higher concerning individuals carrying the short allele of the 5-HTTLPR and having experienced more LEs lifetime. Familial risk for affective disorder predicted illness and the risk of onset was further increased in individuals at familial risk carrying the short allele of the 5-HTTLPR.

### **CONCLUSIONS:**

Cortisol levels alone do not increase the risk of onset of psychiatric illness but the interaction of a lower cortisol level and the experience of more LEs do. The 5-HTTLPR genotype seems to interact and contribute to increased stress vulnerability in combination with other stress indicators of illness thereby adding to the risk of subsequent psychopathology.

© 2013.

PMID: 24140930 [PubMed - as supplied by publisher]

[Related citations](#)



19. Acta Psychol (Amst). 2013 Oct 17;144(3):548-553. doi: 10.1016/j.actpsy.2013.09.010.  
[Epub ahead of print]

## [An anxiety-induced bias in the perception of a bistable point-light walker.](#)

[Van de Cruys S](#), [Schouten B](#), [Wagemans J](#).

Laboratory of Experimental Psychology, University of Leuven, Belgium. Electronic address: [sander.vandecruys@ppw.kuleuven.be](mailto:sander.vandecruys@ppw.kuleuven.be).

### **Abstract**

Human sensitivity for social cues is exquisite, as illustrated by the ease with which simplified point-light movements invoke social and emotional responses. Compared to faces, these biological motion stimuli only recently started to be used to explore questions regarding social cognition and anxiety. We presented human point-light walkers that could be perceived as facing towards or facing away from the observer, and tested whether participants with high social anxiety would perceive these bistable stimuli differently, because this type of stimuli has particular relevance for them. The results showed that observers with high social anxiety tended to see walkers as facing away more frequently than those with low social anxiety. This may mean that high socially anxious observers are biased towards the more positive perceptual alternative because they are motivated to protect themselves against threatening social experiences, but we also explore alternative explanations. The findings are in line with the evidence for a positivity bias in perception, also called wishful seeing, but in contrast with the attentional negativity bias often found in social anxiety. We discuss reasons for this divergence and possible limitations of the current study.

© 2013.

PMID: 24140822 [PubMed - as supplied by publisher]

[Related citations](#)

20. Compr Psychiatry. 2013 Oct 16. pii: S0010-440X(13)00253-8. doi: 10.1016/j.comppsy.2013.08.011. [Epub ahead of print]

# An investigation of the relationship between borderline personality disorder and cocaine-related attentional bias following trauma cue exposure: The moderating role of gender.

[Bardeen JR](#), [Dixon-Gordon KL](#), [Tull MT](#), [Lyons JA](#), [Gratz KL](#).

Northern Illinois University, DeKalb, IL; University of Mississippi Medical Center, Jackson, MS; G.V. (Sonny) Montgomery VA Medical Center, Jackson, MS.

## **Abstract**

Elevated rates of borderline personality disorder (BPD) have been found among individuals with substance use disorders (SUDs), especially cocaine-dependent patients. Evidence suggests that cocaine-dependent patients with BPD are at greater risk for negative clinical outcomes than cocaine-dependent patients without BPD and BPD-SUD patients dependent on other substances. Despite evidence that cocaine-dependent patients with BPD may be at particularly high risk for negative SUD outcomes, the mechanisms underlying this risk remain unclear. The present study sought to address this gap in the literature by examining cocaine-related attentional biases among cocaine-dependent patients with (n=22) and without (n=36) BPD. On separate days, participants listened to both a neutral and a personally-relevant emotionally evocative (i.e., trauma-related) script and then completed a dot-probe task with cocaine-related stimuli. Findings revealed a greater bias for attending to cocaine-related stimuli among male cocaine-dependent patients with (vs. without) BPD following the emotionally evocative script. Study findings suggest the possibility that cocaine use may have gender-specific functions among SUD patients with BPD, with men with BPD being more likely to use cocaine to decrease contextually induced emotional distress. The implications of our findings for informing future research on cocaine use among patients with BPD are discussed.

© 2013.

PMID: 24138957 [PubMed - as supplied by publisher]

[Related citations](#)

21. Suicide Life Threat Behav. 2013 Oct 19. doi: 10.1111/sltb.12059. [Epub ahead of print]

## **Suicide Attempts in Major Depressed Patients with Personality Disorder.**

[Amore M](#), [Innamorati M](#), [Vittorio CD](#), [Weinberg I](#), [Turecki G](#), [Sher L](#), [Paris J](#), [Girardi P](#), [Pompili M](#).

Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, Section of Psychiatry, University of Genova, Genova, Italy.

### **Abstract**

Suicide attempters who met criteria for borderline personality disorder (BPD) comorbid with major depressive disorder (MDD) were compared to both suicide attempters suffering from MDD alone and to attempters with comorbid MDD and other personality disorders (PD). Participants were 239 (158 patients with comorbid PD and 81 patients with MDD without comorbidity) inpatients consecutively admitted after a suicide attempt made in the last 24 hours. Suicide attempters with comorbid MDD and BPD had more frequent previous suicide attempts and were more likely to have a history of aggressive behaviors and alcohol and drug use disorders compared with patients suffering from MDD without Axis II comorbidity.

© 2013 The American Association of Suicidology.

PMID: 24138208 [PubMed - as supplied by publisher]

[Related citations](#)

22. Psychother Res. 2013 Oct 21. [Epub ahead of print]

## **Growth in sense of self and sense of others predicts reduction in interpersonal problems in short-term dynamic but not in cognitive therapy.**

[Berggraf L](#), [Ulvenes PG](#), [Hoffart A](#), [McCullough L](#), [Wampold BE](#).

a Modum Bad Psychiatric Center, Research Institute , Vikersund , Norway.

## **Abstract**

**Abstract Objectives:** We investigated relationships between sense of self (SoS) and sense of others (SoO) and specific interpersonal problems in short-term dynamic and cognitive therapy. **Method:** 40 patients with Cluster C personality disorders from a RCT were included. The Achievement of Therapeutic Objective Scales (ATOS) was used to perform ratings of videotaped sessions. The Inventory of Interpersonal Problems Circumplex version was used as the outcome measure. **Results:** There were significant relationships between growth in SoS and SoO and reductions of hostile-dominant and hostile-submissive behaviors, as well as cold, social-avoidant and vindictive behaviors. Increase in SoO was also related to reductions in non-assertive and domineering behaviors. However, the results were only present in the STDP treatment group.

PMID: 24138110 [PubMed - as supplied by publisher]

[Related citations](#)



23. J Atten Disord. 2013 Oct 17. [Epub ahead of print]

## **Adult ADHD Among NSW Prisoners: Prevalence and Psychiatric Comorbidity.**

[Moore E](#), [Sunjic S](#), [Kaye S](#), [Archer V](#), [Indig D](#).

## **Abstract**

**Objective:** Given the paucity of research among prisoners, this study aimed to examine the prevalence and psychiatric comorbidity associated with adult ADHD. **Method:** The study was conducted at four NSW correctional facilities (2 male; 2 female). **Results:** Thirty-five percent of the sample screened positive for adult ADHD, and 17% of the sample met criteria for a full diagnosis. After adjustment, benzodiazepine dependence, borderline personality disorder, social phobia, antisocial personality disorder, and a number of lifetime psychological disorders remained significantly and independently associated with the diagnosis of adult ADHD. Lowering the threshold on the ADHD Self-Rating Scale to  $\geq 3$  (vs.  $\geq 4$ ) increased the sensitivity (80%-93%), but lowered the specificity (55%-47%).

**Conclusion:** Adult ADHD among NSW prisoners is elevated, with substance use disorders and psychiatric comorbidity common. A greater acceptance of this disorder among prisoners, and appropriate treatment, is warranted. (J. of Att. Dis. XXXX; XX(X) XX-XX).

PMID: 24134874 [PubMed - as supplied by publisher]

[Related citations](#)



24. J Pers Assess. 2013 Oct 17. [Epub ahead of print]

## **Mixture Modeling Methods for the Assessment of Normal and Abnormal Personality, Part I: Cross-Sectional Models.**

[Hallquist MN](#), [Wright AG](#).

a Department of Psychiatry , University of Pittsburgh.

### **Abstract**

Over the past 75 years, the study of personality and personality disorders has been informed considerably by an impressive array of psychometric instruments. Many of these tests draw on the perspective that personality features can be conceptualized in terms of latent traits that vary dimensionally across the population. A purely trait-oriented approach to personality, however, might overlook heterogeneity that is related to similarities among subgroups of people. This article describes how factor mixture modeling (FMM), which incorporates both categories and dimensions, can be used to represent person-oriented and trait-oriented variability in the latent structure of personality. We provide an overview of different forms of FMM that vary in the degree to which they emphasize trait- versus person-oriented variability. We also provide practical guidelines for applying FMM to personality data, and we illustrate model fitting and interpretation using an empirical analysis of general personality dysfunction.

PMID: 24134433 [PubMed - as supplied by publisher]

[Related citations](#)



25. Atten Defic Hyperact Disord. 2013 Oct 17. [Epub ahead of print]

## **A randomized controlled multicenter trial on the multimodal treatment of adult attention-deficit hyperactivity disorder:**

# enrollment and characteristics of the study sample.

[Philipsen A](#), [Graf E](#), [Jans T](#), [Matthies S](#), [Borel P](#), [Colla M](#), [Gentschow L](#), [Langner D](#), [Jacob C](#), [Groß-Lesch S](#), [Sobanski E](#), [Alm B](#), [Schumacher-Stien M](#), [Roesler M](#), [Retz W](#), [Retz-Junginger P](#), [Kis B](#), [Abdel-Hamid M](#), [Heinrich V](#), [Huss M](#), [Kornmann C](#), [Bürger A](#), [van Elst LT](#), [Berger M](#).

Department of Psychiatry and Psychotherapy, University Medical Center Freiburg, Hauptstrasse 5, 79104, Freiburg, Germany, alexandra.philipsen@uniklinik-freiburg.de.

## **Abstract**

Adult ADHD is a frequent psychiatric disorder affecting relevant aspects of an individual's life. The aim of our study group was to carry out the first randomized controlled multicenter study to evaluate the effects of psychotherapy compared to clinical management in combination with psychopharmacological treatment with methylphenidate (MPH) or placebo (Plac) in a factorial four-arm design. Here, we present the enrollment procedure and description of adult ADHD patients recruited for the trial. Four hundred and thirty-three adult patients with ADHD were randomized at seven study sites in Germany to four treatment conditions: manualized dialectical-behavioral-therapy-based group psychotherapy (GPT) plus MPH or Plac, or clinical management (CM) including supportive counseling plus MPH or Plac with weekly sessions in the first 12 weeks and monthly sessions thereafter. Assessment for eligibility included standardized scales and instruments. After prescreening of 1,480 patients, 518 were evaluated for trial participation and 433 were randomized. The main reasons for prescreening failure were lack of interest in participating ( $n = 205$ ), difficulties in meeting the time and effort requirements for participation ( $n = 186$ ), and contraindications for psychopharmacological treatment with MPH ( $n = 194$ ). The full analysis set (FAS) comprised 419 adult ADHD patients (mean age 35.2 years, males/females 1:1). Fifty-seven percent of the patients suffered from the combined ADHD subtype. Prevalence of at least one current or lifetime axis-I comorbidity was 66 %. Axis-II comorbidity rates was 18 % (patients with comorbid borderline and antisocial personality disorders were excluded). Our network was able to recruit an adult ADHD sample essentially comparable to community samples. A selection bias was created by excluding patients unable or unwilling to participate, or who had somatic and psychiatric contraindications for stimulant treatment (Current Controlled Trials ISRCTN54096201, Funding: Federal Ministry of Education and Research 01GV0606).

PMID: 24132867 [PubMed - as supplied by publisher]

[Related citations](#)



# The neural correlates of mindful awareness: a possible buffering effect on anxiety-related reduction in subgenual anterior cingulate cortex activity.

[Hakamata Y](#), [Iwase M](#), [Kato T](#), [Senda K](#), [Inada T](#).

Department of Clinical Psychology, Graduate School of Medical Sciences, Kitasato University, Sagamihara, Kanagawa, Japan.

## **Abstract**

### **BACKGROUND:**

Human personality consists of two fundamental elements character and temperament. Character allays automatic and preconceptual emotional responses determined by temperament. However, the neurobiological basis of character and its interplay with temperament remain elusive. Here, we examined character-temperament interplay and explored the neural basis of character, with a particular focus on the subgenual anterior cingulate cortex extending to a ventromedial portion of the prefrontal cortex (sgACC/vmPFC).

### **METHODS:**

Resting brain glucose metabolism (GM) was measured using [(18)F] fluorodeoxyglucose positron emission tomography in 140 healthy adults. Personality traits were assessed using the Temperament and Character Inventory. Regions of interest (ROI) analysis and whole-brain analysis were performed to examine a combination effect of temperament and character on the sgACC/vmPFC and to explore the neural correlates of character, respectively.

### **RESULTS:**

Harm avoidance (HA), a temperament trait (i.e., depressive, anxious, vulnerable), showed a significant negative impact on the sgACC/vmPFC GM, whereas self-transcendence (ST), a character trait (i.e., intuitive, judicious, spiritual), exhibited a significant positive effect on GM in the same region (HA  $\beta=-0.248$ ,  $p=0.003$ ; ST:  $\beta=0.250$ ,  $p=0.003$ ). In addition, when coupled with strong ST, individuals with strong HA maintained the sgACC/vmPFC GM level comparable to the level of those with low scores on both HA and ST. Furthermore, exploratory whole-brain analysis revealed a significant positive relationship between ST and

sgACC/vmPFC GM (peak voxel at  $x=-8$ ,  $y=32$ ,  $z=-8$ ,  $k=423$ ,  $Z=4.41$ , corrected  $p$  (FDR)=0.030).

## CONCLUSION:

The current findings indicate that the sgACC/vmPFC might play a critical role in mindful awareness to something beyond as well as in emotional regulation. Developing a sense of mindfulness may temper exaggerated emotional responses in individuals with a risk for or having anxiety and depressive disorders.

PMCID: PMC3794017 **Free PMC Article**

PMID: 24130715 [PubMed - in process]

[Related citations](#)



27. Psychiatr Serv. 2013 Oct 15. doi: 10.1176/appi.ps.201200528. [Epub ahead of print]

# Racial-Ethnic Disparities in Outpatient Mental Health Visits to U.S. Physicians, 1993-2008.

[Manseau M](#), [Case BG](#).

## Abstract

**OBJECTIVE** The purpose of this study was to examine racial-ethnic differences in use of mental health treatment for a comprehensive range of specific disorders over time. **METHODS** Data from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey were used to examine adult outpatient mental health visits to U.S. physicians from 1993 to 2008 (N=754,497). Annual visit prevalence for three racial-ethnic groups was estimated as the number of visits divided by the group's U.S. population size. Visit prevalence ratios (VPRs) were calculated as the minority group's prevalence divided by the non-Hispanic white prevalence. Analyses were stratified by diagnosis, physician type, patient characteristics, and year. **RESULTS** VPRs for any disorder were .60 (95% confidence interval [CI]=.52-.68) for non-Hispanic blacks and .58 (CI=.50-.67) for Hispanics. Non-Hispanic blacks were treated markedly less frequently than whites for obsessive-compulsive, generalized anxiety, attention-deficit hyperactivity, personality, panic, and nicotine use disorders but more frequently for psychotic disorders. Hispanics were treated far less frequently than whites for bipolar I, impulse control, autism spectrum, personality, obsessive-compulsive, and nicotine use disorders but more frequently for drug use disorders. Racial-ethnic differences in visits to psychiatrists were generally greater than for visits to nonpsychiatrists. Differences declined with increasing patient age and appear to

have widened over time. CONCLUSIONS Racial-ethnic differences in receipt of outpatient mental health treatment from U.S. physicians varied substantially by disorder, provider type, and patient age. Most differences were large and did not show improvement over time.

PMID: 24129773 [PubMed - as supplied by publisher]

[Related citations](#)



28. Personal Disord. 2013 Oct 14. [Epub ahead of print]

## [The Influence of Borderline Personality Features on Inpatient Adolescent Suicide Risk.](#)

[Yalch MM](#), [Hopwood CJ](#), [Fehon DC](#), [Grilo CM](#).

### **Abstract**

Suicide is a leading cause of death among adolescents and suicidal behavior is one of the primary risk factors for youth psychiatric hospitalizations. A number of studies indicate that depression and substance abuse are associated with suicide risk in this population, but less is known about the role of borderline personality features or their incremental influence over other known risk factors in indicating suicidal behavior among adolescents. This study examined whether borderline features were associated with suicide risk when controlling for symptoms of depression and substance abuse in a sample of adolescents hospitalized in an inpatient psychiatric facility. Self-report data from 477 adolescent psychiatric inpatients were used to test hypotheses about the association of borderline features with suicide risk after controlling for other common risk factors. Borderline features were significantly related to suicide risk even after accounting for symptoms of depression and substance abuse. These findings underscore the clinical value of routinely assessing borderline features among adolescents. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24128121 [PubMed - as supplied by publisher]

[Related citations](#)

29. BMC Vet Res. 2013 Oct 15;9(1):209. [Epub ahead of print]

# [Comparison of clinical examinations of back disorders and humans' evaluation of back pain in riding school horses.](#)

[Lesimple C](#), [Fureix C](#), [Biquand V](#), [Hausberger M](#).

## **Abstract**

### **BACKGROUND:**

Questionnaires are a common tool to assess people's opinion on a large scale or to sound them out about their subjective views. The caretakers' opinion about animals' "personality" has been used in many studies. The aim of the present study was to assess whether the owners' subjective evaluation was effective to detect back disorders. Back disorders have been shown to have a high prevalence in working horses. Caretakers from 17 riding schools (1 caretaker/school, 161 horses) were given a questionnaire about their horses' health status, including back disorders. Out of these 161 horses, 59 were subjected to manual palpation of the spine and 102 were subjected to sEMG examination all along the spine.

### **RESULTS:**

The results showed that subjective caretaker-reported evaluation via questionnaire survey was not efficient to detect back disorders: only 19 horses (11.8%) were reported as suffering from back pain, whereas the experimenters' evaluation detected 80 of them (49.7%) as suffering from back disorders. While most caretakers under-evaluated back disorders, a few "over-evaluated" it (more horses reported as affected than found via clinical evaluations). Horses were less prone to present back disorders when under the care of these "over-attentive" caretakers.

### **CONCLUSIONS:**

This study showed that back pain is difficult to evaluate, even for professionals, and that subjective evaluations using a questionnaire is not valid in this case. The results also highlighted the real need for observational training (behaviours, postures) outside and during riding.

### **Free Article**

PMID: 24128080 [PubMed - as supplied by publisher]

### [Related citations](#)



## [Accelerated Brain Aging in Schizophrenia and Beyond: A Neuroanatomical Marker of Psychiatric Disorders.](#)

[Koutsouleris N](#), [Davatzikos C](#), [Borgwardt S](#), [Gaser C](#), [Bottlender R](#), [Frodl T](#), [Falkai P](#), [Riecher-Rössler A](#), [Möller HJ](#), [Reiser M](#), [Pantelis C](#), [Meisenzahl E](#).

Department of Psychiatry and Psychotherapy, Ludwig-Maximilian University, Munich, Germany;

### **Abstract**

Structural brain abnormalities are central to schizophrenia (SZ), but it remains unknown whether they are linked to dysmaturational processes crossing diagnostic boundaries, aggravating across disease stages, and driving the neurodiagnostic signature of the illness. Therefore, we investigated whether patients with SZ (N = 141), major depression (MD; N = 104), borderline personality disorder (BPD; N = 57), and individuals in at-risk mental states for psychosis (ARMS; N = 89) deviated from the trajectory of normal brain maturation. This deviation was measured as difference between chronological and the neuroanatomical age (brain age gap estimation [BrainAGE]). Neuroanatomical age was determined by a machine learning system trained to individually estimate age from the structural magnetic resonance imagings of 800 healthy controls. Group-level analyses showed that BrainAGE was highest in SZ (+5.5 y) group, followed by MD (+4.0), BPD (+3.1), and the ARMS (+1.7) groups. Earlier disease onset in MD and BPD groups correlated with more pronounced BrainAGE, reaching effect sizes of the SZ group. Second, BrainAGE increased across at-risk, recent onset, and recurrent states of SZ. Finally, BrainAGE predicted both patient status as well as negative and disorganized symptoms. These findings suggest that an individually quantifiable "accelerated aging" effect may particularly impact on the neuroanatomical signature of SZ but may extend also to other mental disorders.

PMID: 24126515 [PubMed - as supplied by publisher]

[Related citations](#)



## [Diagnostic agreement between the Personality Diagnostic Questionnaire-4+](#)

# (PDQ-4+) and its Clinical Significance Scale.

[Calvo N](#), [Gutiérrez F](#), [Casas M](#).

Psychiatry Department. Hospital Vall d'Hebrón. CIBERSAM, Universidad Autónoma de Barcelona.

## **Abstract**

Background: The Personality Diagnostic Questionnaire-4+ (PDQ-4+) is composed of a self-report and an interview, the Clinical Significance Scale, but no studies have reported joint findings. This study is the first to examine the diagnostic agreement between the Spanish version of the PDQ-4+ self-report and its corresponding interview. Method: The sample comprised 235 psychiatric outpatients who were assessed with both instruments. Results: The interview reduced to one half the number of diagnoses provided by self-report (83.4% to 38.3%; mean number of diagnoses 3.29 to .62). Diagnostic agreement was between fair and moderate (mean kappa .45 for PDQ-4+ total score). Conclusions: Findings suggest the utility of jointly administering the PDQ-4+ and its Clinical Significance Scale to screen for the presence or absence of personality disorders (PDs). Modifications in the diagnostic cut-offs for individual PDs and the PDQ-4+ total score may improve the efficacy of the instrument. PMID: 24124773 [PubMed - in process]

[Related citations](#)



32. Mov Disord. 2013 Oct 9. doi: 10.1002/mds.25679. [Epub ahead of print]

# Alexithymia-an independent risk factor for impulsive-compulsive disorders in Parkinson's disease.

[Goerlich-Dobre KS](#), [Probst C](#), [Winter L](#), [Witt K](#), [Deuschl G](#), [Möller B](#), [van Eimeren T](#).

Department of Neurology, University Medical Center Schleswig-Holstein, Kiel Campus, Kiel, Germany; Department of Neurology, Christian-Albrechts University, Kiel, Germany; Department of Psychiatry, Psychotherapy, and Psychosomatics, Medical School, RWTH Aachen University, Aachen, Germany.

## **Abstract**

Impulsive-compulsive disorders (ICDs) are frequent side effects of dopaminergic medication in Parkinson's disease (PD). Alexithymia, a personality trait characterized by difficulties identifying and describing feelings and an externally oriented thinking style, has been linked to various impulse-control problems in the general population. In PD, the prevalence of alexithymia is approximately twice as high as in the general population. However, whether alexithymia is associated with ICDs in PD is currently unknown. We examined the relationship between self-reported ICDs and alexithymia in a sample of 91 PD patients (89 on dopaminergic medication). Additional self-report measures assessed impulsivity, depression, anxiety, behavioral inhibition/approach, and emotion-regulation strategies. We observed that alexithymia, and particularly difficulty identifying feelings and difficulty describing feelings, was significantly correlated with ICDs, even when controlling for impulsivity, anxiety, and depression. In addition, a group analysis revealed that PD patients with clinical and moderate levels of alexithymia had significantly more ICDs than non-alexithymic patients, suggesting that even moderately high alexithymia levels increase the risk for ICDs in PD. Our results identify alexithymia as an independent risk factor for ICDs in PD. Thus, the inclusion of alexithymia in the neuropsychiatric assessment of patients with PD may help identify patients at risk for ICDs. © 2013 International Parkinson and Movement Disorder Society.

© 2013 Movement Disorder Society.

PMID: 24123483 [PubMed - as supplied by publisher]

[Related citations](#)



33. Int J Eat Disord. 2013 Oct 4. doi: 10.1002/eat.22194. [Epub ahead of print]

## **Minnesota multiphasic personality inventory-2 restructured form (MMPI-2-RF) scale score differences in bariatric surgery candidates diagnosed with binge eating disorder versus BMI-matched controls.**

[Marek RJ](#), [Ben-Porath YS](#), [Ashton K](#), [Heinberg LJ](#) .

Department of Psychology, Kent State University, Kent, Ohio.

**Abstract**

## **OBJECTIVE:**

Binge Eating Disorder (BED) is among the most common psychiatric disorders in bariatric surgery candidates. The Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF) is a broadband, psychological test that includes measures of emotional and behavioral dysfunction, which have been associated with BED behaviors in bariatric surgery candidates; however these studies have lacked appropriate controls. In the current study, we compared MMPI-2-RF scale scores of bariatric surgery patients diagnosed with BED (BED+) with BMI-matched controls without BED (BED-).

## **METHOD:**

Three-hundred and seven BED+ participants (72.64% female and 67.87% Caucasian; mean BMI of 51.36 kg/m<sup>2</sup> [SD = 11.94]) were drawn from a large, database (N = 1304). Three-hundred and seven BED- participants were matched on BMI and demographics (72.64% female, 68.63% Caucasian, and mean BMI of 51.30 kg/m<sup>2</sup> [SD = 11.70]).

## **RESULTS:**

The BED+ group scored significantly higher on measures of Demoralization, Low Positive Emotions, and Dysfunctional Negative Emotions and scored lower on measures of Antisocial Behaviors, reflecting behavioral constraint. Optimal T-Score cutoffs were below the traditional 65 T score for several MMPI-2-RF scales. MMPI-2-RF externalizing measures also added incrementally to differentiating between the groups beyond the Binge Eating Scale (BES).

## **DISCUSSION:**

BED+ individuals produced greater elevations on a number of MMPI-2-RF internalizing scales and externalizing scales. Use of the test in conjunction with a clinical interview and other self-report data can further aid the clinician in guiding patients to appropriate treatment to optimize outcome. © 2013 Wiley Periodicals, Inc. (Int J Eat Disord 2013;).

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PMID: 24123190 [PubMed - as supplied by publisher]

[Related citations](#)



34. Biol Psychiatry. 2013 Oct 8. pii: S0006-3223(13)00815-9. doi: 10.1016/j.biopsych.2013.09.003. [Epub ahead of print]

# **Variation in Serotonin Transporter Expression Modulates Fear-Evoked**

# Hemodynamic Responses and Theta-Frequency Neuronal Oscillations in the Amygdala.

[Barkus C](#), [Line SJ](#), [Huber A](#), [Capitao L](#), [Lima J](#), [Jennings K](#), [Lowry J](#), [Sharp T](#), [Bannerman DM](#), [McHugh SB](#).

Departments of Experimental Psychology (CB, SJL, AH, LC, JL, DMB, SBM).

## **Abstract**

### **BACKGROUND:**

Gene association studies detect an influence of natural variation in the 5-hydroxytryptamine transporter (5-HTT) gene on multiple aspects of individuality in brain function, ranging from personality traits through to susceptibility to psychiatric disorders such as anxiety and depression. The neural substrates of these associations are unknown. Human neuroimaging studies suggest modulation of the amygdala by 5-HTT variation, but this hypothesis is controversial and unresolved, and difficult to investigate further in humans.

### **METHODS:**

We used a mouse model in which the 5-HTT is overexpressed throughout the brain and recorded hemodynamic responses (using a novel in vivo voltammetric monitoring method, analogous to blood oxygen level-dependent functional magnetic resonance imaging) and local field potentials during Pavlovian fear conditioning.

### **RESULTS:**

Increased 5-HTT expression impaired, but did not prevent, fear learning and significantly reduced amygdala hemodynamic responses to aversive cues. Increased 5-HTT expression was also associated with reduced theta oscillations, which were a feature of aversive cue presentation in controls. Moreover, in control mice, but not those with high 5-HTT expression, there was a strong correlation between theta power and the amplitude of the hemodynamic response.

### **CONCLUSIONS:**

Direct experimental manipulation of 5-HTT expression levels throughout the brain markedly altered fear learning, amygdala hemodynamic responses, and neuronal oscillations.

© 2013 Society of Biological Psychiatry.

PMID: 24120093 [PubMed - as supplied by publisher]

[Related citations](#)



35. Gen Hosp Psychiatry. 2013 Oct 8. pii: S0163-8343(13)00245-4. doi: 10.1016/j.genhosppsy.2013.08.007. [Epub ahead of print]

## [Psychiatric aspects of Wilson disease: a review.](#)

[Zimbrea PC](#), [Schilsky ML](#).

Department of Psychiatry, Yale University School of Medicine, New Haven, CT; Wilson Disease Centers of Excellence at Yale University, New Haven, CT. Electronic address: paula.zimbrea@yale.edu.

### **Abstract**

#### **OBJECTIVE:**

To review the current evidence about psychiatric symptoms in Wilson's disease (WD).

#### **METHOD:**

We searched Ovid, PsychInfo, CINAHL and PubMed databases from May 1946 to May 2012 using the key words Wilson('s) disease in combination with psychiatry, psychiatric, psychosis, schizophrenia, depression, mania, bipolar, mood, anxiety, personality and behavior.

#### **RESULTS:**

Psychiatric symptoms occur before, concurrent with or after the diagnosis and treatment for WD. Thirty to forty percent of patients have psychiatric manifestations at the time of diagnosis, and 20% had seen a psychiatrist prior to their WD diagnosis. When psychiatric symptoms preceded neurological or hepatic involvement, the average time between the psychiatric symptoms and the diagnosis of WD was 864.3 days. The prevalence of psychiatric disorders in WD patients varies widely (major depressive disorder, 4-47%; psychosis, 1.4-11.3%). Certain gene mutations of ATP7B may correlate with specific personality traits.

#### **CONCLUSIONS:**

Psychiatric manifestations represent a significant part of the clinical presentation of WD and can present at any point in the course of the illness. Psychiatric manifestations occurring

without overt hepatic or neurologic involvement may lead to misdiagnosis. A better understanding of the psychiatric presentations in WD may provide insights into the underlying mechanisms of psychiatric disorders.

© 2013.

PMID: 24120023 [PubMed - as supplied by publisher]

[Related citations](#)



36. J Intellect Disabil Res. 2013 Oct 9. doi: 10.1111/jir.12095. [Epub ahead of print]

## [Prevalence of aggressive challenging behaviours in intellectual disability and its relationship to personality status: Jamaican study.](#)

[Tyrer P](#), [Oliver P](#), [Tarabi SA](#).

Centre for Mental Health, Department of Medicine, Imperial College, London, UK.

### **Abstract**

#### **BACKGROUND:**

Both the classification of personality disorder in intellectual disability (ID) and its identification in practice are deemed to be difficult. A simpler approach to classification and its relationship to challenging behaviours were tested in an adult Jamaican population with ID.

#### **METHOD:**

The study was carried out in Kingston, Jamaica, as part of a programme of field trials to determine the utility of the proposed revision of personality disorders in the 11th Revision of the International Classification of Diseases (ICD-11), in a population of adults with ID living with their families or in supported care homes. Thirty-eight people with borderline (n = 5), mild (n = 16), moderate (n = 14) and severe (n = 3) ID were assessed at face-to-face interview and with relatives or staff using the provisional criteria for severity of personality disorder and its associated domain traits, and challenging behaviour was assessed using the Problem Behaviour Check List (PBCL) (a 5-point, 7-item scale).

## RESULTS:

Using the severity scale 18 patients (47%) had no personality disorder, 7 (18%) had personality difficulty, 9 (24%) had mild personality disorder, and 4 (11%) had moderate personality disorder. None of the sample had severe personality disorder in which there is high risk of harm to self or others. Of the four major trait domains, provisionally named anankastic, detached, emotional and dissocial, three were evenly distributed in those with personality disturbance with the antagonistic (antisocial) trait less commonly shown (6 only). Scores on the PBCL were higher in those with increasing severity of personality disorder ( $P = 0.03$ ) and those in the antagonistic personality trait domain had the highest PCL scores.

## CONCLUSIONS:

Despite previous difficulties in assessing personality disorder in intellectual difficulties the ICD-11 classification was easy to administer in practice in this population, and the higher problem behaviour scores in those with greater severity of personality disturbance support its construct validity.

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PMID: 24118738 [PubMed - as supplied by publisher]

[Related citations](#)

37. Addiction. 2013 Oct 4. doi: 10.1111/add.12370. [Epub ahead of print]

## [Psychiatric comorbidity in treatment seeking substance use disorder patients with and without ADHD; results of the IASP study.](#)

[van Emmerik-van Oortmerssen K](#), [van de Glind G](#), [Koeter MW](#), [Allsop S](#), [Auriacombe M](#), [Barta C](#), [Bu ET](#), [Burren Y](#), [Carpentier PJ](#), [Carruthers S](#), [Casas M](#), [Demetrovics Z](#), [Dom G](#), [Faraone SV](#), [Fatseas M](#), [Franck J](#), [Johnson B](#), [Kapitány-Fövény M](#), [Kaye S](#), [Konstenius M](#), [Levin FR](#), [Moggi F](#), [Møller M](#), [Ramos-Quiroga JA](#), [Schillinger A](#), [Skutle A](#), [Verspreet S](#); [IASP research group](#), [van den Brink W](#), [Schoevers RA](#).

Arkin Mental Health and Addiction Treatment Center, Amsterdam, The Netherlands; Amsterdam Institute for Addiction research, Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands; Dept of Psychiatry,

University Medical Center Groningen, University of Groningen, Groningen, The Netherlands.

## **Abstract**

### **AIMS:**

To determine comorbidity patterns in treatment-seeking substance use disorder (SUD) patients with and without adult Attention Deficit Hyperactivity Disorder (ADHD) with emphasis on subgroups defined by ADHD subtype, taking into account differences related to gender and primary substance of abuse.

### **DESIGN:**

Data were obtained from the cross-sectional International ADHD in Substance use disorder Prevalence (IASP) study.

### **SETTING:**

47 centers of SUD treatment in 10 countries.

### **PARTICIPANTS:**

1,205 treatment-seeking SUD patients.

### **MEASUREMENTS:**

Structured diagnostic assessments were used for all disorders: presence of ADHD was assessed with the Conners' Adult ADHD Diagnostic Interview for DSM-IV (CAADID), presence of antisocial personality disorder (ASPD), major depression (MD), and (hypo)manic episode (HME) was assessed with the Mini International Neuropsychiatric Interview-Plus (MINI Plus) and the presence of borderline personality disorder (BPD) was assessed with the SCID II.

### **FINDINGS:**

The prevalence of DSM-IV adult ADHD in this SUD sample was 13.9%. ASPD (OR=2.8, 95% CI 1.8-4.2), BPD (OR=7.0, 95% CI 3.1-15.6 for alcohol; OR=3.4, 95% CI 1.8-6.4 for drugs), MD in patients with alcohol as primary substance of abuse (OR=4.1, 95% CI 2.1-7.8) and HME (OR=4.3, 95% CI 2.1-8.7) were all more prevalent in ADHD+ compared with ADHD- patients ( $p < 0.001$ ). These results also indicate increased levels of BPD and MD for alcohol compared with drugs as primary substance of abuse. Comorbidity patterns differed between ADHD subtypes with increased MD in the inattentive and combined subtype ( $p < .01$ ), increased HME and ASPD in the hyperactive/impulsive ( $p < .01$ ) and combined subtypes ( $p < .001$ ) and increased BPD in all subtypes ( $p < .001$ ) compared with SUD patients

without ADHD. 75% of ADHD patients had at least one additional comorbid disorder compared with 37% of SUD patients without ADHD.

## CONCLUSIONS:

Treatment-seeking substance use disorder patients with Attention Deficit Hyperactivity Disorder are at a very high risk for additional externalizing disorders.

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PMID: 24118292 [PubMed - as supplied by publisher]

[Related citations](#)



38. Psychiatry Clin Neurosci. 2013 Nov;67(7):471-82. doi: 10.1111/pcn.12086. Epub 2013 Sep 30.

## [Review of mental-health-related stigma in Japan.](#)

[Ando S](#), [Yamaguchi S](#), [Aoki Y](#), [Thornicroft G](#).

Department of Psychiatry and Behavioral Sciences, Tokyo Metropolitan Institute of Medical Science, Tokyo, Japan; Department of Neuropsychiatry, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan.

### Abstract

The aim of this study is to understand the nature and characteristics of mental-health-related stigma among Japanese people. We searched relevant studies in English or Japanese published since 2001 using MEDLINE and PsycINFO, and found 19 studies that examined mental-health-related stigma in Japan. Regarding knowledge about mental illness, reviewed studies showed that in the Japanese general population, few people think that people can recover from mental disorders. Psychosocial factors, including weakness of personality, are often considered the cause of mental illness, rather than biological factors. In addition, the majority of the general public in Japan keep a greater social distance from individuals with mental illness, especially in close personal relationships. Schizophrenia is more stigmatized than depression, and its severity increases the stigmatizing attitude toward mental illness. The literature also showed an association between more direct social contact between health professionals and individuals with mental illness and less stigmatization by these professionals. Less stigmatization by mental health professionals may be associated with accumulation of clinical experience and daily contact with people who have mental illness. Stigmatizing attitudes in Japan are stronger than in Taiwan or Australia, possibly due to institutionalism, lack of national campaigns to tackle stigma, and/or society's valuing of

conformity in Japan. Although educational programs appear to be effective in reducing mental-health-related stigma, future programs in Japan need to address problems regarding institutionalism and offer direct social contact with people with mental illness.

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PMID: 24118217 [PubMed - in process]

[Related citations](#)

39. Nord J Psychiatry. 2013 Oct 11. [Epub ahead of print]

## **Is ADHD an early stage in the development of borderline personality disorder?**

[Storebø OJ](#), [Simonsen E](#).

Ole Jakob Storebø, M.A., Ph.D., Psychiatric Research Unit, Region Zealand, and Child and Adolescent Psychiatric Department, Region Zealand, Holbæk 4300, Denmark.

### **Abstract**

Background: Several studies report associations between adults with borderline personality disorder (BPD) and a history of attention-deficit hyperactivity (ADHD) symptoms in childhood. Aims: To explore the association between BPD and a history of ADHD in childhood. Method: A comprehensive search of EMBASE, PsychInfo and Medline and hand-searching yielded 238 "hits". Fifteen articles were found to have sufficient quality and relevance to be included in the final review. The data were considered in six possible explanatory psychopathological models of the association between ADHD and BPD. Results: Most of the 15 articles showed a statistical association between ADHD and BPD. The data, most strongly provided a basis for the hypotheses that ADHD is either an early developmental stage of BPD, or that the two disorders share an environmental and genetic aetiology. Furthermore, one of the disorders seems to give a synergic effect, reinforce the other or complicate the disorders. In one prospective study, the risk factor for children with ADHD to develop BPD was as high as odds ratio 13.16. No studies have looked at treatment of ADHD as a mediator of the risk for BPD. Conclusions: Many studies pointed at shared aetiology or the risk for development of one disorder, when the other disorder is present. The data do not evaluate how treatment factors or other factors mediate the risk or how overlap of diagnostic criteria adds to the statistical association. More research is much needed, in particular studies looking at early intervention and which treatment of ADHD that might prevent later development of BPD.

PMID: 24117059 [PubMed - as supplied by publisher]

[Related citations](#)

40. J Pers Assess. 2013 Oct 10. [Epub ahead of print]

## **Specific Personality Traits and General Personality Dysfunction as Predictors of the Presence and Severity of Personality Disorders in a Clinical Sample.**

[Berghuis H](#), [Kamphuis JH](#), [Verheul R](#).

a GGz Centraal , Innova , Amersfoort , The Netherlands.

### **Abstract**

This study examined the associations of specific personality traits and general personality dysfunction in relation to the presence and severity of Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM-IV]; American Psychiatric Association, 1994) personality disorders in a Dutch clinical sample. Two widely used measures of specific personality traits were selected, the Revised NEO Personality Inventory as a measure of normal personality traits, and the Dimensional Assessment of Personality Pathology-Basic Questionnaire as a measure of pathological traits. In addition, 2 promising measures of personality dysfunction were selected, the General Assessment of Personality Disorder and the Severity Indices of Personality Problems. Theoretically predicted associations were found between the measures, and all measures predicted the presence and severity of DSM-IV personality disorders. The combination of general personality dysfunction models and personality traits models provided incremental information about the presence and severity of personality disorders, suggesting that an integrative approach of multiple perspectives might serve comprehensive assessment of personality disorders.

PMID: 24111812 [PubMed - as supplied by publisher]

[Related citations](#)



41. Stereotact Funct Neurosurg. 2013 Oct 9;91(6):364-372. [Epub ahead of print]

# Treatment of Intractable Anorexia Nervosa with Inactivation of the Nucleus Accumbens Using Stereotactic Surgery.

[Wang J](#), [Chang C](#), [Geng N](#), [Wang X](#), [Gao G](#).

Department of Neurosurgery and Institute for Functional Brain Disorders, Tangdu Hospital, Fourth Military Medical University, Xi'an, PR China.

## **Abstract**

Background: For 30% of anorexia nervosa (AN) patients, conventional treatments are unsuccessful; this is termed intractable AN. Objectives: This study investigates whether ablation of the nucleus accumbens (NAc) using stereotactic surgery can arouse the physiological drive to eat in intractable AN patients. Methods: Eight patients with intractable AN were included: 6 patients underwent bilateral stereotactic radio frequency ablation in the NAc and 2 patients received bilateral NAc deep brain stimulation (DBS). Observations were made for basic vital signs, body mass index (BMI), menstruation, depression, anxiety, obsessive-compulsive disorder, personality, intelligence, memory, quality of life, social functioning, as well as complications and adverse events associated with the treatment. Results: Basic vital signs, BMI and menstruation had recovered 1 year after the operation. Depression, anxiety and obsessive-compulsive disorder were improved 1 year postoperatively. There were changes in personality scores for psychoticism, neuroticism and lie tendencies that seemed to be helpful to the recovery from AN. Intelligence and memory improved after 6 months postoperatively. Quality of life and social functioning were dramatically improved at 1 year postoperatively. Conclusions: The results of this study reveal that ablation of the NAc can increase the AN patients' physiological drive to eat. Furthermore, there were no severe and/or life-influencing complications associated with the treatment.

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PMID: 24108066 [PubMed - as supplied by publisher]

[Related citations](#)



42. Psychol Sci. 2013 Oct 8. [Epub ahead of print]

# The Double-Edged Sword of Grandiose Narcissism: Implications for Successful and

# Unsuccessful Leadership Among U.S. Presidents.

[Watts AL](#), [Lilienfeld SO](#), [Smith SF](#), [Miller JD](#), [Campbell WK](#), [Waldman ID](#), [Rubenzer SJ](#), [Faschingbauer TJ](#).

<sup>1</sup>Department of Psychology, Emory University.

## **Abstract**

Recent research and theorizing suggest that narcissism may predict both positive and negative leadership behaviors. We tested this hypothesis with data on the 42 U.S. presidents up to and including George W. Bush, using (a) expert-derived narcissism estimates, (b) independent historical surveys of presidential performance, and (c) largely or entirely objective indicators of presidential performance. Grandiose, but not vulnerable, narcissism was associated with superior overall greatness in an aggregate poll; it was also positively associated with public persuasiveness, crisis management, agenda setting, and allied behaviors, and with several objective indicators of performance, such as winning the popular vote and initiating legislation. Nevertheless, grandiose narcissism was also associated with several negative outcomes, including congressional impeachment resolutions and unethical behaviors. We found that presidents exhibit elevated levels of grandiose narcissism compared with the general population, and that presidents' grandiose narcissism has been rising over time. Our findings suggest that grandiose narcissism may be a double-edged sword in the leadership domain.

PMID: 24104503 [PubMed - as supplied by publisher]

[Related citations](#)



43. Eat Weight Disord. 2013 Oct 9. [Epub ahead of print]

# The diagnostic classification of eating disorders: current situation, possible alternatives and future perspectives.

[Dazzi F](#), [Di Leone FG](#).

Marconi University, Rome, Italy, federicodazzi@hotmail.com.

## **Abstract**

The current nosography of eating disorders (ED) has various limitations in terms of validity and accuracy. The changes adopted in the DSM-5 limit some of the current problems, such as excessive prevalence of ED not otherwise specified (EDNOS) and the lack of longitudinal stability, but are unlikely to adequately capture the clinical complexity of ED. Many authors suggest the need for a thorough review of the current nosography to support evidence-based classification. In this paper, we discuss the validity of the current diagnostic categories and their possible reorganization. Furthermore, we review the main empirical models of classification and the diagnostic approach from a personality perspective, with particular attention to research and to the prognostic and therapeutic implications.

PMID: 24104389 [PubMed - as supplied by publisher]

[Related citations](#)



44. Psychol Bull. 2013 Oct 7. [Epub ahead of print]

## [Toward a Theory of Distinct Types of "Impulsive" Behaviors: A Meta-Analysis of Self-Report and Behavioral Measures.](#)

[Sharma L](#), [Markon KE](#), [Clark LA](#).

### **Abstract**

Impulsivity is considered a personality trait affecting behavior in many life domains, from recreational activities to important decision making. When extreme, it is associated with mental health problems, such as substance use disorders, as well as with interpersonal and social difficulties, including juvenile delinquency and criminality. Yet, trait impulsivity may not be a unitary construct. We review commonly used self-report measures of personality trait impulsivity and related constructs (e.g., sensation seeking), plus the opposite pole, control or constraint. A meta-analytic principal-components factor analysis demonstrated that these scales comprise 3 distinct factors, each of which aligns with a broad, higher order personality factor-Neuroticism/Negative Emotionality, Disinhibition versus Constraint/Conscientiousness, and Extraversion/Positive Emotionality/Sensation Seeking. Moreover, Disinhibition versus Constraint/Conscientiousness comprise 2 correlated but distinct subfactors: Disinhibition versus Constraint and Conscientiousness/Will versus Resourcelessness. We also review laboratory tasks that purport to measure a construct similar to trait impulsivity. A meta-analytic principal-components factor analysis demonstrated that these tasks constitute 4 factors (Inattention, Inhibition, Impulsive Decision-Making, and Shifting). Although relations between these 2 measurement models are consistently low to very low, relations between both trait scales and laboratory behavioral tasks and daily-life impulsive behaviors are moderate. That is, both independently predict problematic daily-life impulsive behaviors, such as substance use, gambling, and

delinquency; their joint use has incremental predictive power over the use of either type of measure alone and furthers our understanding of these important, problematic behaviors. Future use of confirmatory methods should help to ascertain with greater precision the number of and relations between impulsivity-related components. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24099400 [PubMed - as supplied by publisher]

[Related citations](#)

45. BMC Psychiatry. 2013 Oct 4;13(1):245. [Epub ahead of print]

## Schizotypy and personality profiles of Cluster A in a group of schizophrenic patients and their siblings.

[Torti MC](#), [Buzzanca A](#), [Squarcione C](#), [Salerno C](#), [Mirigliani A](#), [Di Fabio F](#), [Biondi M](#).

### **Abstract**

#### **BACKGROUND:**

Schizotypy, or the set of personality traits related to schizophrenia, is considered an endophenotypic manifestation that is more represented in first-degree relatives of patients with schizophrenia than in the general population. The assessment of schizotypy is primarily based on self-reports, and for this reason it presents several limitations. In order to assess schizotypy, this study proposes a diagnostic instrument based on clinical reports.

#### **METHODS:**

A sample of 66 subjects, composed of 25 outpatients with schizophrenia, 18 siblings of these patients and 23 healthy controls, was subjected to the personality assessment test SWAP-200 by trained clinical interviewers. To test the hypothesis of the difference between the profiles of the Personality Disorders within the schizophrenia spectrum, a Multivariate Analysis of Variance and subsequent planned comparisons were conducted.

#### **RESULTS:**

Patients with schizophrenia scored higher than both their siblings and the controls on all SWAP-200 scales; their siblings, compared to the healthy controls, showed significant statistical differences, with higher mean scores for paranoid ( $F(1,63) = 7.02$ ;  $p = 0.01$ ), schizoid ( $F(1,63) = 6.56$ ;  $p = 0.013$ ) and schizotypal ( $F(1,63) = 6.47$ ;  $p = 0.013$ ) traits (PD T scores of Cluster A and Q-factor scores for the schizoid scale [ $F(1,63) = 6.47$ ;  $p = 0.013$ ]).

## CONCLUSIONS:

Consistent with previous data, first-degree relatives of patients with schizophrenia scored higher on schizophrenia-related personality traits than a general population comparison sample. SWAP-200, as an alternative diagnostic instrument to self-report measures, is able to reveal the higher prevalence of schizotypal traits in siblings of patients with schizophrenia, suggesting its possible use as a complementary instrument for the assessment of schizophrenia.

### Free Article

PMID: 24094118 [PubMed - as supplied by publisher]

[Related citations](#)



46. Soc Psychiatry Psychiatr Epidemiol. 2013 Oct 5. [Epub ahead of print]

## [Cancer mortality among psychiatric patients treated in a community-based system of care: a 25-year case register study.](#)

[Perini G](#), [Grigoletti L](#), [Hanife B](#), [Biggeri A](#), [Tansella M](#), [Amaddeo F](#).

Section of Psychiatry and Section of Clinical Psychology, Department of Public Health and Community Medicine, Policlinico GB Rossi, University of Verona, P.le L.A. Scuro 10, 37134, Verona, Italy.

### Abstract

#### PURPOSE:

Cancer mortality data allow assessing, at the same time, the risk of developing the disease and the quality of care provided to patients after the oncologic diagnosis. This study explores the risk of death caused by a single tumor site in a psychiatric population treated in a community-based psychiatric service.

#### METHODS:

All patients with an ICD-10 psychiatric diagnosis, seeking care in 1982-2006 (25 years), were included. Data were drawn from the South Verona Psychiatric Case Register (PCR). Mortality and cause of death were ascertained using different procedures and sources.

Standardized mortality ratios (SMRs) were used to compare the observed number of deaths with the expected number using as reference a population in the Veneto region.

## RESULTS:

Having been admitted to the hospital (SMR = 1.32), having a short interval from registration (1.52), having a diagnosis of alcoholism (2.03), and being a middle-aged male (1.83) were factors showing an increased risk of death from cancer. Increased SMRs were found for cancer of the oral cavity (22.93), lymphoma, leukemias, Hodgkin's lymphoma (8.01), and central nervous system (CNS) and cranial nerve tumors (4.75). The SMR decreased for stomach tumors (0.49). Patients with alcoholism (5.90 for larynx), affective disorders (20.00 for lymphomas), and personality disorders (28.00 for SNC) were found to be exposed to a high risk of cancer death in specific sites.

## CONCLUSIONS:

Psychiatric patients showed different patterns of site-specific cancer mortality when compared with the general population. The 20-fold higher risk of dying from hematological neoplasms needs further investigation. Chronic use of phenothiazines could be involved in the relative protection from stomach and prostate cancer found in psychiatric patients.

PMID: 24092521 [PubMed - as supplied by publisher]

[Related citations](#)



47. Am J Epidemiol. 2013 Nov 1;178(9):1366-77. doi: 10.1093/aje/kwt219. Epub 2013 Oct 3.

# [The Relationship of Mental and Behavioral Disorders to All-Cause Mortality in a 27-Year Follow-up of 4 Epidemiologic Catchment Area Samples.](#)

[Eaton WW](#), [Roth KB](#), [Bruce M](#), [Cottler L](#), [Wu L](#), [Nestadt G](#), [Ford D](#), [Bienvenu OJ](#), [Crum RM](#), [Rebok G](#), [Anthony JC](#), [Muñoz A](#).

## Abstract

Subjects from the Epidemiologic Catchment Area Program, interviewed during 1979-1983, were linked to data in the National Death Index through 2007 to estimate the association of mental and behavioral disorders with death. There were more than 25 years of follow-up for 15,440 individuals, with 6,924 deaths amounting to 307,881 person-years of observation. Data were analyzed by using age as the time scale and parametric approaches to quantify the

years of life lost due to disorders. Alcohol, drug use, and antisocial personality disorders were associated with increased risk of death, but there was no strong association with mood and anxiety disorders. Results of high- and low-quality matches with the National Death Index were similar. The 3 behavioral disorders were associated with 5-15 years of life lost, estimated along the life course via the generalized gamma model. Regression tree analyses showed that risk of death was associated with alcohol use disorders in nonblacks and with drug disorders in blacks. Phobia interacted with alcohol use disorders in nonblack women, and obsessive-compulsive disorder interacted with drug use disorders in black men. Both of these anxiety disorders were associated with lower risk of death early in life and higher risk of death later in life.

PMID: 24091891 [PubMed - in process]

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Items 1 - 37 of 37

1. J Trauma Dissociation. 2014;15(1):79-90. doi: 10.1080/15299732.2013.834861.

**[Co-occurrence of dissociative identity disorder and borderline personality disorder.](#)**

[Ross CA](#), [Ferrell L](#), [Schroeder E](#).

Author information:

- a The Colin A. Ross Institute for Psychological Trauma , Richardson , Texas , USA.

## **Abstract**

The literature indicates that, among individuals with borderline personality disorder, pathological dissociation correlates with a wide range of impairments and difficulties in psychological function. It also predicts a poorer response to dialectical behavior therapy for borderline personality disorder. We hypothesized that (a) dissociative identity disorder commonly co-occurs with borderline personality disorder and vice versa, and (b) individuals who meet criteria for both disorders have more comorbidity and trauma than individuals who meet criteria for only 1 disorder. We interviewed a sample of inpatients in a hospital trauma program using 3 measures of dissociation. The most symptomatic group was those participants who met criteria for both borderline personality disorder and dissociative identity disorder on the Dissociative Disorders Interview Schedule, followed by those who met criteria for dissociative identity disorder only, then those with borderline personality disorder only, and finally those with neither disorder. Greater attention should be paid to the relationship between borderline personality disorder and dissociative identity disorder.

PMID: 24377974 [PubMed - in process]

[Related citations](#)

2. J Pers Assess. 2013 Dec 30. [Epub ahead of print]

## **The MMPI-2 Restructured Form** **Personality Psychopathology Five Scales:** **Bridging DSM-5 Section 2 Personality** **Disorders and DSM-5 Section 3 Personality** **Trait Dimensions.**

[Finn JA](#), [Arbisi PA](#), [Erbes CR](#), [Polusny MA](#), [Thuras P](#).

Author information:

- a Department of Psychology , The University of Tulsa.

## **Abstract**

This study examined in a college sample and a sample of non-treatment-seeking, trauma-exposed veterans the association between the MMPI-2 Restructured Form (MMPI-2-RF) Personality Psychopathology Five (PSY-5) Scales and DSM-5 Section 2 personality disorder (PD) criteria, the same system used in DSM-IV-TR, and the proposed broad personality trait dimensions contained in Section 3 of DSM-5. DSM-5 Section 2 PD symptoms were assessed using the SCID-II-PQ, and applying a replicated rational selection procedure to the SCID-II-PQ item pool, proxies for the DSM-5 Section 3 dimensions and select facets were constructed. The MMPI-2-RF PSY-5 scales demonstrated appropriate convergent and discriminant associations with both Section 2 PDs and Section 3 dimensions in both samples. These findings suggest the MMPI-2-RF PSY-5 scales can serve both conceptually and practically as a bridge between the DSM-5 Section 2 PD criteria and the DSM-5 Section 3 personality features.

PMID: 24377431 [PubMed - as supplied by publisher]

[Related citations](#)

3. Psychotherapy (Chic). 2013 Dec 30. [Epub ahead of print]

## **A Unified Protocol for the Transdiagnostic Psychodynamic Treatment of Anxiety Disorders: An Evidence-Based Approach.**

[Leichsenring F, Salzer S.](#)

### **Abstract**

Although there is evidence for the efficacy of psychodynamic therapy (PDT) in anxiety disorders, results are not yet satisfactory, for example, if rates of remission and response are considered. To address this problem, a unified psychodynamic protocol for anxiety disorders (UPP-ANXIETY) is proposed that integrates the treatment principles of those methods of PDT that have proven to be efficacious in anxiety disorders. In addition, this protocol is transdiagnostic, implying that it is applicable to various forms of anxiety disorders and related disorders (generalized anxiety disorder, social phobia, panic disorders, avoidant personality disorder). Based on supportive-expressive therapy, the UPP-ANXIETY represents an integrated form of psychodynamic therapy that allows for a flexible use of empirically supported treatment principles. UPP-ANXIETY encompasses the following 9 treatment principles (modules): (1) socializing the patient for psychotherapy, (2) motivating and setting treatment goals, (3) establishing a secure helping alliance, (4) identifying the core conflict underlying anxiety, (5) focusing on the warded-off wish/affect, (6) modifying underlying internalized object relations, (7) changing underlying defenses and avoidance, (8) modifying underlying response of self, and (9) termination and relapse prevention. Some principles are regarded as core components to be used in every treatment (principles 3-8). A unified protocol for the psychodynamic treatment of anxiety disorders has several advantages, that is (1)

integrating the most effective treatment principles of empirically supported psychodynamic treatments for anxiety disorders can be expected to further improve the efficacy of PDT; (2) using a unified protocol in efficacy studies has the potential to enhance the evidence-based status of PDT by aggregating the evidence; (3) a unified protocol will facilitate both training in PDT and transfer of research to clinical practice; and (4) thus, a unified protocol can be expected to have a significant impact on the health care system. We are planning to test the UPP-ANXIETY in a multicenter randomized controlled trial. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24377407 [PubMed - as supplied by publisher]

[Related citations](#)

4. J Pers Assess. 2013 Dec 30. [Epub ahead of print]

## **Introduction to the Special Section on the Personality Psychopathology Five (PSY-5) and DSM-5 Trait Dimensional Diagnostic Systems for Personality Disorders: Emerging Convergence.**

[Arbisi PA.](#)

Author information:

- a Minneapolis VA Health Care System , Minneapolis , Minnesota.

### **Abstract**

In this Special Section, 7 studies focusing on the PSY-5 model of individual differences relevant to adaptive functioning are presented. The first study by Harkness, McNulty, et al. (this issue) describes the development of the revised PSY-5 scales for the MMPI-2-RF, followed by another article by Harkness, Reynolds, and Lilienfeld (this issue) arguing for the adoption of a review of systems strategy for evaluating psychological functioning. McNulty and Overstreet (this issue) describe an alternative hierarchical strategy for organizing the interpretation of the MMPI-2-RF using the PSY-5 scales. Extending the PSY-5 model to adolescents, Veltri et al. (this issue) examine the convergent and discriminant validity of the MMPI-A PSY-5 in predicting violent delinquent behavior. Bagby and colleagues (this issue) examine the hierarchical structure of the PSY-5 model across nonclinical and clinical samples and, with a few notable exceptions, find the PSY-5 model to map well onto the DSM-5 personality trait dimensional model. Finn, Arbisi, Erbes, Polusny, and Thuras (this issue) examine the convergence between the DSM-5 proposed trait dimensions and PSY-5 model

demonstrating the potential for the MMPI-2-RF PSY-5 scales to serve as a bridge between DSM-5 and DSM-IV personality disorder diagnoses. Finally, Sellbom, Smid, de Saeger, Smit, and Kamphuis (this issue) directly examine the convergence of MMPI-2-RF PSY-5 scales with DSM-IV personality disorder categories and proposed DSM-5 trait dimensions further establishing the potential for the PSY-5 scales to serve as a bridge between DSM categorical and dimensional diagnostic schemas.

PMID: 24377377 [PubMed - as supplied by publisher]

[Related citations](#)

5. J Nerv Ment Dis. 2014 Jan;202(1):64-9. doi: 10.1097/NMD.0000000000000071.

## **Quality of life in patients with psychotic disorders: impact of symptoms, personality, and attachment.**

[Boyette LL](#), [Korver-Nieberg N](#), [Meijer C](#), [de Haan L](#); [Genetic Risk and Outcome of Psychosis Investigators](#).

Author information:

- Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands.

### **Abstract**

The aims of this study were to assess the relative contribution of symptoms and specific psychosocial factors to different domains of quality of life (QoL) in patients with psychotic disorders. Positive, negative, and depressive symptoms; Five-Factor Model personality traits; and attachment dimensions were assessed in 110 patients with nonaffective psychotic disorders. Hierarchical and stepwise regression analyses were conducted. Psychosocial factors were able to predict all domains of QoL, when symptom severity was controlled for. Furthermore, the physical QoL domain was best predicted by attachment, personality, and sex ( $R = 43.1\%$ ); the psychological QoL domain, by personality and depressive symptoms ( $R = 60.5\%$ ); the social domain, by personality and positive symptoms ( $R = 30.3\%$ ); and the environmental domain, by personality and negative symptoms ( $R = 27.9\%$ ). Our findings highlight the role that specific individual characteristics play in different aspects of QoL in patients with psychotic disorders.

PMID: 24375214 [PubMed - in process]

[Related citations](#)

6. Assessment. 2013 Dec 23. [Epub ahead of print]

# [Convergent and Discriminant Validity of the Five Factor Form.](#)

[Rojas SL](#), [Widiger TA](#).

## **Abstract**

The current study tests the convergent and discriminant validity of a modified version of the Five Factor Model Rating Form (FFMRF), a one-page, brief measure of the five-factor model. The Five Factor Form (FFF) explicitly identifies maladaptive variants for both poles of each of the 30 facets of the FFMRF. The purpose of the current study was to test empirically whether this modified version still provides a valid assessment of the FFM, as well as to compare its validity as a measure of the FFM to other brief FFM measures. Two independent samples of 510 and 330 community adults were sampled, one third of whom had a history of some form of mental health treatment. The FFF was compared with three abbreviated and/or brief measures of the FFM (i.e., the FFMRF, the Ten Item Personality Inventory, and the Big Five Inventory), a more extended measure (i.e., International Personality Item Pool-NEO), an alternative measure of general personality (i.e., the HEXACO-Personality Inventory-Revised), and a measure of maladaptive personality functioning (i.e., the Personality Inventory for Diagnostic and Statistical Manual of Mental Disorders, 5th edition). The results of the current study demonstrated convergent and discriminant validity, even at the single-item facet level. PMID: 24366956 [PubMed - as supplied by publisher]

[Related citations](#)



7. Personal Disord. 2013 Dec 23. [Epub ahead of print]

# [A Further Validation of the Minnesota Borderline Personality Disorder Scale.](#)

[Rojas EC](#), [Cummings JR](#), [Bornovalova MA](#), [Hopwood CJ](#), [Racine SE](#), [Keel PK](#), [Sisk CL](#), [Neale M](#), [Boker S](#), [Burt SA](#), [Klump KL](#).

## **Abstract**

Previous research indicates that borderline personality disorder (BPD) is well conceptualized as a dimensional construct that can be represented using normal personality traits. A previous study successfully developed and validated a BPD measure embedded within a normal trait measure, the Minnesota Borderline Personality Disorder Scale (MBPD). The current study performed a further validation of the MBPD by examining its convergent validity, external

correlates, and heritability in a sample of 429 female twins. The MBPD correlated strongly with the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) screener for BPD and moderately with external correlates. Moreover, the MBPD and SCID-II screener exhibited very similar patterns of external correlations. Additionally, results indicated that the genetic and environmental influences on MBPD overlap with the genetic and environmental influences on the SCID-II screener, which suggests that these scales are measuring the same construct. These data provide further evidence for the construct validity of the MBPD. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364505 [PubMed - as supplied by publisher]

[Related citations](#)

8. Personal Disord. 2013 Dec 23. [Epub ahead of print]

## **Schizotypal Personality Questionnaire - Brief Revised: Psychometric Replication and Extension.**

[Callaway DA](#), [Cohen AS](#), [Matthews RA](#), [Dinzeo T](#).

### **Abstract**

The psychometric screening and detection of schizotypy through the use of concise self-report assessment instruments such as the Schizotypal Personality Questionnaire - Brief Revised (SPQ- BR; Cohen, Matthews, Najolia, & Brown, 2010) enables an expeditious identification of individuals at putatively elevated risk to develop schizophrenia-spectrum disorders. Using 2 large, culturally diverse, independent samples, this study expanded the psychometric evaluation of this instrument by presenting a series of confirmatory factor analyses; reviewing internal consistency reliabilities; and evaluating the construct validity of the scale by way of examining group differences in SPQ-BR scores between individuals with and without self-reported family histories of schizophrenia. The results indicate a 2-tier factor solution of the measure and indicate strong internal reliability for the scale. Findings regarding construct validity of the SPQ-BR are more variable with the Cognitive-Perceptual Deficits superordinate factor receiving the strongest evidentiary support. Limitations of this study and directions for future research are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364504 [PubMed - as supplied by publisher]

[Related citations](#)

9. Personal Disord. 2013 Dec 23. [Epub ahead of print]

# EEG Asymmetry in Borderline Personality Disorder and Depression Following Rejection.

[Beeney JE](#), [Levy KN](#), [Gatzke-Kopp LM](#), [Hallquist MN](#).

## **Abstract**

Borderline personality disorder (BPD) and major depressive disorder (MDD) share numerous features, including dysphoric affect, irritability, suicidality, and a heightened sensitivity to perceived interpersonal rejection. However, these disorders are associated with divergent profiles of reactivity to rejection: Individuals with MDD are more likely to respond with withdrawal and isolation, and those with BPD appear to respond with increased approach behaviors and greater hostility. Potential mechanisms underlying these divergent patterns of response have not been elaborated. The goal of the present study was to assess whether prefrontal cortical asymmetry is associated with these behavioral profiles. EEG alpha activity was recorded at baseline and after individuals with BPD, MDD and healthy controls (HCs) participated in a rejection task. Although no differences were found at baseline, results demonstrated that following rejection, individuals with BPD showed greater left cortical activation, consistent with approach motivation, whereas those with MDD showed greater right cortical activation, consistent with withdrawal motivation. HCs evidenced a more balanced cortical profile, as hypothesized. Although BPD and MDD are highly comorbid, are easily confused, and are phenomenologically similar in a number of ways, individuals with these two disorders respond in very different ways to perceived rejection. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364503 [PubMed - as supplied by publisher]

[Related citations](#)

10. Personal Disord. 2013 Dec 23. [Epub ahead of print]

# Personality Pathology and Daily Aspects of Marital Functioning.

[South SC](#).

## **Abstract**

Personality disorders (PDs) are associated with a host of interpersonal problems, including unstable and dysfunctional romantic relationships. In previous research, PD symptoms have

been linked to one's own and spouse's self-reported level of marital satisfaction and marital conflict. The current study extends on this work by examining whether Diagnostic and Statistical Manual of Mental Disorders (DSM) PD criteria would predict aspects of daily marital functioning. A total of 99 newlywed couples (N = 198) recruited from the community were assessed for PD symptoms using a self-report measure and subsequently completed a 6-day diary protocol. Multilevel modeling was used to examine the association of PD symptoms with three major aspects of daily functioning: overall relationship sentiment, serious conflicts with one's spouse, and quality of interactions. Results indicated that PD symptoms significantly predicted aspects of all three measures of daily functioning. The individual PDs generally showed the greatest associations with aspects of conflict. Paranoid, schizoid, avoidant, and obsessive-compulsive PD scores were significantly negatively related to overall relationship sentiment whereas Cluster A and Cluster C PD scores negatively predicted various daily interaction behaviors. Findings provide insight into the mechanisms that might explain the associations between PD symptoms and overall measures of relationship functioning. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364502 [PubMed - as supplied by publisher]

[Related citations](#)

11. Personal Disord. 2013 Dec 23. [Epub ahead of print]

## [An Examination of the Perceptions of Social Network Characteristics Associated With Grandiose and Vulnerable Narcissism.](#)

[Lamkin J](#), [Clifton A](#), [Campbell WK](#), [Miller JD](#).

### **Abstract**

Two dimensions of narcissism exist, grandiose and vulnerable, which are thought to be associated with distinctly different patterns of interpersonal behavior. Social network analysis is a way of quantifying and analyzing interpersonal interactions that may prove useful for characterizing the networks associated with these narcissism dimensions. In the current study, participants (N = 148) completed scales assessing both narcissism dimensions and a measure of the five-factor model of personality. Egocentric network information about participants' 30 closest friends and family members (i.e., "alters") was also obtained. Both narcissism dimensions were characterized by negative perceptions of the individuals who comprise one's social networks, and many of these relations were mediated by individuals' higher levels of antagonism. Grandiose narcissism also interacted with alter centrality (i.e., importance to the network) such that individuals low on grandiose narcissism were less

likely to perceive central alters in a negative light and were more attuned to central alters than were individuals high on grandiose narcissism. Overall, both narcissism dimensions were associated with perceiving one's overall social environment negatively because of the high levels of antagonism that characterize both narcissism dimensions. Individuals high on grandiose narcissism, however, appear to be more insensitive to the relative importance of individuals in their social networks. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364501 [PubMed - as supplied by publisher]

[Related citations](#)

12. Personal Disord. 2013 Dec 23. [Epub ahead of print]

## [Sex Differences in Magical Ideation: A Community-Based Twin Study.](#)

[Karcher NR](#), [Slutske WS](#), [Kerns JG](#), [Piasecki TM](#), [Martin NG](#).

### **Abstract**

Two questions regarding sex differences in magical ideation were investigated in this study: (1) whether there are mean-level sex differences on the Magical Ideation Scale (MIS), and (2) whether there are quantitative and/or qualitative sex differences in the genetic contributions to variation on this scale. These questions were evaluated using data obtained from a large community sample of adult Australian twins (N = 4,355) that included opposite-sex pairs. Participants completed a modified 15-item version of the MIS within a larger assessment battery. Women reported both higher means and variability on the MIS than men; this was also observed within families (in opposite-sex twin pairs). Biometric modeling indicated that the proportion of variation in MIS scores due to genetic influences (indicating quantitative sex differences) and the specific latent genetic contributions to this variation (indicating qualitative sex differences) were the same in men and women. These findings clarify the nature of sex differences in magical ideation and point to avenues for future research. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364500 [PubMed - as supplied by publisher]

[Related citations](#)

13. Personal Disord. 2013 Dec 23. [Epub ahead of print]

## [The Protective Role of Attachment Security for Adolescent Borderline Personality](#)

# Disorder Features via Enhanced Positive Emotion Regulation Strategies.

[Kim S](#), [Sharp C](#), [Carbone C](#).

## **Abstract**

While studies have documented significant associations between insecure attachment, emotion dysregulation, and borderline personality disorder (BPD) features, no research to date has empirically delineated the specific mechanisms by which these constructs are related. The present study brings together 2 lines of research that have hitherto separately examined attachment disturbance and emotion dysregulation as they respectively manifest in the pathogenesis of BPD, and explores the complex relations between the 2 well-established correlates of borderline traits in a clinical sample of adolescents (N = 228). We examined the adolescents' use of positive and negative emotion regulation strategies, along with their maternal and paternal attachment security. Results indicated that positive and negative emotion regulation strategies were differentially implicated in the link between attachment insecurity and BPD features. Attachment security functioned as a buffer against adolescent BPD by enhancing positive emotion regulation strategies, while negative emotion regulation strategies served to dilute the protective effect of attachment and positive regulation strategies, culminating in clinically significant levels of borderline traits. Findings are discussed with regard to interventions in the developmental trajectory of BPD as it unfolds during adolescence. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364499 [PubMed - as supplied by publisher]

[Related citations](#)

14. Personal Disord. 2013 Dec 23. [Epub ahead of print]

# Psychopathy Variants: Empirical Evidence Supporting a Subtyping Model in a Community Sample.

[Falkenbach DM](#), [Stern SB](#), [Creevy C](#).

## **Abstract**

Psychopathy is a personality construct typically related to deficits in interpersonal and affective functioning and antisocial behavior. Currently, the majority of research focuses on the omnibus construct of psychopathy as it applies to criminal populations. However, theories of psychopathy and empirical evidence suggest that there may be different variants

of psychopathy and diverse expressions of psychopathic traits across individuals. Thus, there is a need to consider psychopathy in terms of subtypes and across more broadly defined populations. The present study used model-based cluster analysis and garnered support for the differentiation of primary and secondary subtypes in a college sample. Analysis yielded 6 clusters, 2 of which demonstrated the expected patterns of traits indexed by theories of primary and secondary psychopathy; the factors of psychopathy, anxiety, borderline personality traits, aggression, and affect, all differentiated the subtypes. Overall, the results provide continued support for the existence of psychopathy variants in college samples, initial empirical support for model of psychopathy, and aid in the understanding of psychopathy subtypes. (PsycINFO Database Record (c) 2013 APA, all rights reserved). PMID: 24364498 [PubMed - as supplied by publisher]

[Related citations](#)

15. Personal Disord. 2013 Dec 23. [Epub ahead of print]

## **Shame-Related Functions of and Motivations for Self-Injurious Behavior.**

[Schoenleber M](#), [Berenbaum H](#), [Motl R](#).

### **Abstract**

Drawing on the self-injury and self-conscious emotion literatures, this study examined the functions of and motivations for self-injury in 67 women, 25 of whom had a history of nonsuicidal self-injury (NSSI). Specifically, the present study tested whether women with a history of NSSI engaged in such behavior in order to reduce shame, in particular, and whether shame-related constructs represent important motivational factors for NSSI. To do so, participants completed (a) self-reports of NSSI functions and relevant personality dimensions (e.g., shame-proneness; shame aversion); and (b) a pain-inducing laboratory task with assessments of state emotions pre- and post-task. Elevations in aversion to general negative affect were associated with presence (vs. absence) of an NSSI history. However, consistent with a role for shame in NSSI, among women with an NSSI history, endorsement of shame regulation functions was positively associated with the frequency of NSSI. Moreover, elevations in shame-proneness were associated with more frequent NSSI, even after taking relevant, broader personality dimensions (e.g., proneness to general negative affect) into account. Finally, following the laboratory task, women with and without an NSSI history experienced reductions in state shame. Future directions for and clinical implications of the present research are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24364497 [PubMed - as supplied by publisher]

[Related citations](#)

16. Health Psychol. 2013 Dec 23. [Epub ahead of print]

# The Type A Behavior Pattern and Cardiovascular Disease as Predictors of Dementia.

[Bokenberger K](#), [Pedersen NL](#), [Gatz M](#), [Dahl AK](#).

## **Abstract**

Objective: Research has suggested that greater psychophysiological reactivity to stress increases risk of dementia and that those with the Type A behavior pattern (TABP) are predisposed to elevated stress reactivity and cardiovascular disease (CVD), but no study has evaluated the associations among TABP, CVD, and dementia, prospectively. Hence, the present study aimed to investigate dementia risk in relation to TABP and CVD. Methods: A population-based cohort of 1,069 persons with a baseline mean age of 64.81 years from the Swedish Twin Registry was followed consecutively for up to 23 years. Based on self-reported items, TABP was measured using 6 scales: Ambition, Stress, Hard-driving, Neuroticism, Cynicism, and Paranoia. CVD was self-reported and dementia was diagnosed adhering to Diagnostic and Statistical Manual of Mental Disorders, third edition, revised (DSM-III-R) or Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) criteria. Results: TABP was generally not associated with dementia risk. However, significant interaction effects of stress, paranoia, and cynicism with CVD on dementia risk were observed. That is, for those with CVD, high scores on stress, paranoia, and cynicism were associated with increased risk of dementia (hazard ratio [HR] = 1.43, 95% confidence interval [CI] = 0.95-2.15; HR = 1.39, 95% CI = 0.83-2.33; HR = 1.25, 95% CI = 0.76-2.06, respectively), whereas for those who did not have CVD, high scores on these measures appeared to be protective (HR = 0.76, 95% CI = 0.50-1.14; HR = 0.55, 95% CI = 0.34-0.89; HR = 0.50, 95% CI = 0.29-0.84, respectively). Conclusion: Some features of TABP confer an increased risk for dementia in those with CVD, whereas those without CVD are protected. When evaluating the risk of dementia, CVD and personality traits should be taken into consideration. (PsycINFO Database Record (c) 2013 APA, all rights reserved). PMID: 24364377 [PubMed - as supplied by publisher]

[Related citations](#)

17. Psychopharmacology (Berl). 2013 Dec 21. [Epub ahead of print]

## Long-lasting sensitization induced by repeated risperidone treatment in

# adolescent Sprague-Dawley rats: a possible D2 receptor mediated phenomenon?

[Qiao J](#), [Gao J](#), [Shu Q](#), [Zhang Q](#), [Hu G](#), [Li M](#).

Author information:

- Key Laboratory of Cognition and Personality (Southwest University), Ministry of Education, Institute of Psychology, Southwest University, Chongqing, People's Republic of China.

## **Abstract**

### **RATIONALE:**

Risperidone use in children and adolescents for the treatment of various neuropsychiatric disorders (e.g., schizophrenia, autism, disruptive behavior, etc.) has increased substantially in recent decades. However, its long-term effect on the brain and behavioral functions is not well understood.

### **OBJECTIVE:**

The present study investigated how a short-term risperidone treatment in adolescence impacts antipsychotic response in adulthood in the conditioned avoidance response and phencyclidine (PCP)-induced hyperlocomotion tests.

### **METHODS:**

Male adolescent Sprague-Dawley rats (postnatal days [P] 40-44 or 43-48) were first treated with risperidone (0.3, 0.5, or 1.0 mg/kg, subcutaneously (sc)) and tested in the conditioned avoidance or PCP (3.2 mg/kg, sc)-induced hyperlocomotion model daily for five consecutive days. After they became adults (~P 76-80), they were challenged with risperidone (0.3 mg/kg, sc) to assess their sensitivity to risperidone reexposure. A quinpirole (a D<sub>2/3</sub> receptor agonist, 1.0 mg/kg, sc)-induced hyperlocomotion test was later conducted to assess the risperidone-induced functional changes in D<sub>2</sub> receptor.

### **RESULTS:**

In the risperidone challenge test in adulthood, adult rats previously treated with risperidone in adolescence made significantly fewer avoidance responses and exhibited significantly lower PCP-induced hyperlocomotion than those previously treated with vehicle. They also appeared to be more hyperactive than the vehicle-pretreated ones in the quinpirole-induced

hyperlocomotion test. Prepulse inhibition of acoustic startle or fear-induced 22 kHz ultrasonic vocalizations in adulthood was not altered by adolescence risperidone treatment.

## CONCLUSIONS:

Adolescent risperidone exposure induces a long-term increase in behavioral sensitivity to risperidone that persists into adulthood. This long-lasting change might be due to functional upregulation of D<sub>2</sub>-mediated neurotransmission.

PMID: 24363078 [PubMed - as supplied by publisher]

[Related citations](#)



18. J Psychosom Res. 2014 Jan;76(1):80-3. doi: 10.1016/j.jpsychores.2013.11.008. Epub 2013 Nov 16.

## [Anxious, introverted personality traits in patients with chronic subjective dizziness.](#)

[Staab JP](#)<sup>1</sup>, [Rohe DE](#)<sup>2</sup>, [Eggers SD](#)<sup>3</sup>, [Shepard NT](#)<sup>4</sup>.

Author information:

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- <sup>2</sup>Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA.
- <sup>3</sup>Department of Neurology, Mayo Clinic, Rochester, MN, USA.
- <sup>4</sup>Vestibular Laboratory, Division of Audiology, Mayo Clinic, Rochester, MN, USA.

## Abstract

### OBJECTIVES:

Chronic subjective dizziness (CSD) is a neurotologic disorder of persistent non-vertiginous dizziness, unsteadiness, and hypersensitivity to one's own motion or exposure to complex visual stimuli. CSD usually follows acute attacks of vertigo or dizziness and is thought to arise from patients' failure to re-establish normal locomotor control strategies after resolution of acute vestibular symptoms. Pre-existing anxiety or anxiety diathesis may be risk factors for CSD. This study tested the hypothesis that patients with CSD are more likely than individuals with other chronic neurotologic illnesses to possess anxious, introverted personality traits.

### METHODS:

Data were abstracted retrospectively from medical records of 40 patients who underwent multidisciplinary neurotology evaluations for chronic dizziness. Twenty-four subjects had CSD. Sixteen had chronic medical conditions other than CSD plus co-existing anxiety disorders. Group differences in demographics, Dizziness Handicap Inventory (DHI) scores, Hospital Anxiety and Depression Scale (HADS) scores, DSM-IV diagnoses, personality traits measured with the NEO Personality Inventory - Revised (NEO-PI-R), and temperaments composed of NEO-PI-R facets were examined.

## **RESULTS:**

There were no differences between groups in demographics, mean DHI or HADS-anxiety scores, or DSM-IV diagnoses. The CSD group had higher mean HADS-depression and NEO-PI-R trait anxiety, but lower NEO-PI-R extraversion, warmth, positive emotions, openness to feelings, and trust (all  $p < 0.05$ ). CSD subjects were significantly more likely than comparison subjects to have a composite temperament of high trait anxiety plus low warmth or excitement seeking.

## **CONCLUSION:**

An anxious, introverted temperament is strongly associated with CSD and may be a risk factor for developing this syndrome.

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PMID: 24360146 [PubMed - in process]

[Related citations](#)



19. BMC Psychiatry. 2013 Dec 21;13(1):343. [Epub ahead of print]

## **[Preceding diagnoses to young adult bipolar disorder and schizophrenia in a nationwide study.](#)**

[Andersen SM](#), [Randers A](#), [Jensen CM](#), [Bisgaard C](#), [Steinhausen HC](#).

### **Abstract**

#### **BACKGROUND:**

The aim of this comparative study was to investigate the type and frequency of diagnoses preceding adult bipolar disorder (BD) and schizophrenia (SZ).

## **METHODS:**

A follow-back study of all preceding diagnoses in all patients aged 21-34 years with a primary, first time diagnosis of BD (N = 784) or SZ (N = 1667) in 2008 to 2010. Data were taken from the Danish Psychiatric Central Register (DPCR) including ICD-10 and ICD-8 diagnoses.

## **RESULTS:**

The numbers of patients with any preceding diagnoses amounted to 69.3% in BD and 76.6% in SZ with affective disorders (excluding BD) being the most frequent preceding diagnosis (46.6 vs. 28.0%), followed by psychoses (PSY) other than SZ (14.2 vs. 41.5%,  $p < .001$ ), and substance use disorders (SUD) (16.1 vs. 26.9%,  $p < .001$ ). Reactions to severe stress were equally frequent in both samples (26.3 vs. 26.6%) as were personality disorders (21.8 vs. 22.4%) and ADHD (4.2 vs. 3.5%), whereas rates of conduct disorders (1.7 vs. 3.1%) were rather low in both samples. Very few of the preceding diagnoses had their onset in childhood and adolescence. Overall patients with SZ had a minor but statistically significant earlier onset of any psychiatric disorder compared to BD (mean age: 23.3 vs. 22.5,  $p < .001$ ). Regression analyses indicated that BD was associated with an increased risk of having experienced preceding affective disorders, ADHD, and conduct disorders while SZ was associated with an increased risk of preceding substance use disorders, psychosis, anxiety disorders, and personality disorders.

## **CONCLUSIONS:**

Specific developmental trajectories of preceding disorders were delineated for BD and SZ with affective disorders being more specific for BD and both substance use disorders and psychosis more specific to SZ. There are different patterns of vulnerability in terms of preceding diagnosis in young adults with BD and SZ.

### **Free Article**

PMID: 24359146 [PubMed - as supplied by publisher]

[Related citations](#)



20. Arch Suicide Res. 2013 Dec 19. [Epub ahead of print]

# **Differences in Features of Non-Suicidal Self-Injury According to Borderline Personality Disorder Screening Status.**

[Bracken-Minor KL](#), [McDevitt-Murphy ME](#).

Author information:

- a The University of Memphis.

## Abstract

**Objectives:** Given that non-suicidal self-injury (NSSI) disorder is being considered for the upcoming Diagnostic and Statistical Manual of Mental Disorders (DSM-5), it is important to consider how NSSI occurs with and without borderline personality disorder (BPD).

**Methods:** Participants were 480 undergraduates who completed online questionnaires and were assigned to four groups based on NSSI and BPD status.

**Results:** Analyses revealed BPD-positive self-injurers had higher self-punishment, anti-suicide, and anti-dissociation functions of NSSI and higher rates of cutting and burning than BPD-negative self-injurers.

Furthermore, difficulty in emotion regulation, not distress tolerance, was most critical in distinguishing between groups. **Conclusion:** Differences between BPD-positive and BPD-negative self-injurers provide preliminary support for NSSI as a distinct disorder. However, more research in this area is needed.

PMID: 24354453 [PubMed - as supplied by publisher]

[Related citations](#)



21. Behav Sci Law. 2013 Dec 19. doi: 10.1002/bsl.2097. [Epub ahead of print]

# [The Impact of DSM-5's Alternative Model for Personality Disorders on Criminal Defendants.](#)

[Filone S](#), [Strohmaier H](#), [Murphy M](#), [Dematteo D](#).

Author information:

- Drexel University, Department of Psychology, 3141 Chestnut Street, Stratton Suite 119, Philadelphia, PA, 19102, USA.

## Abstract

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) workgroup on personality disorders initially proposed several revisions to diagnostic criteria and disorder labels, some of which could have had a direct impact on the perception and sentencing of criminal defendants. The recent publication of the DSM-5 included these revisions in an appendix for future research, indicating that the revised criteria require additional research

before implementation. This study examined how the proposed changes, if implemented, might affect jury members' sentencing recommendations and perceptions of the defendant. Participants read vignettes in which diagnostic label (antisocial personality disorder vs. dyssocial personality disorder vs. psychopathy) and crime type (white collar vs. violent crime) were manipulated. Results suggest that participants perceived white collar offenders more negatively than violent offenders, and were generally more influenced by crime type than diagnosis. The diagnostic label was most influential on recidivism ratings and participants' perceptions of violent offenders. Copyright © 2013 John Wiley & Sons, Ltd.

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PMID: 24352768 [PubMed - as supplied by publisher]

[Related citations](#)



22. Cogn Affect Behav Neurosci. 2013 Dec 19. [Epub ahead of print]

## [Neuroticism and extraversion are associated with amygdala resting-state functional connectivity.](#)

[Aghajani M](#), [Veer IM](#), [van Tol MJ](#), [Aleman A](#), [van Buchem MA](#), [Veltman DJ](#), [Rombouts SA](#), [van der Wee NJ](#).

Author information:

- Leiden Institute for Brain and Cognition (LIBC), Leiden, The Netherlands.

### **Abstract**

The personality traits neuroticism and extraversion are differentially related to socioemotional functioning and susceptibility to affective disorders. However, the neurobiology underlying this differential relationship is still poorly understood. This discrepancy could perhaps best be studied by adopting a brain connectivity approach. Whereas the amygdala has repeatedly been linked to neuroticism and extraversion, no study has yet focused on the intrinsic functional architecture of amygdala-centered networks in relation to both traits. To this end, seed-based correlation analysis was employed to reveal amygdala resting-state functional connectivity (RSFC) and its associations with neuroticism and extraversion in 50 healthy participants. Higher neuroticism scores were associated with increased amygdala RSFC with the precuneus, and decreased amygdala RSFC with the temporal poles, insula, and superior temporal gyrus ( $p < .05$ , cluster corrected). Conversely, higher extraversion scores were associated with increased amygdala RSFC with the putamen, temporal pole, insula, and several regions of the occipital cortex ( $p < .05$ , cluster

corrected). The shifts in amygdala RSFC associated with neuroticism may relate to the less-adaptive perception and processing of self-relevant and socioemotional information that is frequently seen in neurotic individuals, whereas the amygdala RSFC pattern associated with extraversion may relate to the heightened reward sensitivity and enhanced socioemotional functioning in extraverts. We hypothesize that the variability in amygdala RSFC observed in the present study could potentially link neuroticism and extraversion to the neurobiology underlying increased susceptibility or resilience to affective disorders.

PMID: 24352685 [PubMed - as supplied by publisher]

[Related citations](#)



23. CNS Spectr. 2013 Dec 19:1-8. [Epub ahead of print]

## [Clinical features, developmental course, and psychiatric comorbidity of adult autism spectrum disorders.](#)

[Vannucchi G<sup>1</sup>](#), [Masi G<sup>2</sup>](#), [Toni C<sup>3</sup>](#), [Dell'osso L<sup>1</sup>](#), [Marazziti D<sup>1</sup>](#), [Perugi G<sup>1</sup>](#).

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- <sup>3</sup>3 Institute of Behavioural Sciences "G. De Lisio", Pisa, Italy.

### **Abstract**

Autism spectrum disorders (ASDs) include a heterogeneous group of neurodevelopmental disorders with early onset in childhood. ASDs should be considered lifelong clinical entities, although there is a certain variability in developmental trajectories, and therefore should be considered of great interest also for adulthood psychiatrists. A few studies have been carried out to explore the clinical picture and course development of these disorders during adulthood, or their relationship with other mental disorders. Indeed, ASDs often share overlapping features with other disorders, such as schizophrenia and obsessive-compulsive, mood, and personality disorders, and as a result misdiagnoses often occur. The aim of this review is to summarize the available literature on ASDs in adulthood with a specific focus on the clinical picture, course, and psychiatric comorbidity. It is proposed that a careful diagnostic screening for ASDs in adults would contribute to clarifying the relationship with comorbid psychiatric disorders, while improving the possibility of treatment and outcome of such conditions.

PMID: 24352005 [PubMed - as supplied by publisher]

[Related citations](#)



24. PLoS One. 2013 Dec 12;8(12):e82041. doi: 10.1371/journal.pone.0082041.

# Testing Measurement Invariance of the Schizotypal Personality Questionnaire-Brief Scores across Spanish and Swiss Adolescents.

[Ortuño-Sierra J](#)<sup>1</sup>, [Badoud D](#)<sup>2</sup>, [Knecht F](#)<sup>2</sup>, [Paino M](#)<sup>3</sup>, [Eliez S](#)<sup>4</sup>, [Fonseca-Pedrero E](#)<sup>5</sup>, [Debbané M](#)<sup>6</sup>.

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## **Abstract**

### **BACKGROUND:**

Schizotypy is a complex construct intimately related to psychosis. Empirical evidence indicates that participants with high scores on schizotypal self-report are at a heightened risk for the later development of psychotic disorders. Schizotypal experiences represent the behavioural expression of liability for psychotic disorders. Previous factorial studies have

shown that schizotypy is a multidimensional construct similar to that found in patients with schizophrenia. Specifically, using the Schizotypal Personality Questionnaire-Brief (SPQ-B), the three-dimensional model has been widely replicated. However, there has been no in-depth investigation of whether the dimensional structure underlying the SPQ-B scores is invariant across countries.

## **METHODS:**

The main goal of this study was to examine the measurement invariance of the SPQ-B scores across Spanish and Swiss adolescents. The final sample was made up of 261 Spanish participants (51.7% men; M=16.04 years) and 241 Swiss participants (52.3% men; M=15.94 years).

## **RESULTS:**

The results indicated that Raine et al.'s three-factor model presented adequate goodness-of-fit indices. Moreover, the results supported the measurement invariance (configural and partial strong invariance) of the SPQ-B scores across the two samples. Spanish participants scored higher on Interpersonal dimension than Swiss when latent means were compared.

## **DISCUSSION:**

The study of measurement equivalence across countries provides preliminary evidence for the Raine et al.'s three-factor model and of the cross-cultural validity of the SPQ-B scores in adolescent population. Future studies should continue to examine the measurement invariance of the schizotypy and psychosis-risk syndromes across cultures.

PMCID: PMC3861321 [Free PMC Article](#)

PMID: 24349180 [PubMed - in process]

[Related citations](#)



25. J Clin Psychiatry. 2013 Dec 10. [Epub ahead of print]

# **[Latent class analysis of personality disorders in adults with posttraumatic stress disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions.](#)**

[Tsai J](#), [Harpaz-Rotem I](#), [Pilver CE](#), [Wolf EJ](#), [Hoff RA](#), [Levy KN](#), [Sareen J](#), [Pietrzak RH](#).

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Jack.Tsai@yale.edu.

## **Abstract**

### **OBJECTIVE:**

To characterize predominant typologies of co-occurring personality disorders among adults with posttraumatic stress disorder (PTSD) and examine their relation to Axis I comorbidities, health-related quality of life, and course and treatment of PTSD.

### **METHOD:**

Latent class analysis was conducted on the 10 DSM-IV personality disorders in a nationally representative sample of 2,463 adults with a lifetime diagnosis of PTSD from Wave 2 (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions.

### **RESULTS:**

Three latent classes of personality disorders were identified: a borderline-dysregulated class (11.4%), an obsessive-paranoid class (13.1%), and a no/low personality disorders class (75.5%). The borderline-dysregulated and obsessive-paranoid classes were more likely than the no/low personality disorder class to have a broad range of comorbid Axis I diagnoses and to have ever attempted suicide (ORs = 1.50-8.01), and they reported lower mental health-related quality of life. The borderline-dysregulated class was less likely than the no/low personality disorder class to have experienced remission of their most recent episode of PTSD (OR = 0.54; 95% CI, 0.38-0.75) and was more likely to have been prescribed medication for PTSD (OR = 1.65; 95% CI, 1.20-2.28) and to have used alcohol and drugs to mitigate their PTSD symptoms (OR = 2.77; 95% CI, 1.62-4.74). The obsessive-paranoid class was more likely than the no/low personality disorders class to report sexual assault as their worst trauma (OR = 2.22; 95% CI, 1.36-3.61) and had an earlier age at onset of PTSD symptoms compared to the other 2 classes.

### **CONCLUSIONS:**

Among US adults with PTSD, the 10 DSM-IV personality disorders can be classified into 3 "person-based" typologies, which are differentially associated with comorbid Axis I disorders, mental health-related quality of life, and clinical and treatment characteristics of this disorder. These results suggest that comprehensive assessment of personality disorders may help inform etiologic models and treatment approaches for PTSD.

PMID: 24345427 [PubMed - as supplied by publisher]

[Related citations](#)



26. J Cogn Neurosci. 2013 Dec 17. [Epub ahead of print]

## [Interpersonal Competence in Young Adulthood and Right Laterality in White Matter.](#)

[De Pisapia N](#), [Serra M](#), [Rigo P](#), [Jager J](#), [Papinutto N](#), [Esposito G](#), [Venuti P](#), [Bornstein MH](#).

Author information:

- University of Trento.

### **Abstract**

The right hemisphere of the human brain is known to be involved in processes underlying emotion and social cognition. Clinical neuropsychology investigations and brain lesion studies have linked a number of personality and social disorders to abnormal white matter (WM) integrity in the right hemisphere. Here, we tested the hypothesis that interpersonal competencies are associated with integrity of WM tracts in the right hemisphere of healthy young adults. Thirty-one participants underwent diffusion tensor imaging scanning. Fractional anisotropy was used to quantify water diffusion. After the scanning session, participants completed the Adolescent Interpersonal Competence Questionnaire. Fractional anisotropy was subsequently correlated with Adolescent Interpersonal Competence Questionnaire scores using tract-based spatial statistics. Higher interpersonal competencies are related to higher WM integrity in several major tracts of the right hemisphere, in specific the uncinate fasciculus, the cingulum, the forceps minor, the infero-fronto occipital fasciculus, the inferior longitudinal fasciculus, and the superior longitudinal fasciculus. These results provide the first direct analysis of the neuroanatomical basis of interpersonal competencies and young adult self-reported skills in social contexts.

PMID: 24345175 [PubMed - as supplied by publisher]

[Related citations](#)



27. J Pers Disord. 2013 Dec 17. [Epub ahead of print]

# Association Between Genetic Polymorphisms in the Serotonergic System and Comorbid Personality Disorders Among Patients With First-Episode Depression.

[Bukh JD](#), [Bock C](#), [Kessing LV](#).

## **Abstract**

Studies on the association between genetic polymorphisms and personality disorders have provided inconsistent results. Using the "enriched sample method," the authors of the present study aimed to assess the association between polymorphisms in the serotonergic transmitter system and comorbid personality disorders in patients recently diagnosed with first-episode depression. A total of 290 participants were systematically recruited via the Danish Psychiatric Central Research Register. Diagnoses of personality disorders were assessed by a SCID-II interview, and polymorphisms in the genes encoding the serotonin transporter, serotonin receptors 1A, 2A, 2C, and tryptophan hydroxylase 1 were genotyped. The authors found a significant effect of the length polymorphism in the serotonin transporter gene (5-HTTLPR) on cluster B personality disorder (mainly borderline disorder), but no influence on cluster C personality disorder, and no associations between other polymorphisms and personality disorders. The study adds evidence to the effect of the serotonin transporter gene specifically on cluster B personality disorders.

PMID: 24344840 [PubMed - as supplied by publisher]

[Related citations](#)



28. Behav Genet. 2013 Dec 17. [Epub ahead of print]

# The Role of Constraint in the Development of Nicotine, Marijuana, and Alcohol Dependence in Young Adulthood.

[Vrieze SI](#), [Vaidyanathan U](#), [Hicks BM](#), [Iacono WG](#), [McGue M](#).

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## **Abstract**

The personality-related construct of behavioral disinhibition is hypothesized to confer a generalized risk for alcohol and drug dependence. On average, rates of substance use and scores on measures of disinhibition peak in adolescence and decline as people mature into adulthood. The present study investigated this developmental change by evaluating the relationship between disinhibition and substance use disorders using a longitudinal study of 2,608 twins assessed at ages 17, 24, and 29. These ages include the period of highest risk for substance use disorders (ages 17-24) as well as when substance dependence symptoms typically decline (ages 24-29). Disinhibition was measured with the Multidimensional Personality Questionnaire higher-order scale of Constraint, as well as its constituent facet scales of Harm Avoidance, Control, and Traditionalism. Constraint's relationship with substance dependence was statistically significant but small and largely genetic, with the genetic relationship declining from adolescence into adulthood. However, this result appeared to be almost entirely driven by Traditionalism, a propensity to hold traditional moral and social values, and not an obvious component of behavioral disinhibition. The results suggest that personality measures of Control and Harm Avoidance play only a small role in the development of substance dependence during late adolescence, and previous findings linking personality measures of disinhibition and substance use may be driven significantly by social and moral values than deficits in impulse control.

PMID: 24343204 [PubMed - as supplied by publisher]

[Related citations](#)



29. Personal Disord. 2013 Dec 16. [Epub ahead of print]

# **The Relationship Between Emotion Regulation Difficulties and Psychopathic Personality Characteristics.**

[Donahue JJ](#), [McClure KS](#), [Moon SM](#).

## **Abstract**

The factors of psychopathy assessment tools diverge in their relationships with numerous problematic behaviors and psychological disorders. Emotion dysregulation is a pathological process argued to cut across diagnoses, and may be important in better understanding these divergent associations. This study sought to clarify psychopathy's association with emotion regulation difficulties. It was predicted that the Fearless Dominance and Self-Centered Impulsivity factors of the Psychopathic Personality Inventory-Revised would demonstrate differential relationships with a multidimensional conceptualization of emotion regulation difficulties. Ninety-one male undergraduate students and 28 male court-mandated anger management participants completed self-report questionnaires measuring emotion regulation difficulties and psychopathic personality characteristics. Hierarchical regression analyses indicated that emotion regulation difficulties were negatively associated with Fearless Dominance psychopathic traits, but positively associated with Self-Centered Impulsivity and global psychopathic traits. In addition, emotion regulation difficulties explained incremental variance in psychopathic traits over and above negative affect alone. These findings may have clinical implications for the etiology and treatment of psychopathic personality disorder. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24341861 [PubMed - as supplied by publisher]

[Related citations](#)

30. Eur Eat Disord Rev. 2014 Jan;22(1):25-31. doi: 10.1002/erv.2267. Epub 2013 Nov 12.

## **Loss of Control over Eating: A Description of the Eating Disorder/Obesity Spectrum in Women.**

[Villarejo C](#), [Jiménez-Murcia S](#), [Alvarez-Moya E](#), [Granero R](#), [Penelo E](#), [Treasure J](#), [Vilarrasa N](#), [Gil-Montserrat de Bernabé M](#), [Casanueva FE](#), [Tinahones FJ](#), [Fernández-Real JM](#), [Frühbeck G](#), [de la Torre R](#), [Botella C](#), [Agüera Z](#), [Menchón JM](#), [Fernández-Aranda F](#).

Author information:

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### **Abstract**

#### **GOALS:**

This study aimed to analyse the association, commonalities and differences between obesity and eating disorders (ED).

#### **METHOD:**

A total of 150 female patients [50 obese with bulimia nervosa (OB + BN), 50 obese with binge eating disorders (OB + BED), 50 obese without eating disorders (OB)] and 50 female healthy-eating/weight control (CG) volunteers participated in this study.

#### **ASSESSMENT:**

All participants were assessed by the Eating Disorders Inventory-2 (EDI-2), the Symptom Checklist-Revised (SCL-90-R) and the Temperament and Character Inventory-Revised.

#### **RESULTS:**

In general, all the groups differed significantly and showed linear trends (OB + BN > OB + BED > OB > CG) on general and eating psychopathology (SCL-90-R and EDI-2). Regarding personality traits, statistically significant differences across all four groups were found on Harm Avoidance and Self-Directedness. Whereas some symptoms were shared in extreme weight conditions, others were specifically related to ED.

#### **CONCLUSIONS:**

The presence of binge and purge symptomatology in obese patients is clinically relevant. These findings help to understand the relationship between Obesity and ED. Copyright © 2013 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 24338827 [PubMed - in process]

[Related citations](#)



31. Int J Neuropsychopharmacol. 2013 Dec 16:1-12. [Epub ahead of print]

## **Interaction of the neuropeptide S receptor gene Asn107Ile variant and environment: contribution to affective and anxiety disorders, and suicidal behaviour.**

[Laas K<sup>1</sup>](#), [Reif A<sup>2</sup>](#), [Akkermann K<sup>1</sup>](#), [Kiive E<sup>1</sup>](#), [Domschke K<sup>2</sup>](#), [Lesch KP<sup>2</sup>](#), [Veidebaum T<sup>3</sup>](#), [Harro J<sup>1</sup>](#).

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- <sup>2</sup>Department of Psychiatry, Psychosomatics and Psychotherapy, University of Würzburg, Germany.
- <sup>3</sup>National Institute for Health Development, Estonian Centre of Behavioural and Health Sciences, Tallinn, Estonia.

## Abstract

Neuropeptide S is involved in anxiety and arousal modulation, and the functional polymorphism Asn107Ile (rs324981, A > T) of the neuropeptide S receptor gene (NPSR1) is associated with panic disorder and anxiety/fear-related traits. NPSR1 also interacts with the environment in shaping personality and impulsivity. We therefore examined whether the NPSR1 A/T polymorphism is associated with affective and anxiety disorders in a population-representative sample. Lifetime psychiatric disorders were assessed by MINI interview (n = 501) in the older cohort of the longitudinal Estonian Children Personality, Behaviour and Health Study (ECPBHS). Anxiety (STAI), self-esteem (RSES), depression (MÅDRS), suicide attempts and environmental factors were self-reported in both the younger (original n = 583) and the older cohort (original n = 593). Most of the NPSR1 effects were sex-specific and depended on environmental factors. Females with the functionally least active NPSR1 AA genotype and exposed to environmental adversity had affective/anxiety disorders more frequently; they also exhibited higher anxiety and depressiveness, and lower self-esteem. Female AA homozygotes also reported suicidal behaviour more frequently, and this was further accentuated by adverse family environment. In the general population, the NPSR1 A/T polymorphism together with environmental factors is associated with anxious, depressive and activity-related traits, increased prevalence of affective/anxiety disorders and a higher likelihood of suicidal behaviour.

PMID: 24331455 [PubMed - as supplied by publisher]

[Related citations](#)



32. Annu Rev Clin Psychol. 2013 Dec 9. [Epub ahead of print]

## [The Role of the DSM-5 Personality Trait Model in Moving Toward a Quantitative and Empirically Based Approach to Classifying Personality and Psychopathology.](#)

[Krueger RF](#), [Markon KE](#).

Author information:

- Department of Psychology, University of Minnesota, Minneapolis, MN 55455; email: krueg038@umn.edu.

## **Abstract**

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) represents a watershed moment in the history of official psychopathology classification systems because it is the first DSM to feature an empirically based model of maladaptive personality traits. Attributes of patients with personality disorders were discussed by the DSM-5 Personality and Personality Disorders Work Group and then operationalized and refined in the course of an empirical project that eventuated in the construction of the Personality Inventory for DSM-5 (PID-5). We review research to date on the DSM-5 trait model, with a primary aim of discussing how this kind of research could serve to better tether the DSM to data as it continues to evolve. For example, studies to date suggest that the DSM-5 trait model provides reasonable coverage of personality pathology but also suggest areas for continued refinement. This kind of research provides a way of evolving psychopathology classification on the basis of research evidence as opposed to clinical authority. Expected final online publication date for the Annual Review of Clinical Psychology Volume 10 is March 20, 2014. Please see <http://www.annualreviews.org/catalog/pubdates.aspx> for revised estimates. PMID: 24329179 [PubMed - as supplied by publisher]

[Related citations](#)



33. Int J Soc Psychiatry. 2013 Dec 9. [Epub ahead of print]

## **The recognition of the personality disorders among young people.**

[Furnham A](#), [Bates S](#), [Ladha R](#), [Lee ZY](#), [Lousley C](#), [Sigl-Gloecker J](#).

Author information:

- Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.

## **Abstract**

**BACKGROUND:**

Previous research suggests that mental health literacy regarding the personality disorders is low, with few disorders being recognised.

### **AIMS:**

The current study aimed to examine the effect of a background in psychology as a predictor of knowledge of the personality disorders.

### **METHODS:**

An opportunistic sample of 165 participants (mean age = 30.12 years, standard deviation (SD) = 15.27 years) took part in the study. Participants were instructed to read 10 personality disorder vignettes and other 'filler' items and rate each person in terms of how happy, successful at work and good at personal relationships they are, as well as whether they have a psychological problem.

### **RESULTS: RESULT:**

s showed, as predicted, that those with a background in psychology were more accurate at labelling disorders. In addition, laypeople's mental health literacy was good for identifying the presence of personality disorders, but was considerably poorer when naming them.

### **CONCLUSION:**

Recognising that people may have a disorder and having a 'correct' or recognised label are not the same thing.

PMID: 24327186 [PubMed - as supplied by publisher]

[Related citations](#)



34. Am J Psychiatry. 2013 Dec 10. doi: 10.1176/appi.ajp.2013.12040518. [Epub ahead of print]

## **Results of a Multicenter Randomized Controlled Trial of the Clinical Effectiveness of Schema Therapy for Personality Disorders.**

[Bamelis LL](#), [Evers SM](#), [Spinhoven P](#), [Arntz A](#).

**Abstract**

**OBJECTIVE** The authors compared the effectiveness of 50 sessions of schema therapy with clarification-oriented psychotherapy and with treatment as usual among patients with cluster C, paranoid, histrionic, or narcissistic personality disorder. **METHOD** A multicenter randomized controlled trial, with a single-blind parallel design, was conducted between 2006 and 2011 in 12 Dutch mental health institutes. A total of 323 patients with personality disorders were randomly assigned (schema therapy, N=147; treatment as usual, N=135; clarification-oriented psychotherapy, N=41). There were two cohorts of schema therapy therapists, with the first trained primarily with lectures and the second primarily with exercises. The primary outcome was recovery from personality disorder 3 years after treatment started (assessed by blinded interviewers). Secondary outcomes were dropout rates and measures of personality disorder traits, depressive and anxiety disorders, general psychological complaints, general and social functioning, self-ideal discrepancy, and quality of life. **RESULTS** A significantly greater proportion of patients recovered in schema therapy compared with treatment as usual and clarification-oriented psychotherapy. Second-cohort schema therapists had better results than first-cohort therapists. Clarification-oriented psychotherapy and treatment as usual did not differ. Findings did not vary with specific personality disorder diagnosis. Dropout was lower in the schema therapy and clarification-oriented psychotherapy conditions. All treatments showed improvements on secondary outcomes. Schema therapy patients had less depressive disorder and higher general and social functioning at follow-up. While interview-based measures demonstrated significant differences between treatments, differences were not found with self-report measures. **CONCLUSIONS** Schema therapy was superior to treatment as usual on recovery, other interview-based outcomes, and dropout. Exercise-based schema therapy training was superior to lecture-based training.

PMID: 24322378 [PubMed - as supplied by publisher]

[Related citations](#)



35. Nord J Psychiatry. 2013 Dec 9. [Epub ahead of print]

## **Cluster A personality pathology in social anxiety disorder: A comparison with panic disorder.**

[O'Toole MS](#), [Arendt M](#), [Fentz HN](#), [Hougaard E](#), [Rosenberg NK](#) .

Author information:

- Mia Skytte O'Toole, Department of Psychology and Behavioural Sciences, School of Business and Social Sciences, Aarhus University, Aarhus, and Clinic for Anxiety Disorders, Aarhus University Hospital , Risskov , Denmark.

## Abstract

Background: Social anxiety disorder (SAD) has been associated with cluster A personality disorder (PD) traits, mainly paranoid and schizoid traits. Aim: The aim of the study was to further investigate cluster A personality pathology in patients with SAD. Methods: Self-reported PD traits were investigated in a clinical sample of 161 participants with SAD and in a clinical comparison group of 145 participants with panic disorder with or without agoraphobia (PAD). Results: A diagnosis of SAD was associated with more paranoid and schizotypal PD traits, and an association between depression and personality pathology could indicate a state-effect of depression on PD traits. Conclusions: Patients with SAD had more cluster A personality pathology than patients with PAD, with the most solid indication for paranoid personality pathology.

PMID: 24320019 [PubMed - as supplied by publisher]

[Related citations](#)



36. J Psychiatry Neurosci. 2013 Dec 10;38(6):130070. doi: 10.1503/jpn.130070. [Epub ahead of print]

## [Smaller stress-sensitive hippocampal subfields in women with borderline personality disorder without posttraumatic stress disorder.](#)

[Bøen E](#), [Westlye LT](#), [Elvsåshagen T](#), [Hummelen B](#), [Hol PK](#), [Boye B](#), [Andersson S](#), [Karterud S](#), [Malt UF](#).

Author information:

- Department of Psychosomatic Medicine, Oslo University Hospital, Oslo; Norwegian Research Network On Mood Disorders, Oslo; and Faculty of Medicine, Institute of Clinical Medicine, University of Oslo, Oslo, Norway.

## Abstract

### BACKGROUND:

Animal and human studies have suggested that hippocampal subfields are differentially vulnerable to stress, but subfield volume has not been investigated in patients with borderline personality disorder (BPD). Based on the putative role of stressful life events as vulnerability

factors for BPD, we hypothesized that patients with BPD would exhibit reduced volumes for the stress-sensitive dentate gyrus (DG) and the cornu ammonis (CA) 3 subfields volumes, and that these volumes would be associated with traumatic childhood experiences.

## **METHODS:**

All participants underwent 3 T magnetic resonance imaging. Hippocampal subfield volumes were estimated using an automated and validated segmentation algorithm implemented in FreeSurfer. Age and total subcortical grey matter volume were covariates. We assessed traumatic childhood experiences using the Childhood Trauma Questionnaire (CTQ).

## **RESULTS:**

A total of 18 women with BPD and 21 healthy control women were included in the study. Only 1 patient had comorbid posttraumatic stress disorder (PTSD). The volumes of the left ( $p = 0.005$ ) and right ( $p = 0.011$ ) DG-CA4 and left ( $p = 0.007$ ) and right ( $p = 0.005$ ) CA2-3 subfields were significantly reduced in patients compared with controls. We also found significant group differences for the left ( $p = 0.032$ ) and right ( $p = 0.028$ ) CA1, but not for other hippocampal subfields. No associations were found between CTQ scores and subfield volumes.

## **Limitations:**

The self-reported CTQ might be inferior to more comprehensive assessments of traumatic experiences. The sample size was moderate.

## **Conclusion:**

The volumes of stress-sensitive hippocampal subfields are reduced in women with BPD without PTSD. However, the degree to which childhood trauma is responsible for these changes is unclear.

## **Free Article**

PMID: 24309162 [PubMed - as supplied by publisher]

[Related citations](#)



# Increased psychiatric morbidity in men with congenital adrenal hyperplasia due to 21-hydroxylase deficiency.

[Falhammar H](#), [Butwicka A](#), [Landén M](#), [Lichtenstein P](#), [Nordenskjöld A](#), [Nordenström A](#), [Frisén L](#).

Author information:

- 1Department of Endocrinology, Metabolism and Diabetes, Karolinska University Hospital, Stockholm, Sweden.

## **Abstract**

Context: Reports on psychiatric morbidity in males with congenital adrenal hyperplasia (CAH) are lacking. Objective: To study psychiatric disorders in CAH males. Design, Setting and Participants: We studied males with CAH (21-hydroxylase deficiency, n=253; CYP21A2 mutations known, n=185), and compared them with controls (n=25300). Data were derived through linkage of national population-based registers. We assessed the subgroups of CYP21A2 genotype separately (null, I2splice, I172N, P30L and NC), as well as outcomes before and after the introduction of national neonatal screening in 1986. Main Outcome Measures: Psychiatric disorders including attempted and completed suicide (suicidality). Results: Psychiatric disorders (suicidality not included), suicidality and alcohol misuse were increased in CAH males compared with controls (OR 1.5, 2.3, and 1.9; 95%CI 1.1-2.2, 1.1-5.0, and 1.0-3.5). In the null genotype group, no increased rates were seen; in the I2splice group, psychiatric disorders, personality disorders and alcohol misuse were increased; in the I172N group suicide attempt and drug misuse were increased; and in the P30L and NC group psychotic disorders were increased. In CAH males born before the neonatal screening, the rate of psychiatric disorders and suicidality were increased, but only psychotic disorders in those born after. There was no increased risk for any neurodevelopmental disorder. Conclusions: CAH males have an increased psychiatric morbidity. Psychiatric morbidity was not raised in the most severe genotype group. Late diagnosis of CAH may explain some of the findings. Those born before the introduction of neonatal screening were more affected, which may be explained by the higher age. PMID: 24302749 [PubMed - as supplied by publisher]

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1. Appetite. 2014 Jan 27. pii: S0195-6663(14)00020-8. doi: 10.1016/j.appet.2014.01.012. [Epub ahead of print]

## [Relationship between eating styles and temperament in an Anorexia Nervosa, Healthy Control, and Morbid Obesity female sample.](#)

[Baños RM](#)<sup>1</sup>, [Cebolla A](#)<sup>2</sup>, [Moragrega I](#)<sup>2</sup>, [Strien TV](#)<sup>3</sup>, [Fernández-Aranda F](#)<sup>4</sup>, [Agüera Z](#)<sup>5</sup>, [Torre RD](#)<sup>6</sup>, [Casanueva FF](#)<sup>7</sup>, [Fernández-Real JM](#)<sup>8</sup>, [Fernández-García JC](#)<sup>9</sup>, [Frühbeck G](#)<sup>10</sup>, [Ambrosi JG](#)<sup>10</sup>, [Jiménez-Murcia S](#)<sup>4</sup>, [Rodríguez R](#)<sup>8</sup>, [Tinahones FJ](#)<sup>9</sup>, [Botella C](#)<sup>2</sup>.

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## **Abstract**

### **OBJECTIVES:**

Eating styles have been studied in both obesity (OB) and eating disorders (ED), but they have not been examined in these two weight conditions together. The present study explores differences in eating styles in an Anorexia Nervosa (AN) and OB sample, compared to healthy controls (HC), and it analyses their relationship with Body Mass Index (BMI) and personality traits.

### **METHOD:**

The total sample consisted of 291 female participants (66 AN, 79 OB and 146 HC).

## EVALUATION:

Assessment measures included the Dutch Eating Behaviour Questionnaire -DEBQ- and the Temperament and Character Inventory-revised -TCI-R-.

## RESULTS:

The MANCOVA test showed significant differences among the three groups for all eating styles, with emotional eating being more typical in the OB group and restrained eating more typical in the AN group. Partial correlation analyses showed relationships between emotional and external eating and BMI, as well as relationships with different temperament and character traits. The stepwise discriminant function analysis showed that the DEBQ correctly classified 65.6% of the sample into the three weight categories; when combined with the TCI-R, correct classification increased to 72.6%.

## CONCLUSIONS:

Weight conditions showed different eating behaviour patterns. Temperament and character traits were related to eating behaviours. DEBQ and TCI-R were able to discriminate between groups. Differences in eating styles in the weight groups can have implications for understanding the development and maintenance of OB and ED.

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PMID: 24480670 [PubMed - as supplied by publisher]

2. Compr Psychiatry. 2014 Jan 3. pii: S0010-440X(13)00386-6. doi: 10.1016/j.comppsy.2013.12.020. [Epub ahead of print]

## Self-disgust in mental disorders - symptom-related or disorder-specific?

[Ille R](#)<sup>1</sup>, [Schöggel H](#)<sup>2</sup>, [Kapfhammer HP](#)<sup>2</sup>, [Arendasy M](#)<sup>3</sup>, [Sommer M](#)<sup>3</sup>, [Schienle A](#)<sup>3</sup>.

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## Abstract

## **BACKGROUND:**

Dysfunctional disgust experiences occur in a variety of mental disorders. Previous research focused on disgust proneness directed towards stimuli in the external environment. However, self-disgust, the devaluation of one's own physical appearance and personality (personal disgust) as well as one's own behavior (behavioral disgust) has hardly been investigated thus far, although it may play a crucial role in specific psychopathologies.

## **METHODS:**

We investigated 112 patients diagnosed with different mental disorders (major depression, schizophrenia, borderline personality disorder (BPD), eating disorders, and spider phobia) and 112 matched mentally healthy individuals. Participants answered the Questionnaire for the Assessment of Self-Disgust (QASD) with two subscales 'personal disgust' and 'behavioral disgust', and the Brief Symptom Inventory (BSI) that provides an overview of patients' psychological problems and their intensity.

## **RESULTS:**

Compared to healthy controls self-disgust was elevated in mental disorders. Personal disgust was more pronounced than behavioral disgust in patients, whereas there was no difference in controls. Patients with BPD and eating disorders reported the highest scores on both subscales. Findings also suggest that self-disgust is related to specific psychological problems. In mental disorders psychoticism and hostility were the best predictors for personal disgust, while anxiety and interpersonal sensitivity predicted behavioral disgust. Additionally, we found disorder-specific predictors for personal disgust (e.g., hostility in schizophrenia). Finally, traumatic events during childhood constitute a risk factor for self-disgust.

## **CONCLUSIONS:**

The current study provides first evidence for the differential meaning of self-disgust for specific mental disorders and symptoms.

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PMID: 24480418 [PubMed - as supplied by publisher]

3. Clin Interv Aging. 2014 Jan 13;8:157-64. doi: 10.2147/CIA.S56246. eCollection 2013.

# **Personality traits influencing somatization symptoms and social inhibition in the elderly.**

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## **Abstract**

### **PURPOSE:**

Somatization is a common symptom among the elderly, and even though personality disorders have been found to be associated with somatization, personality traits have not yet been explored with regard to this symptom. The aim of this study is to investigate the relationship between personality traits and somatization, and social inhibition.

### **PATIENTS AND METHODS:**

As part of a cross-sectional study of a community sample, 126 elderly Thais aged 60 years or over completed self-reporting questionnaires related to somatization and personality traits. Somatization was elicited from the somatization subscale when using the Symptom Checklist SCL-90 instrument. Personality traits were drawn from the 16 Personality Factor Questionnaire and social inhibition was identified when using the inventory of interpersonal problems. In addition, path analysis was used to establish the influence of personality traits on somatization and social inhibition.

### **RESULTS:**

Of the 126 participants, 51% were male, 55% were married, and 25% were retired. The average number of years in education was 7.6 (standard deviation =5.2). "Emotional stability" and "dominance" were found to have a direct effect on somatization, as were age and number of years in education, but not sex. Also, 35% of the total variance could be explained by the model, with excellent fit statistics. Dominance was found to have an indirect effect, via vigilance, on social inhibition, which was also influenced by number of years in education and emotional stability. Social inhibition was not found to have any effect on somatization, although hypothetically it should.

### **CONCLUSION:**

"Emotional stability", "dominance", and "vigilance", as well as age and the number of years in education, were found to have an effect on somatization. Attention should be paid to these factors in the elderly with somatization.

PMID: 24477217 [PubMed - in process]

[Related citations](#)

# Unmet needs in the management of schizophrenia.

[Torres-González F<sup>1</sup>](#), [Ibanez-Casas I<sup>1</sup>](#), [Saldivia S<sup>2</sup>](#), [Ballester D<sup>3</sup>](#), [Grandón P<sup>4</sup>](#), [Moreno-Küstner B<sup>5</sup>](#), [Xavier M<sup>6</sup>](#), [Gómez-Beneyto M<sup>7</sup>](#).

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## **Abstract**

Studies on unmet needs during the last decades have played a significant role in the development and dissemination of evidence-based community practices for persistent schizophrenia and other severe mental disorders. This review has thoroughly considered several blocks of unmet needs, which are frequently related to schizophrenic disorders. Those related to health have been the first block to be considered, in which authors have examined the frequent complications and comorbidities found in schizophrenia, such as substance abuse and dual diagnosis. A second block has been devoted to psychosocial and economic needs, especially within the field of recovery of the persistently mentally ill. Within this block, the effects of the current economic difficulties shown in recent literature have been considered as well. Because no patient is static, a third block has reviewed evolving needs according to the clinical staging model. The fourth block has been dedicated to integrated evidence-based interventions to improve the quality of life of persons with schizophrenia. Consideration of community care for those reluctant to maintain contact with mental health services has constituted the fifth block. Finally, authors have aggregated their own reflections regarding future trends. The number of psychosocial unmet needs is extensive. Vast research efforts will be needed to find appropriate ways to meet them, particularly regarding so-called existential needs, but many needs could be met only by applying existing evidence-based interventions.

Reinforcing research on the implementation strategies and capacity building of professionals working in community settings might address this problem. The final aim should be based on the collaborative model of care, which rests on the performance of a case manager responsible for monitoring patient progress, providing assertive follow-up, teaching self-help strategies, and facilitating communication among the patient, family doctor, mental health specialist, and other specialists.

PMID: 24476630 [PubMed - as supplied by publisher]

[Related citations](#)

5. Nord J Psychiatry. 2014 Jan 29. [Epub ahead of print]

## **Fewer re-admissions and bed days following an intensive transitional post-discharge aftercare programme for a mixed diagnostic group of patients.**

[Nilsson M](#), [Mir S](#), [Larsen JK](#), [Arnfred S](#).

Author information:

- Maria Nilsson, M.D., Research Assistant, Research Unit, Psychiatric Centre Ballerup , Ballerup , Denmark.

### **Abstract**

Background: The organization of aftercare is important for a successful outcome; still the optimal organization has not been fully explored. An intensive transitional post-discharge aftercare (TA) programme, for a mixed group of non-psychotic patients, was recently developed. Patients with non-psychotic diagnoses are often discharged with low well-being while still symptomatic, placing high demands on aftercare. Aims: To evaluate retrospectively the short and long-term mental healthcare service use during and after the TA programme compared with the service use of a retrospective comparison group (RC), receiving less intensive outpatient aftercare. Methods: Number of re-admissions, bed days and emergency visits after 10 weeks, 6 months and 1 year was retrospectively collected from electronic patient registers. Descriptive statistics, independent samples T-tests and repeated-measures analysis of variance was used to compare the groups. Results: The majority of patients in both groups suffered from affective disorders, followed by personality disorders and a small number of other psychiatric diagnoses. Service use in the TA group was lower than in the RC group with fewer bed days after 10 weeks ( $P = 0.01$ ) and after 6 months ( $P = 0.003$ ), and fewer re-admissions after 6-12 months ( $P = 0.04$ ). Emergency contacts did not differ significantly between the two groups at any point. Conclusions: The present study indicates

beneficial effects of intensive TA, for a mixed group of non-psychotic patients. The lower service use in the TA programme group is in line with day treatment programme research for patients with affective disorders.

PMID: 24476588 [PubMed - as supplied by publisher]

[Related citations](#)

6. PLoS One. 2014 Jan 24;9(1):e85928. doi: 10.1371/journal.pone.0085928. eCollection 2014.

## **The real world mental health needs of heart failure patients are not reflected by the depression randomized controlled trial evidence.**

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### **Abstract**

#### **INTRODUCTION:**

International depression screening guidelines in heart failure (HF) are partly based on depression treatment efficacy from randomized controlled trials (RCTs). Our aim was to test the external validity of depression RCT criteria in a sample of real-world HF patients.

#### **METHODS:**

HF patients admitted to 3 hospitals in South Australia were referred to a HF psychologist if not already receiving current psychiatric management by psychologist or psychiatrist elsewhere. Screening and referral protocol consisted of the following; (a). Patient Health Questionnaire  $\geq 10$ ; (b). Generalized Anxiety Disorder Questionnaire  $\geq 7$ ); (c). positive response to 1 item panic attack screener; (d). evidence of suicidality. Patients were evaluated against the most common RCT exclusion criteria personality disorder, high suicide risk, cognitive impairment, psychosis, alcohol or substance abuse or dependency, bi-polar depression.

## RESULTS:

Total 81 HF patients were referred from 404 HF admissions, and 73 were assessed (age  $60.6 \pm 13.4$ , 47.9% female). Nearly half (47%) met at least 1 RCT exclusion criterion, most commonly personality disorder (28.5%), alcohol/substance abuse (17.8%) and high suicide risk (11.0%). RCT ineligibility criteria was more frequent among patients with major depression (76.5% vs. 46.2%,  $p < .01$ ) and dysthymia (26.5% vs. 7.7%,  $p = .03$ ) but not significantly associated with anxiety disorders. RCT ineligible patients reported greater severity of depression ( $M = 16.6 \pm 5.0$  vs.  $M = 12.9 \pm 7.2$ ,  $p = .02$ ) and were higher consumers of HF psychotherapy services ( $M = 11.5 \pm 4.7$  vs.  $M = 8.5 \pm 4.8$ ,  $p = .01$ ).

## CONCLUSION:

In this real-world sample comparable in size to recent RCT intervention arms, patients with depression disorders presented with complex psychiatric needs including comorbid personality disorders, alcohol/substance use and suicide risk. These findings suggest external validity of depression screening and RCTs could serve as a basis for level A guideline recommendations in cardiovascular diseases.

### Free Article

PMID: 24475060 [PubMed - in process]

[Related citations](#)



7. Int J Clin Pract. 2014 Jan 28. doi: 10.1111/ijcp.12327. [Epub ahead of print]

## [Violence and duration of untreated psychosis in first-episode patients.](#)

[Látalová K.](#)

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## **Abstract**

### **BACKGROUND:**

Violent behaviour can be a presenting sign of first-episode psychosis. Duration of untreated psychosis (DUP) has been a focus of attention because it is a potentially modifiable factor that may influence outcome.

### **AIMS:**

The aim was to review the literature addressing the following issues: prevalence of violence or aggression in the first episode of psychosis, violence or aggression during the periods before and after the initiation of treatment, the DUP and relation between DUP and the level of violence or aggression in first-episode psychosis.

### **METHODS:**

MEDLINE and PubMed databases were searched for articles using the combination of key words 'aggression' (limited to humans) and 'first episode' and 'psychosis'.

### **RESULTS:**

Available evidence suggests that the prevalence of violent behaviour in the first episode of psychosis, particularly schizophrenia, is greater than during the later stages of the illness. First-episode psychosis is associated with an increased risk of homicide. There is some limited support for an effect of DUP length on serious violence or aggression. Violent behaviour frequently develops before the onset of first episode. Substance use disorders are additional factors that elevate the risk for violence in these patients.

### **CONCLUSIONS:**

Earlier treatment of first episode psychosis might prevent some homicides. Personality factors and substance abuse may be more important than psychotic symptoms in the development of aggressive behaviour in patients with first-episode psychosis.

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PMID: 24471741 [PubMed - as supplied by publisher]

[Related citations](#)



8. Annu Rev Clin Psychol. 2014 Jan 20. [Epub ahead of print]

# [Antecedents of Personality Disorder in Childhood and Adolescence: Toward an Integrative Developmental Model.](#)

[De Fruyt F](#), [De Clercq B](#).

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## **Abstract**

Antecedents of personality disorder in childhood and adolescence have been a neglected area in official taxonomies of mental disorders such as the International Classification of Diseases or the different editions of the Diagnostic and Statistical Manual of Mental Disorders. An evolving research field, however, underscores the importance of antecedents for understanding psychopathology and personality pathology in adulthood. The current article summarizes the history, updates reviews, and incorporates new research findings into an integrative scheme for conceptualizing personality pathology in childhood and adolescence. Implications of this model for assessment, future research, and intervention are discussed. Expected final online publication date for the Annual Review of Clinical Psychology Volume 10 is March 20, 2014. Please see <http://www.annualreviews.org/catalog/pubdates.aspx> for revised estimates.

PMID: 24471374 [PubMed - as supplied by publisher]

[Related citations](#)



9. J Nerv Ment Dis. 2014 Feb;202(2):172-6. doi: 10.1097/NMD.0000000000000088.

# [Personality disorder cognitions in the eating disorders.](#)

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## Abstract

Patients with eating disorder have relatively high rates of comorbid personality disorder diagnoses, including both anxiety-based personality disorders (obsessive-compulsive and avoidant) and borderline personality disorder. However, there is preliminary evidence that the core cognitions underlying personality pathology in the eating disorders are those related specifically to anxiety. This article builds on that evidence, replicating and extending the findings with a large sample of patients with eating disorder (N = 374). There were no differences in personality disorder cognitions between eating disorder diagnoses. This study also examines the possibility that there are clusters of patients, differentiated by patterns of personality disorder cognition. Affect-related personality disorder cognitions were key to understanding the role of personality pathology in the eating disorders. It is suggested that those cognitions should be considered when planning psychological treatments.

PMID: 24469531 [PubMed - in process]

## [Related citations](#)



10. J Nerv Ment Dis. 2014 Feb;202(2):138-43. doi: 10.1097/NMD.0000000000000083.

# [Is the residential combined \(psychotherapy plus medication\) treatment of patients with severe personality disorder effective in terms of suicidality and impulsivity?](#)

[Vaslamatzis G](#), [Theodoropoulos P](#), [Vondikaki S](#), [Karamanolaki H](#), [Miliatsanira M](#), [Gourounti K](#).

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## Abstract

The aim of this study was to compare the effectiveness of combined treatment-medication plus psychodynamic psychotherapy-and psychodynamic psychotherapy alone on the

outcome variables of suicidality and impulsivity in a population of adult inpatients with severe personality disorder (SPD). This is a naturalistic-empirical (observational) study under the conditions of clinical practice (an intensive specialized inpatient psychotherapeutic program [SIPP]). The sample consisted of 33 inpatients with SPD who were allocated to two subgroups (groups A and B). The patients in group A received psychodynamic psychotherapy and adjunctive pharmacotherapy, whereas the patients in group B received multimodal psychodynamic psychotherapy only. A statistically significant reduction in suicidality score was observed in the patients in group A, whereas a tendency for significant reduction in impulsivity score was observed in group B after the SIPP termination. Pharmacotherapy combined with multimodal psychodynamic psychotherapy, always within the SIPP, seems more effective in the case of suicidality rather than impulsivity.

PMID: 24469526 [PubMed - in process]

[Related citations](#)



11. J Nerv Ment Dis. 2014 Feb;202(2):119-25. doi: 10.1097/NMD.0000000000000080.

## **Personality Disorders in Eating Disorder Not Otherwise Specified and Binge Eating Disorder: A Meta-analysis of Comorbidity Studies.**

[Friborg O](#), [Martinussen M](#), [Kaiser S](#), [Overgård KT](#), [Martinsen EW](#), [Schmierer P](#), [Rosenvinge JH](#).

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### **Abstract**

A meta-analysis was conducted to identify the proportion of comorbid personality disorders (PDs) in patients with eating disorder not otherwise specified (EDNOS) and binge eating disorder (BED). A search identified 20 articles in the period of 1987 to 2010. For EDNOS and BED, the comorbid proportions for any PD were 0.38 and 0.29, respectively; for cluster C PDs, 0.38 and 0.30, respectively (avoidant PD, 0.18 and 0.12, and obsessive-compulsive PD, 0.11 and 0.10, respectively); and for cluster B PDs, 0.25 and 0.11, respectively

(borderline, 0.12 and 0.10). This pattern converged with findings on anorexia nervosa and bulimia nervosa, except being lower. Because the comorbidity profiles for EDNOS and BED were highly similar, their underlying PD pathology seems similar. Few moderators were significant, except for interviews yielding lower estimates than that of questionnaires. The variance statistic for any PD comorbidity was wide for EDNOS and narrow for BED, thus partly supporting BED as a distinct eating disorder category and EDNOS as a potentially more severe condition than BED.

PMID: 24469523 [PubMed - in process]

[Related citations](#)



12. J Nerv Ment Dis. 2014 Feb;202(2):111-8. doi: 10.1097/NMD.0000000000000079.

## [Personality dysfunction and complex posttraumatic stress disorder among chronically traumatized bosnian refugees.](#)

[Palić S, Elklit A.](#)

Author information:

- National Centre for Psychotraumatology, Institute of Psychology, University of Southern Denmark, Odense, Denmark.

### **Abstract**

A proposal for the inclusion of complex posttraumatic stress disorder (CPTSD) in the upcoming ICD-11 has been put forward. Using self-report, we investigated the resemblance between disorders of extreme stress not otherwise specified (DESNOS) and both axis I and II syndromes among 116 treatment-seeking Bosnian refugees. In this sample, the prevalence of DESNOS overlapped to a large degree with the prevalence of schizotypal and paranoid personality disorders (PDs). There was, however, also a large prevalence of axis I syndromes in the group. Thus, DESNOS in the refugees can be categorized as an axis I or II disorder depending on the chronicity and the severity of functional impairment. DESNOS and PD-like states were even observed among the refugees with no history of childhood maltreatment. No large differences were observed between DESNOS and PD regarding sex. The symptom constellation of CPTSD in the ICD-11 is partially supported. However, CPTSD might resemble PD to a considerable degree.

PMID: 24469522 [PubMed - in process]

[Related citations](#)

13. Psychol Assess. 2014 Jan 27. [Epub ahead of print]

## **Therapeutic Assessment Promotes Treatment Readiness but Does not Affect Symptom Change in Patients With Personality Disorders: Findings From a Randomized Clinical Trial.**

[De Saeger H](#), [Kamphuis JH](#), [Finn SE](#), [Smith JD](#), [Verheul R](#), [van Busschbach JJ](#), [Feenstra DJ](#), [Horn EK](#).

### **Abstract**

The field of clinical personality assessment is lacking in published empirical evidence regarding its treatment and clinical utility. This article reports on a randomized controlled clinical trial (N = 74) allocating patients awaiting treatment in a specialized clinic for personality disorders to either 4 sessions of (a) therapeutic assessment (TA) or (b) a structured goal-focused pretreatment intervention (GFPTI). In terms of short-term outcome, TA demonstrated superior ability to raise outcome expectancies and patient perceptions of progress toward treatment (Cohen's  $d = 0.65$  and  $0.56$ , respectively) and yielded higher satisfaction ( $d = 0.68$ ). Moreover, patients reported marginally stronger alliance to the TA clinicians than to GFPTI clinicians ( $d = 0.46$ ), even though therapists perceived the alliance as equally positive in both groups. No differences in symptomatic ratings were observed. Results are discussed with reference to treatment utility in this particular patient group. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24467336 [PubMed - as supplied by publisher]

[Related citations](#)

14. Cogn Affect Behav Neurosci. 2014 Jan 24. [Epub ahead of print]

## **Regional gray matter volume is associated with rejection sensitivity: A voxel-based morphometry study.**

[Sun J](#), [Li H](#), [Li W](#), [Wei D](#), [Hitchman G](#), [Zhang Q](#), [Qiu J](#).

Author information:

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## Abstract

Rejection sensitivity (RS) can be defined as the disposition that one tends to anxiously expect, readily perceive, and intensely react to rejection. High-RS individuals are more likely to suffer mental disorders. Previous studies have investigated brain activity during social rejection using different kinds of rejection paradigms and have provided neural evidence of individual differences in response to rejection cues, but the association between individual differences in RS and brain structure has never been investigated. In this study, voxel-based morphometry (VBM) was used to investigate the relationship between gray matter volume (GMV) and RS in a large healthy sample of 150 men and 188 women. The participants completed the RS Questionnaire and underwent an anatomical magnetic resonance imaging scan. Multiple regression was used to analyze the correlation between regional GMV and RS scores, adjusting for age, sex, and total brain GMV. These results showed that GMV in the region of the posterior cingulate cortex/precuneus was negatively associated with RS, and GMV in the region of the inferior temporal gyrus was positively correlated with RS. These findings suggest a relationship between individual differences in RS and GMV in brain regions that are primarily related to social cognition.

PMID: 24464638 [PubMed - as supplied by publisher]

[Related citations](#)



15. Neurosci Biobehav Rev. 2014 Jan 20. pii: S0149-7634(14)00006-2. doi: 10.1016/j.neubiorev.2014.01.003. [Epub ahead of print]

## [Genetics of borderline personality disorder: Systematic review and proposal of an integrative model.](#)

[Amad A](#)<sup>1</sup>, [Ramos N](#)<sup>2</sup>, [Thomas P](#)<sup>3</sup>, [Jardri R](#)<sup>3</sup>, [Gorwood P](#)<sup>4</sup>.

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## Abstract

Borderline personality disorder (BPD) is one of the most common mental disorders and is characterized by a pervasive pattern of emotional lability, impulsivity, interpersonal difficulties, identity disturbances, and disturbed cognition. Here, we performed a systematic review of the literature concerning the genetics of BPD, including familial and twin studies, association studies, and gene-environment interaction studies. Moreover, meta-analyses were performed when at least two case-control studies testing the same polymorphism were available. For each gene variant, a pooled odds ratio (OR) was calculated using fixed or random effects models. Familial and twin studies largely support the potential role of a genetic vulnerability at the root of BPD, with an estimated heritability of approximately 40%. Moreover, there is evidence for both gene-environment interactions and correlations. However, association studies for BPD are sparse, making it difficult to draw clear conclusions. According to our meta-analysis, no significant associations were found for the serotonin transporter gene, the tryptophan hydroxylase 1 gene, or the serotonin 1B receptor gene. We hypothesize that such a discrepancy (negative association studies but high heritability of the disorder) could be understandable through a paradigm shift, in which "plasticity" genes (rather than "vulnerability" genes) would be involved. Such a framework postulates a balance between positive and negative events, which interact with plasticity genes in the genesis of BPD.

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PMID: 24456942 [PubMed - as supplied by publisher]

[Related citations](#)



16. Eur J Gen Pract. 2014 Jan 23. [Epub ahead of print]

## **Personality and cardiovascular risk: Association between hypertension and affective temperaments-a cross-sectional**

# observational study in primary care settings.

[Eory A](#), [Gonda X](#), [Lang Z](#), [Torzsa P](#), [Kalman J Jr](#), [Kalabay L](#), [Rihmer Z](#).

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## **Abstract**

Background: Affective temperaments can be considered the subclinical manifestations of affective disorders, which have a bidirectional relationship with cardiovascular diseases. Objectives: Aim of this study was to assess the role of affective temperaments in primary hypertension, which is the leading risk factor of cardiovascular morbidity and mortality. Methods: In total, 251 consecutive patients, including 179 patients being treated for primary hypertension with anti-hypertensives, with chronic disorders without diagnosed depression were enrolled in a primary care setting. Patients completed the Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire (TEMPS-A). Lifestyle-related risk factors, chronic diseases including cardiovascular complications were also recorded. Logistic regression analysis was used to determine the relationship of affective temperaments and lifestyle-related risk factors on hypertension. Results: Dominant cyclothymic temperament-with instability and rapid mood swings as main characteristics-had a significant association with hypertension ( $P = 0.006$ ) even after the adjustment of correlation for known risk factors such as age, diabetes mellitus and obesity (OR: 11.88, 95%CI: 1.27-111.17). This association remained significant after controlling for the family wise error rate. The obtained adjusted P value was 0.024 at a 0.05 error rate. Conclusion: Results indicate that dominant cyclothymic affective temperament may be an additional risk factor in cardiovascular morbidity, and it may be worthy of further assessment to identify patients at risk and formulate a more individualized treatment approach.

PMID: 24456347 [PubMed - as supplied by publisher]

[Related citations](#)



17. PLoS One. 2014 Jan 15;9(1):e85038. doi: 10.1371/journal.pone.0085038. eCollection 2014.

# Perceived Impeding Factors for Return-to-Work after Long-Term Sickness Absence

# Due to Major Depressive Disorder: A Concept Mapping Approach.

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- <sup>3</sup>TNO Work & Employment, Hoofddorp, The Netherlands.

## **Abstract**

### **OBJECTIVE:**

The purpose of the present study was to explore various stakeholder perspectives regarding factors that impede return-to-work (RTW) after long-term sickness absence related to major depressive disorder (MDD).

### **METHODS:**

Concept mapping was used to explore employees', supervisors' and occupational physicians' perspectives on these impeding factors.

### **RESULTS:**

Nine perceived themes, grouped in three meta-clusters were found that might impede RTW: Person, (personality / coping problems, symptoms of depression and comorbid (health) problems, employee feels misunderstood, and resuming work too soon), Work (troublesome work situation, too little support at work, and too little guidance at work) and Healthcare (insufficient mental healthcare and insufficient care from occupational physician). All stakeholders regarded personality/coping problems and symptoms of depression as the most important impeding theme. In addition, supervisors emphasized the importance of mental healthcare underestimating the importance of the work environment, while occupational physicians stressed the importance of the lack of safety and support in the work environment.

### **CONCLUSIONS:**

In addition to the reduction of symptoms, more attention is needed on coping with depressive symptoms and personality problems in the work environment support in the work environment and for RTW in mental healthcare, to prevent long term sickness absence.

PMCID: PMC3893138 [Free PMC Article](#)

PMID: 24454786 [PubMed - in process]

[Related citations](#)



18. JAMA Psychiatry. 2014 Jan 22. doi: 10.1001/jamapsychiatry.2013.4081. [Epub ahead of print]

## [A Comprehensive Assessment of Parental Age and Psychiatric Disorders.](#)

[McGrath JJ](#)<sup>1</sup>, [Petersen L](#)<sup>2</sup>, [Agerbo E](#)<sup>3</sup>, [Mors O](#)<sup>4</sup>, [Mortensen PB](#)<sup>3</sup>, [Pedersen CB](#)<sup>3</sup>.

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### **Abstract**

**IMPORTANCE** There has been recent interest in the findings that the offspring of older fathers have an increased risk of both de novo mutations and neuropsychiatric disorders. However, the offspring of younger parents are also at risk for some adverse mental health outcomes. **OBJECTIVE** To determine the association between maternal and paternal age and a comprehensive range of mental health disorders. **DESIGN, SETTING, AND PARTICIPANTS** A comprehensive, population-based record linkage study using the Danish Psychiatric Central Research Register from January 1, 1995, through December 31, 2011. A total of 2 894 688 persons born in Denmark from January 1, 1955, through December 31, 2006, were followed up during the study period. **EXPOSURES** Maternal and paternal age at the time of offspring's birth. **MAIN OUTCOMES AND MEASURES** We examined a broad range of International Classification of Diseases-defined mental disorders, including substance use; schizophrenia and related disorders; mood disorders; neurotic, stress-related, and somatoform disorders; eating disorders; specific personality disorders; and a range of developmental and childhood disorders. The incidence rate ratios for each mental disorder

outcome were estimated by log linear Poisson regression with adjustments for the calendar period, age, sex, and age of the other parent. **RESULTS** The cohort was observed for 42.7 million person-years, during which 218 441 members of the cohort had their first psychiatric contact for any psychiatric disorder. Based on the overall risk of psychiatric disorders, the offspring of younger and older parents were at increased risk compared with those of parents aged 25 to 29 years. When the offspring were examined for particular disorders, the nature of the relationship changed. For example, the offspring of older fathers were at an increased risk of schizophrenia and related disorders, mental retardation, and autism spectrum disorders. In contrast, the offspring of young mothers (and to a lesser extent young fathers) were at an increased risk for substance use disorders, hyperkinetic disorders, and mental retardation. **CONCLUSIONS AND RELEVANCE** The offspring of younger mothers and older fathers are at risk for different mental health disorders. These differences can provide clues to the complex risk architecture underpinning the association between parental age and the mental health of offspring.

PMID: 24452535 [PubMed - as supplied by publisher]

[Related citations](#)



19. Menopause. 2014 Jan 20. [Epub ahead of print]

## [Association between personality traits and DSM-IV diagnosis of insomnia in peri- and postmenopausal women.](#)

[Sassoon SA](#), [de Zambotti M](#), [Colrain IM](#), [Baker FC](#).

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### **Abstract**

#### **OBJECTIVE:**

The aim of this study was to determine the role of personality factors in the development of DSM-IV insomnia coincident with perimenopause.

#### **METHODS:**

Perimenopausal women (35 women with DSM-IV insomnia and 28 women with self-reported normal sleep) underwent clinical assessments and completed menopause-related questionnaires, the NEO Five Factor Inventory and the Structured Interview for DSM-IV Personality. Logistic regressions determined whether personality factors and hot flash-related interference were associated with an insomnia diagnosis concurrent with the menopausal transition.

## **RESULTS:**

Women with insomnia reported higher neuroticism, lower agreeableness, and lower conscientiousness than controls on the NEO Five Factor Inventory. Moreover, women with insomnia were more likely to meet DSM-IV criteria for cluster C personality disorders, particularly obsessive-compulsive personality disorder, on the Structured Interview for DSM-IV Personality. Women with insomnia were more likely to have had a past depressive episode and a history of severe premenstrual symptoms. Findings from regressions revealed that higher neuroticism and greater interference from hot flashes were associated with insomnia classification even after controlling for history of depression, suggesting that sensitivity to hot flashes and a greater degree of neuroticism are independent contributors toward establishing which women are most likely to have sleep problems during perimenopause.

## **CONCLUSIONS:**

Findings show the relevance of personality factors, particularly neuroticism and obsessive-compulsive personality, to a woman's experience of insomnia as she goes through the menopausal transition.

PMID: 24448105 [PubMed - as supplied by publisher]

[Related citations](#)



20. J Oral Rehabil. 2014 Jan 22. doi: 10.1111/joor.12129. [Epub ahead of print]

# **Evaluation of the non-functional tooth contact in patients with temporomandibular disorders by using newly developed electronic system.**

[Funato M](#), [Ono Y](#), [Baba K](#), [Kudo Y](#).

Author information:

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## Abstract

The aims of this study were to introduce a novel electronic system for reliable evaluation of the non-functional tooth contact in patients with temporomandibular disorders (TMDs) and investigate the possible associations between the non-functional tooth contact and some characteristics of the patients with TMD. We designed and installed a software program to send emails regarding the non-functional tooth contact to the subjects' preregistered cellular phones at intervals of  $20 \pm 9$  min daily for 10 consecutive days. Twelve patients with TMD and 12 gender- and age-matched healthy subjects responded via emails to one of 3 choices: no tooth contact, tooth contact during oral functions or tooth contact not associated with oral functions. The influence of subjective stress, anxiety, depression, personality and daily activities on tooth contact was then assessed. The frequency of the non-functional tooth contact was significantly higher in the patients with TMD than in the healthy subjects (35.0% vs. 9.6%,  $P < 0.001$ ), while no significant group difference was found for the frequency of functional tooth contact, the stress, anxiety, depression and personality.

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PMID: 24447128 [PubMed - as supplied by publisher]

[Related citations](#)



21. Personal Disord. 2014 Jan 20. [Epub ahead of print]

## [Narcissistic Grandiosity and Narcissistic Vulnerability in Psychotherapy.](#)

[Pincus AL](#), [Cain NM](#), [Wright AG](#).

## Abstract

This article briefly summarizes the empirical and clinical literature underlying a contemporary clinical model of pathological narcissism. Unlike the DSM Narcissistic Personality Disorder (NPD), this clinical model identifies and differentiates between two phenotypic themes of dysfunction-narcissistic grandiosity and narcissistic vulnerability-that can be expressed both overtly and covertly in patients' ways of thinking, feeling, behaving, and participating in treatment. Clinical recognition that narcissistic patients can and often do present for psychotherapy in vulnerable states of depression, anxiety, shame, and even suicidality increases the likelihood of accurate diagnosis and effective treatment planning. This article provides case examples derived from psychotherapies with narcissistic patients to demonstrate how narcissistic grandiosity and narcissistic vulnerability concurrently

present in patients who seek treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24446581 [PubMed - as supplied by publisher]

[Related citations](#)

22. Psychiatry Res. 2014 Jan 4. pii: S0165-1781(13)00836-6. doi: 10.1016/j.psychres.2013.12.042. [Epub ahead of print]

## Theory of mind and hypomanic traits in general population.

[Terrien S](#)<sup>1</sup>, [Stefaniak N](#)<sup>1</sup>, [Blondel M](#)<sup>1</sup>, [Mouras H](#)<sup>2</sup>, [Morvan Y](#)<sup>3</sup>, [Besche-Richard C](#)<sup>4</sup>.

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### **Abstract**

Theory of Mind (ToM) is the ability to assign a set of mental states to yourself and others. In bipolar disorders, alteration of social relationship can be explained by the impairment of the functioning of ToM. Deficit in ToM could be a trait marker of bipolar disorder and people in the general population with high hypomanic personality scores would be more likely to develop bipolar disorders. This study examined 298 participants. Measures of hypomanic personality were evaluated using the Hypomanic Personality Scale. ToM was explored using the Yoni task. Participants also completed the BDI-II. Forward multiple regressions were performed to examine the effect of components of the HPS on the total score in the ToM task. In the women's group, no subscales of the HPS were included in the model. Conversely, the analyses performed on men revealed that the mood vitality and excitement subscale was a significant predictor of ToM abilities. Our study is the first to show the impact of certain dimensions of hypomanic personality on performance in ToM in a male sample. This result supports the idea that deficits in ToM can be a trait marker of bipolar disorder in a healthy male population.

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PMID: 24445165 [PubMed - as supplied by publisher]

[Related citations](#)



23. Soc Psychiatry Psychiatr Epidemiol. 2014 Jan 20. [Epub ahead of print]

## **Prevalence and correlates of disordered eating in a general population sample: the South East London Community Health (SELCoH) study.**

[Solmi F](#), [Hatch SL](#), [Hotopf M](#), [Treasure J](#), [Micali N](#).

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### **Abstract**

#### **PURPOSE:**

Disordered eating has been shown to be more prevalent than full eating disorders diagnoses. However, research on its prevalence, socio-demographic, psychological correlates, and patterns of service use in multi-ethnic samples is still limited. This paper explores these associations in a South London-based (UK) sample.

#### **METHODS:**

The South East London Community Health (SELCoH) study is a general population survey (N = 1,698) of individuals aged 16+. Disordered eating was defined as  $\geq 2$  positive answers at the SCOFF questionnaire. Crude and adjusted logistic and multinomial logistic regression models were fit to investigate associations between socio-demographic characteristics, disordered eating, psychiatric comorbidity, and service use.

#### **RESULTS:**

A total of 164 (10 %) participants reported disordered eating and the majority were from ethnic minorities. In adjusted models, Asian ethnicity was associated with purging, loss of control eating and preoccupation with food. Individuals with disordered eating had higher

odds of screening positive for post-traumatic stress disorder and personality disorders and of having anxiety/mood disorders, suicidal ideation/attempts, hazardous levels of drinking, and used drugs in the previous year. Only 36 % of individuals with disordered eating had sought professional help in the previous 12 months mostly through their general practitioner (27.4 %), followed by psychotherapists (12.8 %) and mental health specialists (5.5 %).

## **CONCLUSION:**

This study found a high prevalence of disordered eating, especially amongst ethnic minorities, and associations with a number of psychiatric conditions. Overall few participants accessed specialist services. These findings suggest that both disordered eating manifestations amongst ethnic minorities and access to care need better investigation.

PMID: 24441522 [PubMed - as supplied by publisher]

[Related citations](#)



24. Curr Opin Psychiatry. 2014 Jan 16. [Epub ahead of print]

# **Psychiatric disorders in people with intellectual disability (intellectual developmental disorder): forensic aspects.**

[Hauser MJ](#), [Olson E](#), [Drogin EY](#).

Author information:

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## **Abstract**

### **PURPOSE OF THE REVIEW:**

Persons with intellectual disability come into frequent and underreported contact with the legal system. Advances in forensic psychiatry help better identify persons with intellectual disability in forensic contexts, inform evaluation and treatment, and elucidate unique characteristics of this population. With the release of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), forensic psychiatrists must adjust to changes in the diagnostic process.

### **RECENT FINDINGS:**

This review examines the past year's contributions to the literature, including predictors among offenders with intellectual disability, concurrent diagnoses, efficacy of competence restoration, means of studying individuals with intellectual disability, and impact of DSM-5.

## **SUMMARY:**

Impoverished personal relationships are found to be an important predictor of offense among persons with intellectual disability. A Personality Disorder Characteristics Checklist allows screening for personality disorders (indicative of increased risk of violence) among intellectual disability offenders. Referrals to specialists for treatment more often occur for violent and sexual offenses than for other offenses. Competence restoration is historically low among those with intellectual disability, specially compared with those referred for substance abuse and personality disorders. However, the Slater Method results in higher rates of restoration than traditional training methods. DSM-5 alters the definition of intellectual disability, moving from an IQ-oriented diagnosis system to a multifaceted approach, introducing more flexibility and nuance.

PMID: 24441421 [PubMed - as supplied by publisher]

[Related citations](#)



25. J Psychosom Res. 2014 Feb;76(2):169-71. doi: 10.1016/j.jpsychores.2013.11.013. Epub 2013 Dec 5.

## **Pain, pain catastrophizing, and past mental healthcare utilization.**

[Sansone RA](#)<sup>1</sup>, [Watts DA](#)<sup>2</sup>, [Wiederman MW](#)<sup>3</sup>.

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- <sup>3</sup>Columbia College, Columbia, SC, United States.

## **Abstract**

**OBJECTIVE:**

Pain symptoms have been associated with a number of psychiatric disorders, particularly mood and anxiety disorders as well as personality disorders. However, to our knowledge, no study to date has examined pain symptoms in terms of participants' past mental healthcare utilization-the focus of the present study.

## **METHODS:**

Using a cross-sectional approach and a self-report survey methodology in a sample of 242 consecutive internal medicine outpatients, we examined pain symptoms at assessment, over the past month, and over the past year as well as pain catastrophizing in relationship to 4 mental healthcare variables (i.e., ever seen a psychiatrist, ever been in a psychiatric hospital, ever been in counseling, and ever been on medication for "nerves").

## **RESULTS:**

Only three of the four mental-healthcare-utilization variables were analyzed due to response rate (i.e., ever been hospitalized in a psychiatric hospital was infrequently endorsed and not analyzed), and each demonstrated statistically significant relationships with self-reported pain levels at all three time-points and with pain catastrophizing at the  $p < .001$  level.

## **CONCLUSIONS:**

In this study, primary care outpatients with histories of mental health treatment evidenced statistically significantly higher levels of pain as well as statistically significantly higher levels of pain catastrophizing than their peers.

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PMID: 24439695 [PubMed - in process]

[Related citations](#)



26. Eur Psychiatry. 2014 Jan 15. pii: S0924-9338(13)00447-1. doi: 10.1016/j.eurpsy.2013.11.006. [Epub ahead of print]

# **The relationship between temperament and character and subclinical psychotic-like experiences in healthy adults.**

[Nitzburg GC](#)<sup>1</sup>, [Malhotra AK](#)<sup>2</sup>, [Derosse P](#)<sup>3</sup>.

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## **Abstract**

### **BACKGROUND:**

Considerable data support phenomenological and temporal continuity between psychotic disorders and subclinical psychotic-like experiences (PLE's). Although numerous studies have found similar personality correlates for schizophrenia and schizotypal personality disorder patients, their unaffected first-degree relatives, and healthy adults characterized for schizotypal traits, no study has yet investigated personality correlates of PLE's measured by the Community Assessment of Psychic Experiences (CAPE). Our study sought to examine personality correlates of PLE's using the CAPE in healthy adults.

### **METHOD:**

The CAPE and temperament and character inventory (TCI) were administered to 415 healthy adults. Regressions examined links between TCI traits and overall PLE levels as well as positive and negative PLE's separately.

### **RESULTS:**

Consistent with past studies, lower self-directedness (SD) and reward dependence (RD) and higher self-transcendence (ST) and harm avoidance (HA) significantly predicted overall PLE levels. Higher ST and persistence (P) and lower SD significantly predicted higher levels of positive PLE's while lower SD and RD and higher HA, ST, and cooperativeness (C) predicted higher levels of negative PLE's.

### **CONCLUSIONS:**

Associations between TCI and PLE's using the CAPE are strikingly similar to past work in non-clinical and patient samples and provide additional support for phenomenological continuity between psychotic disorders and sub-syndromal psychotic symptoms.

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PMID: 24439515 [PubMed - as supplied by publisher]

[Related citations](#)



27. Int J Neuropsychopharmacol. 2014 Jan 17:1-8. [Epub ahead of print]

## [The serotonin transporter polymorphism \(5-HTTLPR\) and personality: response style as a new endophenotype for anxiety.](#)

[Plieger T](#), [Montag C](#), [Felten A](#), [Reuter M](#).

Author information:

- Department of Psychology, Laboratory of Neurogenetics, University of Bonn, Germany.

### **Abstract**

Although the serotonin transporter length polymorphic region (5-HTTLPR) polymorphism is an extensively-investigated genetic marker of anxiety related personality traits (neuroticism and harm avoidance) and affective disorders, effect sizes in meta-analyses are small, if present at all, and all available primary studies to date lack mandatory statistical power. Moreover, questionnaire data is prone to confounding by variables such as social desirability. Therefore, extreme response style (ERS) is suggested as a new approach to elucidate the relationship between 5-HTTLPR and negative emotionality, as it is more implicit and of high reliability. N = 1075 healthy subjects were genotyped for 5-HTTLPR and a flanking polymorphism (rs25531) and filled out the NEO Five Factor Inventory and the Temperament Character Inventory. As dependent variable the number of extreme responses across all items was calculated. Using the common genotype or the triallelic approach (including rs25531) the meta-analytic findings could not be replicated. However, there was a significant association between 5-HTTLPR and extreme response style. Carriers of the L-allele or the L'-allele, respectively, had a significantly higher number of extreme responses than homozygous SS carriers across all items of the NEO Five Factor Inventory. This finding could be replicated in an alternative personality questionnaire (Affective Neuroscience Personality Scales, ANPS). There is a long tradition in psychological assessment indicating that ERS is an implicit measure of personality. Given the positive findings of the present study, ERS qualifies as a promising endophenotype in future genetic association studies on personality and affective disorders.

PMID: 24438559 [PubMed - as supplied by publisher]

[Related citations](#)

## Implementation of an intensive short-term dynamic treatment program for patients with treatment-resistant disorders in residential care.

[Solbakken OA](#), [Abbass A](#).

Author information:

- The Department of Psychology, University of Oslo, Forskningsv, 3, Pb, 1094 Blindern, Oslo 0317, Norway. o.a.solbakken@psykologi.uio.no.

### **Abstract**

#### **BACKGROUND:**

This protocol presents a systematic residential treatment- and research program aimed at patients who have not responded adequately to previous treatment attempts. Patients included in the program primarily suffer from anxiety and/or depressive disorders and usually from one or more comorbid personality disorders. The treatment program is time-limited (eight weeks) and has its basis in treatment principles specified in intensive short-term dynamic psychotherapy (ISTDP). This treatment modality is theoretically well-suited for the handling of various forms of treatment resistance presumably central to these patients' previous non-response to psychological and psychiatric interventions.

#### **METHODS/DESIGN:**

The research component of the project entails a naturalistic longitudinal research design which aims at systematic evaluation of the effectiveness of the program. To our knowledge, this is one of the first treatment programs and corresponding research projects that systematically select patients with previous non- or negative response to treatment and subjects them to a broad and comprehensive, but theoretically unified and consistent treatment system.

#### **DISCUSSION:**

The present paper introduces the project, describes its theoretical and methodological underpinnings, and discusses possible future implications and contributions of the project. It thereby serves as a comprehensive background reference to future publications from the project.

PMCID: PMC3900461 **Free PMC Article**

PMID: 24438222 [PubMed - in process]

[Related citations](#)



29. Annu Rev Clin Psychol. 2014 Jan 15. [Epub ahead of print]

## [Emotional and Behavioral Symptoms in Neurodegenerative Disease: A Model for Studying the Neural Bases of Psychopathology.](#)

[Levenson RW](#), [Sturm VE](#), [Haase CM](#).

Author information:

- Department of Psychology and Institute of Personality and Social Research, University of California, Berkeley, California; email: [boblev@berkeley.edu](mailto:boblev@berkeley.edu).

### **Abstract**

Disruptions in emotional, cognitive, and social behavior are common in neurodegenerative disease and in many forms of psychopathology. Because neurodegenerative diseases have patterns of brain atrophy that are much clearer than those of psychiatric disorders, they may provide a window into the neural bases of common emotional and behavioral symptoms. We discuss five common symptoms that occur in both neurodegenerative disease and psychopathology (i.e., anxiety, dysphoric mood, apathy, disinhibition, and euphoric mood) and their associated neural circuitry. We focus on two neurodegenerative diseases (i.e., Alzheimer's disease and frontotemporal dementia) that are common and well characterized in terms of emotion, cognition, and social behavior and in patterns of associated atrophy. Neurodegenerative diseases provide a powerful model system for studying the neural correlates of psychopathological symptoms; this is supported by evidence indicating convergence with psychiatric syndromes (e.g., symptoms of disinhibition associated with dysfunction in orbitofrontal cortex in both frontotemporal dementia and bipolar disorder). We conclude that neurodegenerative diseases can play an important role in future approaches to the assessment, prevention, and treatment of mental

illness. Expected final online publication date for the Annual Review of Clinical Psychology Volume 10 is March 20, 2014. Please see <http://www.annualreviews.org/catalog/pubdates.aspx> for revised estimates. PMID: 24437433 [PubMed - as supplied by publisher]

[Related citations](#)



30. Psychopathology. 2014 Jan 9. [Epub ahead of print]

## [Insufficient Coping Behavior under Chronic Stress and Vulnerability to Psychiatric Disorders.](#)

[Mohr C](#), [Braun S](#), [Bridler R](#), [Chmetz F](#), [Delfino JP](#), [Kluckner VJ](#), [Lott P](#), [Schrag Y](#), [Seifritz E](#), [Stassen HH](#).

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### **Abstract**

Background: Epidemiological data indicate that 75% of subjects with major psychiatric disorders have their onset of illness in the age range of 17-24 years. An estimated 35-50% of college and university students drop out prematurely due to insufficient coping skills under chronic stress, while 85% of students receiving a psychiatric diagnosis withdraw from college/university prior to the completion of their education. In this study, we aimed at developing standardized means of identifying students with insufficient coping skills under chronic stress and at risk for mental health problems. Sampling and Methods: A sample of 1,217 college students from 3 different sites in the USA and Switzerland completed 2 self-report questionnaires: the Coping Strategies Inventory (COPE) and the Zurich Health Questionnaire (ZHQ), which assesses 'regular exercises', 'consumption behavior', 'impaired physical health', 'psychosomatic disturbances' and 'impaired mental health'. The data were subjected to structure analyses by means of a neural network approach. We found 2 highly stable and reproducible COPE scales that explained the observed interindividual variation in coping behavior sufficiently well and in a socioculturally independent way. The scales reflected basic coping behavior in terms of 'activity-passivity' and 'defeatism-resilience', and in the sense of stable, socioculturally independent personality traits. Results: Correlation analyses carried out for external validation revealed a close relationship between high scores on the defeatism scale and impaired physical and mental health. This underlined the role of insufficient coping behavior as a risk factor for physical and mental health problems. Conclusion: The combined COPE and ZHQ instruments appear to constitute powerful

screening tools for insufficient coping skills under chronic stress and for risks of mental health problems. © 2014 S. Karger AG, Basel.

PMID: 24435022 [PubMed - as supplied by publisher]

[Related citations](#)



31. Front Genet. 2014 Jan 7;4:313. doi: 10.3389/fgene.2013.00313. eCollection 2014.

## **The presence of both serotonin 1A receptor (HTR1A) and dopamine transporter (DAT1) gene variants increase the risk of borderline personality disorder.**

[Joyce PR](#)<sup>1</sup>, [Stephenson J](#)<sup>2</sup>, [Kennedy M](#)<sup>3</sup>, [Mulder RT](#)<sup>1</sup>, [McHugh PC](#)<sup>4</sup>.

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- <sup>4</sup>Division of Pharmacy and Pharmaceutical Sciences, School of Applied Sciences, University of Huddersfield Huddersfield, UK.

### **Abstract**

Dysfunction in the dopaminergic and serotonergic neurotransmitter systems has been demonstrated to be important in the etiology of borderline personality disorder (BPD). We investigated the relationship of two BPD risk factors, the HTR1A promoter polymorphism -1019C > G (rs6295) and the dopamine transporter (DAT1) repeat allele, with BPD in a major depressive disorder cohort of 367 patients. Out-patients with major depressive disorder were recruited for two treatment trials and assessed for personality disorders, including BPD. DNA samples were collected and the rs6295 polymorphism was detected with a TaqMan(®) assay. The DAT1 repeat allele was genotyped using a modified PCR method. The impact of polymorphisms on BPD was statistically analyzed using uncontrolled logistic and multiple logistic regression models. BPD patients had higher frequencies of the DAT1 9,9 (OR = 2.67) and 9,10 (OR = 3.67) genotypes and also those homozygous HTR1A G allele (OR = 2.03). No significant interactions between HTR1A and DAT1 genotypes, were observed; however, an increased risk of BPD was observed for those patients who were either 9,10; G,G (OR = 6.64) and 9,9; C,G (OR = 5.42). Furthermore, the odds of BPD in patients exhibiting high-risk variants of these two genes differed from those of patients in

low-risk groups by up to a factor of 9. Our study provides evidence implicating the importance of the serotonergic and dopaminergic systems in BPD and that the interaction between genes from different neurotransmitters may play a role in the susceptibility to BPD.

PMCID: PMC3882668 **Free PMC Article**

PMID: 24432029 [PubMed]

[Related citations](#)



32. Personal Ment Health. 2014 Jan 15. doi: 10.1002/pmh.1252. [Epub ahead of print]

## [Personality disorder prevalence in psychiatric outpatients: A systematic literature review.](#)

[Beckwith H](#), [Moran PF](#), [Reilly J](#).

Author information:

- Mental Health Research Centre, Durham University, Stockton-on-Tees, TS17 6BH, UK.

### **Abstract**

#### **INTRODUCTION:**

A systematic literature review of studies measuring the prevalence of personality disorder in community secondary care is needed to identify both the met and unmet needs and plan services accordingly.

#### **METHODS:**

PsycINFO, MEDLINE and EMBASE databases were searched using NHS Evidence. Only studies assessing overall personality disorder prevalence within help-seeking, outpatient populations were included. Papers were excluded for focusing solely on the prevalence of specific personality disorders or comorbid prevalence within specific populations.

#### **RESULTS:**

A total of 269 papers were identified. Nine papers met criteria and were critically appraised, showing a high level of heterogeneity with regards to methods, inclusion criteria, source of information, time of assessment, instruments used and overall quality of research. Prevalence estimates in Europe varied between 40% and 92%, were more consistently approximated

between 45% and 51% in the USA and differed significantly in the two Asian studies: 1.07% (India) and 60% (Pakistan).

## **CONCLUSIONS:**

The prevalence of personality disorder in community mental health care appears to be substantial, but better estimates will only emerge from high quality studies with greater consistency of method. Implementing screening tools within outpatient or community services may result in high rates of personality disorder identification, with both clinical and service implications. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 24431304 [PubMed - as supplied by publisher]

[Related citations](#)

33. BMC Psychiatry. 2014 Jan 15;14(1):9. doi: 10.1186/1471-244X-14-9.

# **Hypomania spectrum disorder in adolescence: a 15-year follow-up of non-mood morbidity in adulthood.**

[Päären A](#), [Bohman H](#), [von Knorring AL](#), [von Knorring L](#), [Olsson G](#), [Jonsson U](#).

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## **Abstract**

### **BACKGROUND:**

We investigated whether adolescents with hypomania spectrum episodes have an excess risk of mental and physical morbidity in adulthood, as compared with adolescents exclusively reporting major depressive disorder (MDD) and controls without a history of adolescent mood disorders.

### **METHODS:**

A community sample of adolescents (N = 2 300) in the town of Uppsala, Sweden, was screened for depressive symptoms. Both participants with positive screening and matched controls (in total 631) were diagnostically interviewed. Ninety participants reported

hypomania spectrum episodes (40 full-syndromal, 18 with brief episode, and 32 subsyndromal), while another 197 fulfilled the criteria for MDD without a history of a hypomania spectrum episode. A follow up after 15 years included a blinded diagnostic interview, a self-assessment of personality disorders, and national register data on prescription drugs and health services use. The participation rate at the follow-up interview was 71% (64/90) for the hypomania spectrum group, and 65.9% (130/197) for the MDD group. Multiple imputation was used to handle missing data.

## RESULTS:

The outcomes of the hypomania spectrum group and the MDD group were similar regarding subsequent non-mood Axis I disorders in adulthood (present in 53 vs. 57%). A personality disorder was reported by 29% of the hypomania spectrum group and by 20% of the MDD group, but a statistically significant difference was reached only for obsessive-compulsive personality disorder (24 vs. 14%). In both groups, the risk of Axis I disorders and personality disorders in adulthood correlated with continuation of mood disorder. Prescription drugs and health service use in adulthood was similar in the two groups. Compared with adolescents without mood disorders, both groups had a higher subsequent risk of psychiatric morbidity, used more mental health care, and received more psychotropic drugs.

## CONCLUSIONS:

Although adolescents with hypomania spectrum episodes and adolescents with MDD do not differ substantially in health outcomes, both groups are at increased risk for subsequent mental health problems. Thus, it is important to identify and treat children and adolescents with mood disorders, and carefully follow the continuing course.

PMCID: PMC3898212 [Free PMC Article](#)

PMID: 24428938 [PubMed - in process]

[Related citations](#)



34. Annu Rev Clin Psychol. 2014 Jan 9. [Epub ahead of print]

# [Thin-Slice Judgments in the Clinical Context.](#)

[Slepian ML](#), [Bogart KR](#), [Ambady N](#).

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## Abstract

Clinicians make a variety of assessments about their clients, from judging personality traits to making diagnoses, and a variety of methods are available to do so, ranging from observations to structured interviews. A large body of work demonstrates that from a brief glimpse of another's nonverbal behavior, a variety of traits and inner states can be accurately perceived. Additionally, from these "thin slices" of behavior, even future outcomes can be predicted with some accuracy. Certain clinical disorders such as Parkinson's disease and facial paralysis disrupt nonverbal behavior and may impair clinicians' ability to make accurate judgments. In certain contexts, personality disorders, anxiety, depression, and suicide attempts and outcomes can be detected from others' nonverbal behavior. Additionally, thin slices can predict psychological adjustment to divorce, bereavement, sexual abuse, and well-being throughout life. Thus, for certain traits and disorders, judgments from a thin slice could provide a complementary tool for the clinician's toolbox. Expected final online publication date for the Annual Review of Clinical Psychology Volume 10 is March 20, 2014. Please see <http://www.annualreviews.org/catalog/pubdates.aspx> for revised estimates. PMID: 24423788 [PubMed - as supplied by publisher]

[Related citations](#)



35. Int J Ment Health Syst. 2014 Jan 15;8(1):3. doi: 10.1186/1752-4458-8-3.

## [Spatial analysis of schizotypal personality traits in Chinese male youths: evidence from a GIS-based analysis of Sichuan.](#)

[Zhang J](#), [Wang W](#), [Tan Z](#), [Wu Q](#), [Xiao W](#), [Shang L](#), [Zhang Y](#), [Peng J](#), [Miao D](#).

Author information:

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## Abstract

### BACKGROUND:

Schizotypal personality traits are associated with schizophrenia spectrum disorders, stating that schizotypal traits may represent a "prodrome" or other developmental precursor of schizophrenia. Genetic and environmental factors both play important roles in the

development of schizotypal traits. Different levels of schizotypal traits across regions may be indicative of similar differences in the incidence of schizophrenia.

### **AIM:**

The present study identifying where in a given region, schizotypal personality traits are more or less level of schizotypal personality scores in Chinese male youth of Sichuan province. Not only for research purposes but also for the evaluation of new draft and allocation policy initiatives intended to aid recruitment of mental health employees.

### **METHODS:**

Data from the Psychological Selection Systems for Chinese Recruits, a mental health screening system used in China, collected in 2011 (67,558 copies) were used to map spatial distribution of schizotypal personality traits using geostatistics and geographic information system (GIS) techniques. Correlation analyses were conducted to explore the effects of years of education and illiterate rate on schizotypal personality traits.

### **RESULTS:**

Maps for three schizotypal personality clinical scales (dissociative, Dit; neurotic, Net and sensitive, Set) showed similar geographical trends. The highest T scores were distributed mainly in the eastern and northern counties of Sichuan, with scores decreasing successively from east to west, with the eastern counties generally showing higher scores. Correlation analysis showed that t-scores of Set were negatively correlated with years of education, whereas t-scores of Net were negatively correlated with illiteracy rate.

### **CONCLUSIONS:**

Schizotypal personality traits in male youth showed specific geographical trends in Sichuan province, providing some evidence that kriging based on GIS can be used to geographically localize genetic and environmental factors associated with schizotypal personality traits. This approach could be used to help allocate public health resources to specific areas and could also have personnel selection applications.

PMCID: PMC3904416 **Free PMC Article**

PMID: 24423022 [PubMed]

[Related citations](#)



36. Twin Res Hum Genet. 2014 Jan 14:1-9. [Epub ahead of print]

# Personality Disorders and Long-Term Sick Leave: A Population-Based Study of Young Adult Norwegian Twins.

[Gjerde LC](#)<sup>1</sup>, [Røysamb E](#)<sup>1</sup>, [Czajkowski N](#)<sup>1</sup>, [Knudsen GP](#)<sup>1</sup>, [Ostby K](#)<sup>1</sup>, [Tambs K](#)<sup>1</sup>, [Kendler KS](#)<sup>2</sup>, [Reichborn-Kjennerud T](#)<sup>1</sup>, [Orstavik RE](#)<sup>1</sup>.

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- <sup>2</sup>Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, USA.

## **Abstract**

Personality disorders (PDs) reduce global functioning, are associated with high levels of work disability, and are thus also likely to influence long-term sick leave (LTSL). Previous research has indicated significant genetic influence on both DSM-IV PDs and LTSL. To what degree genes contributing to PDs also influence LTSL has not been investigated. The aims of the current study were to investigate which PDs were significantly associated with LTSL, to what extent the genetic contributions to these PDs account for the heritability of LTSL, and to explore the hypothesis of a causal association between PDs and LTSL. The sample consisted of 2,771 young, adult Norwegian twins, born 1967-1979. PDs were assessed using the Structured Interview for DSM-IV Personality (SIDP-IV). The age range for the interview was 20-32. The data were subsequently linked to public records of LTSL (sick leave >16 days) up to 11 years later. The odds ratio for being in the highest LTSL category (>15% sick leave) when fulfilling the DSM-IV criteria for any PD diagnosis was 2.6 (1.8-3.8, 95% CI). Dimensional representations of schizotypal, paranoid, and borderline PD were independently and significantly associated with LTSL. The heritability of LTSL was 0.50. Genetic factors shared with the PDs accounted for 20% of this. The association between PDs and LTSL was due to shared genetic and not environmental influences, and was mainly explained by one common genetic factor. The hypothesis of a causal association was not supported, indicating that the association is explained by overlapping genetic liability between PDs and LTSL.

PMID: 24417773 [PubMed - as supplied by publisher]

[Related citations](#)



# Engagement of Pleasant Activities in Patients with Substance Use Disorders: a Correlational Study.

[Roozen HG](#), [Strietman M](#), [Wiersema H](#), [Meyers RJ](#), [Lewinsohn PM](#), [Feij JA](#), [Greeven PG](#), [Vingerhoets AJ](#), [van den Brink W](#).

Author information:

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## **Abstract**

**ABSTRACT** Background: There is a growing awareness that the treatment of patients with substance use disorders (SUDs) should target increasing patients' involvement in alternative pleasant reinforcers that compete with the reinforcing effects of substance use. The present cross-sectional study sought to identify factors that promote or impede engaging in pleasant activities. Methods: Patients with SUDs (N = 265) were assessed at treatment entry on socio-demographic characteristics, primary type of substance (i.e., alcohol or illicit drugs), addiction severity, craving, personality factors, and psychiatric distress. Results: Regression analyses identified dissimilar predictor sets underlying frequency, enjoyability, and cross-product ratings, highlighting the multifaceted behavioral nature of activity engagement. Personality measures had the strongest effects on patients' activity engagement, with extraversion as the key predictor. Conclusions: The present findings emphasize the complexity of patients' involvement in pleasant non-substance related activities and further investigation is necessary to gain more insight into the underlying mechanisms of activity engagement.

PMID: 24417592 [PubMed - as supplied by publisher]

[Related citations](#)



38. J Atten Disord. 2014 Jan 10. [Epub ahead of print]

# Associations of Age, Gender, and Subtypes With ADHD Symptoms and Related

# Comorbidity in a Danish Sample of Clinically Referred Adults.

[Soendergaard HM](#), [Thomsen PH](#), [Pedersen E](#), [Pedersen P](#), [Poulsen AE](#), [Winther L](#), [Nielsen JM](#), [Henriksen A](#), [Rungoe B](#), [Soegaard HJ](#).

## **Abstract**

Objective: The aim was to examine associations of age and gender with ADHD subtypes and subsequently to examine associations of age, gender, and subtypes with comorbid psychiatric disorders. Method: Odds ratios were calculated and logistic regression performed using information from a clinical sample of 155 ADHD adults referred to a Danish specialized ADHD unit from 2010 to 2011. Results: A majority of men (65%) was found in the sample. Most patients were subtyped ADHD combined (78%), followed by ADHD inattentive (18%), and ADHD hyperactive-impulsive (4%). No significant differences were found in gender and age across subtypes. Current comorbid disorders were found in 57% of the ADHD patients. Significantly more comorbidity was found in the ADHD combined type and in patients  $\geq 25$  years. Significantly more men had substance use disorders and significantly more women had personality disorders. Conclusion: When assessing adult ADHD patients' age, gender, subtype, and related comorbid symptom profiles should be taken into account. (J. of Att. Dis. XXXX; XX(X) XX-XX).

PMID: 24412968 [PubMed - as supplied by publisher]

[Related citations](#)



39. Nature. 2014 Jan 9;505(7482):131-2.

## Risk management.

[No authors listed]

PMID: 24409509 [PubMed - indexed for MEDLINE]

[Related citations](#)

40. Psychol Med. 2014 Jan 9:1-11. [Epub ahead of print]

# The contribution of familial internalizing and externalizing liability factors to borderline personality disorder.

[Hudson JI](#)<sup>1</sup>, [Zanarini MC](#)<sup>1</sup>, [Mitchell KS](#)<sup>2</sup>, [Choi-Kain LW](#)<sup>1</sup>, [Gunderson JG](#)<sup>1</sup>.

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## **Abstract**

### **BACKGROUND:**

Individuals with borderline personality disorder (BPD) frequently display co-morbid mental disorders. These disorders include 'internalizing' disorders (such as major depressive disorder and anxiety disorders) and 'externalizing' disorders (such as substance use disorders and antisocial personality disorder). It is hypothesized that these disorders may arise from latent 'internalizing' and 'externalizing' liability factors. Factor analytic studies suggest that internalizing and externalizing factors both contribute to BPD, but the extent to which such contributions are familial is unknown.

### **METHOD:**

Participants were 368 probands (132 with BPD; 134 without BPD; and 102 with major depressive disorder) and 885 siblings and parents of probands. Participants were administered the Diagnostic Interview for DSM-IV Personality Disorders, the Revised Diagnostic Interview for Borderlines, and the Structured Clinical Interview for DSM-IV.

### **RESULTS:**

On confirmatory factor analysis of within-person associations of disorders, BPD loaded moderately on internalizing (factor loading 0.53, s.e. = 0.10,  $p < 0.001$ ) and externalizing latent variables (0.48, s.e. = 0.10,  $p < 0.001$ ). Within-family associations were assessed using structural equation models of familial and non-familial factors for BPD, internalizing disorders, and externalizing disorders. In a Cholesky decomposition model, 84% (s.e. = 17%,

$p < 0.001$ ) of the association of BPD with internalizing and externalizing factors was accounted for by familial contributions.

## CONCLUSIONS:

Familial internalizing and externalizing liability factors are both associated with, and therefore may mutually contribute to, BPD. These familial contributions account largely for the pattern of co-morbidity between BPD and internalizing and externalizing disorders.

PMID: 24406267 [PubMed - as supplied by publisher]

[Related citations](#)



41. Psychiatry Clin Neurosci. 2014 Jan 9. doi: 10.1111/pcn.12135. [Epub ahead of print]

# [Predicting 10-year quality-of-life outcomes of patients with schizophrenia and schizoaffective disorders.](#)

[Ritsner MS](#), [Lisker A](#), [Grinshpoon A](#).

Author information:

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## Abstract

### AIMS:

This study aimed to determine predictors for 10-year good versus poor perceived general quality of life (QOL) outcomes from baseline variables in people with schizophrenia and schizoaffective disorder.

### METHODS:

We compared patients with poor versus good 10-year QOL outcomes using baseline clinical, personality-related variables, demographic and background characteristics. Logistic regression analysis was used for predicting the 10-year QOL outcomes from baseline data. One-hundred-eight patients completed the Quality-of-Life Enjoyment and Life Satisfaction Questionnaire, the Positive and Negative Syndromes Scale (PANSS), the Talbieh Brief Distress Inventory, and psychosocial questionnaires at baseline and 10 years later.

## RESULTS:

Logistic regression revealed six predictors of QOL outcomes: paranoid ideations (odds ratio [OR] 3.1), PANSS general psychopathology (OR 1.1), obsessiveness (OR 0.84), hostility (OR 0.4), PANSS positive scale scores (OR 0.4), and general QOL index (OR 0.4). This model classified 80.6% of the sample with good sensitivity (87% correctly identified 'poor outcome'), and specificity (71% correctly identified 'good outcome').

## CONCLUSION:

This study provides a pattern of baseline predictors for long-term QOL outcomes. Identified predictors are factors that can potentially be ameliorated, and thereby enhance the QOL of people with schizophrenia and schizoaffective disorder.

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PMID: 24405469 [PubMed - as supplied by publisher]

[Related citations](#)

42. Soc Neurosci. 2014 Jan 3. [Epub ahead of print]

# [The role of executive function and the dorsolateral prefrontal cortex in the expression of neuroticism and conscientiousness.](#)

[Forbes CE](#), [Poore JC](#), [Krueger F](#), [Barbey AK](#), [Solomon J](#), [Grafman J](#).

Author information:

- a Cognitive Neuroscience Section , National Institute of Neurological Disorders and Stroke, National Institutes of Health , Bethesda , Maryland 20892 , USA.

## Abstract

The current study examined how specific neurological systems contribute to the expression of multiple personality dimensions. We used individuals with traumatic brain injuries to examine the contribution of the dorsolateral prefrontal cortex (DLPFC)-a region important for executive function and attention-to the expression of neuroticism and conscientiousness factors and facets. Results from Voxel-Based Lesion-Symptom Mapping analyses revealed that focal damage to the left DLPFC (Brodmann's area 9) was associated with high

neuroticism and low conscientious factor and facet scores (anxiety and self-discipline, respectively). Compared with lesioned and normal controls, veterans with damage in left DLPFC also reported higher neuroticism and lower conscientiousness facet scores, slower reaction times on the California Computerized Assessment Package assessment, and lower scores on the Delis-Kaplan executive function battery. Findings suggest that while neuroticism and conscientiousness remain psychometrically independent personality dimensions, their component facets may rely on a common neurocognitive infrastructure and executive function resources in general.

PMID: 24405294 [PubMed - as supplied by publisher]

[Related citations](#)



43. Prog Neuropsychopharmacol Biol Psychiatry. 2014 Jan 5;51C:1-8. doi: 10.1016/j.pnpbp.2013.12.018. [Epub ahead of print]

## **DRD3 variation associates with early-onset heroin dependence, but not specific personality traits.**

[Kuo SC](#)<sup>1</sup>, [Yeh YW](#)<sup>1</sup>, [Chen CY](#)<sup>1</sup>, [Huang CC](#)<sup>2</sup>, [Chang HA](#)<sup>3</sup>, [Yen CH](#)<sup>4</sup>, [Ho PS](#)<sup>5</sup>, [Liang CS](#)<sup>6</sup>, [Chou HW](#)<sup>5</sup>, [Lu RB](#)<sup>7</sup>, [Huang SY](#)<sup>8</sup>.

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## Abstract

Dopamine D3 receptor-mediated pathways are involved in the mechanism of addiction, and genetic factors play a role in the vulnerability to heroin dependence. The aim of this study was to examine whether the corresponding gene, DRD3, is associated with the development of heroin dependence and specific personality traits in HD patients. Eight polymorphisms in DRD3 were analyzed in 1067 unrelated Han Chinese subjects (566 heroin dependence patients and 501 controls). All participants were screened using the same assessment tool and all patients met the criteria for heroin dependence. A Tridimensional Personality Questionnaire was used to assess personality traits in 276 heroin dependence patients. In addition, heroin dependence patients were divided into 4 clinical subgroups based on age-of-onset and family history of substance abuse, to reduce the clinical heterogeneity. The rs6280 and rs9825563 variants showed association with the development of early-onset heroin dependence. The GTA haplotype frequency in the block (rs324029, rs6280, rs9825563) was significantly associated with early-onset heroin dependence ( $p=0.003$ ). However, these significant associations were weaker after Bonferroni's correction. In addition, these DRD3 polymorphisms did not influence novelty seeking and harm avoidance scores in HD patients. DRD3 is possibly a genetic factor in the development of early-onset heroin dependence, but is not associated with specific personality traits in these patients among the Han Chinese population.

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PMID: 24398431 [PubMed - as supplied by publisher]

[Related citations](#)



44. Transl Neurodegener. 2014 Jan 8;3(1):1. doi: 10.1186/2047-9158-3-1.

## [Clinical features of dementia with lewy bodies in 35 Chinese patients.](#)

[Han D](#), [Wang Q](#), [Gao Z](#), [Chen T](#), [Wang Z](#).

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## **Abstract**

### **OBJECTIVE:**

To investigate the clinical features of dementia with Lewy bodies (DLB) in a Chinese population.

### **METHODS:**

Computer-based online searches through China Biology Medicine disc and China National Knowledge Infrastructure were performed to collect case reports of DLB published between 1980 and 2012. Clinical characteristics were analyzed.

### **RESULTS:**

A total of 18 studies comprising 35 patients (26 males and 9 females) were included. The mean age at onset was  $67.2 \pm 9.8$  years. Onset was characterized by memory impairment and accounted for 58.8% of all cases, followed by parkinsonism (11.8%), visual hallucinations (8.8%), and compulsive personality disorder (2.9%). The other patients (17.6%) presented two of the three core features of DLB at onset. With disease progression, parkinsonism was reported in 100% of cases, followed by visual hallucinations (97.1%), psychiatric symptoms (85.7%), severe neuroleptic sensitivity (81.8%), fluctuating cognition (68.6%), repeated falls (40.0%), sleep disorders (22.9%), and transient loss of consciousness (17.1%). 26 patients who were subjected to Mini-Mental State Examination scored  $\leq 24$ . 10 patients presented relative preservation of hippocampus and medial temporal lobe structures on CT/MRI scan. Occipital hypometabolism occurred in 2 of 3 patients who underwent SPECT/PET perfusion scan. 12 patients showed an increasing of slow frequency activity on EEG, prominently in frontal and temporal lobes.

### **CONCLUSIONS:**

DLB often strikes elderly individuals. Its clinical core features are dementia, fluctuating cognition, recurrent visual hallucinations and spontaneous features of parkinsonism. Neuropsychological, neuroimaging and EEG examinations may improve the diagnostic accuracy and discriminate DLB from other dementias.

PMCID: PMC3896842 **Free PMC Article**

PMID: 24398160 [PubMed]

[Related citations](#)



# Visual-spatial working memory performance and temporal gray matter volume predict schizotypal personality disorder group membership.

[Hazlett EA](#)<sup>1</sup>, [Lamade RV](#)<sup>2</sup>, [Graff FS](#)<sup>2</sup>, [McClure MM](#)<sup>2</sup>, [Kolaitis JC](#)<sup>3</sup>, [Goldstein KE](#)<sup>4</sup>, [Siever LJ](#)<sup>5</sup>, [Godbold JH](#)<sup>6</sup>, [Moshier E](#)<sup>6</sup>.

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- <sup>6</sup>Department of Biostatistics, Icahn School of Medicine at Mount Sinai, New York, NY, United States.

## **Abstract**

### **BACKGROUND:**

Prior work shows individuals with schizotypal personality disorder (SPD) evince temporal lobe volume abnormalities similar to schizophrenia but sparing of prefrontal cortex, which may mitigate psychosis and the severe neurocognitive impairments observed in schizophrenia. This study examined the extent to which frontal-temporal gray matter volume

and neurocognitive performance predict: (1) SPD group membership in a demographically-balanced sample of 51 patients and 37 healthy controls; and (2) symptom severity in SPD.

## **METHODS:**

Dimensional gray-matter volume (left frontal-temporal regions (Brodmann area (BA) 10, 21, 22)) and neurocognitive performance on key memory tasks (California Verbal Learning Test (CVLT), Dot Test, Paced Auditory Serial Addition Test (PASAT)), all salient to schizophrenia-spectrum disorders were examined in a multi-variable model.

## **RESULTS:**

Middle temporal gyrus (BA21) volume and spatial-working memory (Dot Test) performance were significant predictors of SPD group membership likelihood, with poorer working-memory performance indicating increased probability of SPD membership. Combining across regional volumes or cognitive measures resulted in fair-to-good discrimination of group membership, but including neurocognitive and non-collinear regional volume measures together resulted in a receiver-operating-characteristic (ROC) curve with improved diagnostic discrimination. Larger BA10 volume in dorsolateral prefrontal cortex (DLPFC) significantly predicted less symptom severity in SPD.

## **CONCLUSIONS:**

These findings suggest that temporal lobe volume and spatial-working memory performance are promising biological/phenotype markers for likelihood of SPD classification, while greater DLPFC volume may serve as a protective factor.

Published by Elsevier B.V.

PMID: 24398009 [PubMed - in process]

[Related citations](#)



46. J Child Neurol. 2014 Jan 5. [Epub ahead of print]

# **N-Acetylcysteine for Neuropsychiatric Symptoms in a Woman With Williams Syndrome.**

[Pineiro ML](#), [Roberts AM](#), [Waxler JL](#), [Mullett JE](#), [Poher BR](#), [McDougle CJ](#).

Author information:

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## Abstract

Williams syndrome is a relatively rare genetic disorder caused by the hemizygous microdeletion of a region in chromosome 7q11.23. Individuals with Williams syndrome typically present with a highly social, overfriendly, and empathic personality. Comorbid medical and neuropsychiatric disorders are common. Reports of effective pharmacological treatment of associated neuropsychiatric disorders are limited. The authors describe the successful treatment of interfering anger, aggression, and hair-pulling with N-acetylcysteine in a 19-year-old woman with Williams syndrome. The neuropsychiatric symptoms emerged 1 week following an upper gastrointestinal endoscopy, for which fentanyl, midazolam, and propofol were used as anesthetics. The patient's treatment course and hypothesized mechanisms underlying the clinical presentation and symptom resolution are described.

PMID: 24396132 [PubMed - as supplied by publisher]

[Related citations](#)



47. J Gambl Stud. 2014 Jan 7. [Epub ahead of print]

## [Problem Gambling and Homelessness: Results from an Epidemiologic Study.](#)

[Nower L](#), [Eyrich-Garg KM](#), [Pollio DE](#), [North CS](#).

Author information:

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## Abstract

The purpose of this study was to investigate the prevalence of gambling disorder and comorbid psychiatric disorders in a homeless population and identify features related to potential subtypes. At baseline, participants were administered a structured interview including socio-demographic sections of the National Comorbidity Study (NCS) interview; seven diagnostic sections of the Diagnostic Interview Schedule (DIS); the alcohol and drug abuse sections of the Composite International Diagnostic Interview-Substance Abuse Module (CIDI-SAM); and the Homeless Supplement to the DIS. At nine months post-baseline assessment, participants were administered additional NCS family history questions and the South Oaks Gambling Screen (SOGS). Participants were an epidemiologic sample of 275 predominately African-American homeless individuals, grouped as lifetime non-gamblers (n = 60), recreational gamblers (n = 152), and problem gamblers (n = 63), recruited

on the street and through homeless shelters. Results indicate that lifetime rates of sub-clinical problem (46.2 %) and disordered (12.0 %) gambling were significantly higher than in the general population. Problem gamblers were more likely than non-problem gamblers to meet diagnostic criteria for antisocial personality disorder, post-traumatic stress disorder, bipolar disorder, and any psychiatric disorder, and more likely than non-gamblers to use illicit drugs or meet criteria for abuse/dependence for nicotine, alcohol, or any substance. This study provides evidence that problem gambling is a significant public health issue among the African-American homeless population. Homeless services should include assessment for problem gambling along with psychiatric disorders and referrals to resources and treatment programs. Future studies should explore the relationship of the onset and course of problem gambling and other psychiatric disorders with homelessness as well as racial differences in gambling patterns and problem severity over time.

PMID: 24395010 [PubMed - as supplied by publisher]

[Related citations](#)



1. Depress Anxiety. 2014 Feb 27. doi: 10.1002/da.22246. [Epub ahead of print]

# PSYCHODYNAMIC PSYCHOTHERAPY VERSUS COGNITIVE BEHAVIOR THERAPY FOR SOCIAL ANXIETY DISORDER: AN EFFICACY AND PARTIAL EFFECTIVENESS TRIAL.

[Bögels SM<sup>1</sup>](#), [Wijts P](#), [Oort FJ](#), [Sallaerts SJ](#).

Author information:

<sup>1</sup>Research Institute Child Development and Education, University of Amsterdam, Amsterdam, The Netherlands.

## **Abstract**

### **OBJECTIVES:**

Comparing the overall and differential effects of psychodynamic psychotherapy (PDT) versus cognitive behavior therapy (CBT) for social anxiety disorder (SAD).

## **DESIGN:**

Patients with a primary SAD (N = 47) were randomly assigned to PDT (N = 22) or CBT (N = 27). Both PDT and CBT consisted of up to 36 sessions (average PDT 31.4 and CBT 19.8 sessions). Assessments took place at waitlist: pretest, after 12 and 24 weeks for those who received longer treatment: posttest, 3-month and 1-year follow-up.

## **METHODS:**

Changes in the main outcome measure self-reported social anxiety composite, as well as in other psychopathology, social skills, negative social beliefs, public self-consciousness, defense mechanisms, personal goals, independent rater's judgments of SAD and general improvement, and approach behavior during an objective test, were analyzed using multilevel analysis.

## **RESULTS:**

No improvement occurred during waitlist. Treatments were highly efficacious, with large within-subject effect sizes for social anxiety, but no differences between PDT and CBT on general and treatment-specific measures occurred. Remission rates were over 50% and similar for PDT and CBT. Personality disorders did not influence the effects of PDT or CBT.

## **CONCLUSIONS:**

PDT and CBT are both effective approaches for SAD. Further research is needed on the cost-effectiveness of PDT versus CBT, on different lengths PDT, and on patient preferences and their relationship to outcome of PDT versus CBT.

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PMID: 24577880 [PubMed - as supplied by publisher]

[Related citations](#)

2. Personal Ment Health. 2014 Feb 27. doi: 10.1002/pmh.1259. [Epub ahead of print]

# **Borderline personality pathology and insomnia symptoms in community-dwelling older adults.**

[Oltmanns JR](#)<sup>1</sup>, [Weinstein Y](#), [Oltmanns TF](#).

Author information:

<sup>1</sup>Department of Psychology, Washington University in St. Louis, St. Louis, MO, United States.

## **Abstract**

Prior research has associated BPD with sleep problems, but the relationship has been explored primarily in small clinical samples of younger adults. Findings from our lab have demonstrated that borderline symptoms remain present in later middle age and are associated with several negative life outcomes. A representative community sample of older adults (N = 633, M<sub>age</sub> = 62.3) was obtained from the St Louis area, and interviewer-reports, self-reports, and informant-reports of personality pathology were completed along with an insomnia symptoms questionnaire. Cross-sectional analyses revealed that symptoms from all 10 DSM-IV personality disorders were significantly correlated with insomnia symptoms. However, after statistically controlling for major depression, body-mass index, race and gender, only borderline personality pathology remained significantly associated with insomnia symptoms. Our results demonstrate that in addition to other negative health outcomes, borderline personality pathology is uniquely associated with sleep problems in later middle-aged adults in the community. Copyright © 2014 John Wiley & Sons, Ltd.

Copyright © 2014 John Wiley & Sons, Ltd.

PMID: 24574136 [PubMed - as supplied by publisher]

[Related citations](#)

3. Acta Psychiatr Scand. 2014 Feb 26. doi: 10.1111/acps.12257. [Epub ahead of print]

## **[Bipolar or borderline: a clinical overview.](#)**

[Ghaemi SN](#)<sup>1</sup>, [Dalley S](#), [Catania C](#), [Barroilhet S](#).

Author information:

<sup>1</sup>Mood Disorders Program, Department of Psychiatry, Tufts Medical Center, Boston, MA, USA; Tufts University School of Medicine, Boston, MA, USA.

## **Abstract**

### **OBJECTIVE:**

To examine the empirical literature on diagnostic validators in borderline personality and bipolar illness.

### **METHOD:**

Using principles of evidence-based medicine, the highest levels of evidence were emphasized in interpretation of similarities or differences between bipolar illness and borderline personality on the five standard diagnostic validators in psychiatric nosology: symptoms, course, genetics, treatment response, and neurobiology.

## **RESULTS:**

Bipolar illness and borderline personality were found to be similar in the nosological validator of symptoms of mood lability and impulsivity, but differed notably on all other diagnostic validators, especially the course validator of past sexual abuse and the genetic validator of a bipolar family history. They also differ notably in the symptom validator of parasuicidal self-harm. Treatment response and neurobiological differences were also present and consistent.

## **CONCLUSION:**

This review of the literature indicates that these two conditions, bipolar illness and borderline personality, are different and can be distinguished. The much stronger biological and genetic evidence for bipolar illness in particular suggests that the two conditions can be reasonably seen as different kinds of clinical entities, namely a biological disease versus a psychosocially caused clinical picture. If this interpretation is correct, similarities between the two conditions, such as mood lability and impulsivity, are superficial, while differences are profound. Further, true comorbidity may be much less common than often presumed.

© 2014 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

PMID: 24571137 [PubMed - as supplied by publisher]

[Related citations](#)



4. J Nerv Ment Dis. 2014 Mar;202(3):217-23. doi: 10.1097/NMD.0000000000000097.

# **Social cognition and levels of personality organization in patients with somatoform disorders: a case-control study.**

[Koelen JA](#)<sup>1</sup>, [Eurelings-Bontekoe EH](#), [van Broeckhuysen-Kloth SA](#), [Snellen WM](#), [Luyten P](#).

Author information:

<sup>1</sup>\*Altrecht Psychosomatic Medicine Eikenboom, Zeist, the Netherlands; †Department of Psychology, University of Leuven, Leuven, Belgium; ‡Department of Clinical and Health Psychology, Leiden University, Leiden, the Netherlands; §Altrecht Center for

Psychodiagnostic Assessment, Zeist, the Netherlands; and ||Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.

## **Abstract**

Social cognition and its association with level of personality organization (PO) were examined in 163 patients with severe somatoform disorders (SFDs) and 151 psychiatric (PSA) control patients. Social cognition was measured with the Social Cognition and Object Relations Scale, which assessed both affective and cognitive facets of social cognition. Levels of PO were assessed using theory-driven profiles of the Dutch Short Form of the Minnesota Multiphasic Personality Inventory (MMPI). The SFD patients exhibited impairments in the cognitive facets of social cognition but not more so than the PSA controls. The results for the affective aspects indicated that the SFD patients exhibited lower levels of emotional investment yet higher affect tone in interactions than the PSA controls. In contrast to the control group, level of PO was not associated with social cognition in SFD. Together, the results indicated that impairments in complexity of mental representations are not specific to SFD patients, yet impairments in emotional investment may be specific to SFD.

PMID: 24566507 [PubMed - in process]

[Related citations](#)



5. Psychol Bull. 2014 Mar;140(2):408. doi: 10.1037/a0035862.

## **Correction to sharma, markon, and clark (2013).**

[No authors listed]

## **Abstract**

Reports an error in "Toward a Theory of Distinct Types of "Impulsive" Behaviors: A Meta-Analysis of Self-Report and Behavioral Measures" by Leigh Sharma, Kristian E. Markon and Lee Anna Clark (Psychological Bulletin, Advanced Online Publication, Oct 7, 2013, np). The citation for Dougherty et al. (2009) in Table 4 was incorrectly listed as Dougherty et al. (2007). In addition, the second mention of Dougherty within the text of the article was incorrectly listed as Dougherty et al. (2007). All versions of this article have been corrected. (The following abstract of the original article appeared in record 2013-35327-001.)

Impulsivity is considered a personality trait affecting behavior in many life domains, from recreational activities to important decision making. When extreme, it is associated with mental health problems, such as substance use disorders, as well as with interpersonal and social difficulties, including juvenile delinquency and criminality. Yet, trait impulsivity may not be a unitary construct. We review commonly used self-report measures of personality trait impulsivity and related constructs (e.g., sensation seeking), plus the opposite pole, control or

constraint. A meta-analytic principal-components factor analysis demonstrated that these scales comprise 3 distinct factors, each of which aligns with a broad, higher order personality factor-Neuroticism/Negative Emotionality, Disinhibition versus Constraint/Conscientiousness, and Extraversion/Positive Emotionality/Sensation Seeking. Moreover, Disinhibition versus Constraint/Conscientiousness comprise 2 correlated but distinct subfactors: Disinhibition versus Constraint and Conscientiousness/Will versus Resourcelessness. We also review laboratory tasks that purport to measure a construct similar to trait impulsivity. A meta-analytic principal-components factor analysis demonstrated that these tasks constitute 4 factors (Inattention, Inhibition, Impulsive Decision-Making, and Shifting). Although relations between these 2 measurement models are consistently low to very low, relations between both trait scales and laboratory behavioral tasks and daily-life impulsive behaviors are moderate. That is, both independently predict problematic daily-life impulsive behaviors, such as substance use, gambling, and delinquency; their joint use has incremental predictive power over the use of either type of measure alone and furthers our understanding of these important, problematic behaviors. Future use of confirmatory methods should help to ascertain with greater precision the number of and relations between impulsivity-related components. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24564173 [PubMed - in process]

[Related citations](#)



6. Nutr Hosp. 2014 Mar 1;29(n03):500-507.

## **EXECUTIVE FUNCTIONS IN ANOREXIA NERVOSA.**

[Jáuregui-Lobera I.](#)

Author information:

Nutrition and Bromatology. Pablo de Olavide University. Seville. Spain. Behavioural Sciences Institute. Seville. Spain.. [ijl@tcasevilla.com](mailto:ijl@tcasevilla.com).

### **Abstract**

Introduction: The pathophysiologic mechanisms that account for the development and persistence of anorexia nervosa (AN) remain unclear. With respect to the neuropsychological functioning, the executive functions have been reported to be altered, especially cognitive flexibility and decision-making processes. Objectives: The aim of this study was to review the current state of the neuropsychological studies focused on anorexia nervosa, especially those highlighting the executive functions. Methods: This was done by means of a searching process covering three relevant electronic databases, as well as an additional search on references included in the analysed papers. Eventually we have to mention other published

reviews and a hand-search. Results and discussion: Comparing AN patients and healthy controls the results remain controversial and so remains the comparison of different eating disorders with respect to the neuropsychological dysfunction. The role of variables such as depression, anxiety and obsessionality needs to be clarified. There seems to be some base to state that some commonalities exist in the so-called extreme weight conditions (anorexia, obesity). The link between neuropsychological dysfunction in AN and biomarkers remains unclear. The role of neuropsychological deficits in AN, as initial factors or simply as mere consequences, remains unclear too. The link between the body image disturbances and the neuropsychological dysfunction needs to be clarified. The similarities between the AN neuropsychological dysfunction and that found in other mental disorders may be considered up to date as a mere approach. The same applies to the relationship between the AN patients' neuropsychological performance and personality or gender.

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### Free Article

PMID: 24558990 [PubMed - as supplied by publisher]

[Related citations](#)



7. Subst Abuse. 2014 Feb 10;8:7-15. doi: 10.4137/SART.S13375. eCollection 2014.

## [Substance misuse in the psychiatric emergency service; a descriptive study.](#)

[Chaput Y](#)<sup>1</sup>, [Lebel MJ](#)<sup>2</sup>, [Beaulieu L](#)<sup>2</sup>, [Paradis M](#)<sup>1</sup>, [Labonté E](#)<sup>1</sup>.

Author information:

<sup>1</sup>Presently in Private Practice (during this study, Department of Psychiatry, McGill University, Montreal, Quebec, Canada).

<sup>2</sup>Department of Psychiatry, CSSS Haut Richelieu/Rouville, Saint-Jean-sur-Richelieu, Quebec, Canada.

### Abstract

Substance misuse is frequently encountered in the psychiatric emergency service (PES) and may take many forms, ranging from formal DSM-IV diagnoses to less obvious entities such as hazardous consumption. Detecting such patients using traditional screening instruments has proved problematic. We therefore undertook this study to more fully characterize substance misuse in the PES and to determine whether certain variables might help better screen these patients. We used a prospectively acquired database of over 18,000 visits made to four PESs during a 2-year period in the province of Quebec, Canada. One of the variables acquired was a

subjective rating by the nursing staff as to whether substance misuse was a contributing factor to the visit (graded as direct, indirect, or not at all). Substance misuse accounted for 21% of all diagnoses and alcohol was the most frequent substance used. Patients were divided into those with primary (PSM), comorbid (CSM) or no substance misuse (NSM). Depressive disorders were the most frequent primary diagnoses in CSM, whereas personality and substance misuse disorders were frequent secondary diagnoses in PSM. Although many variables significantly differentiated the three groups, few were sufficiently detailed to be used as potential screening tools. Those situations that did have sufficient details included those with a previous history of substance misuse, substance misuse within 48 hours of the visit, and visits graded by the nursing staff as being directly and/or indirectly related to substance misuse. Variables related to substance misuse itself were the primary predictors of PSM and, less significantly, CSM. The nursing staff rating, although promising, was obtained in less than 30% of all visits, rendering its practical use difficult to assess.

PMCID: PMC3928057 **Free PMC Article**

PMID: 24558300 [PubMed]

[Related citations](#)



8. Atten Defic Hyperact Disord. 2014 Feb 21. [Epub ahead of print]

## [Internalizing and externalizing behavior in adult ADHD.](#)

[Jacob C](#)<sup>1</sup>, [Gross-Lesch S](#), [Jans T](#), [Geissler J](#), [Reif A](#), [Dempfle A](#), [Lesch KP](#).

Author information:

<sup>1</sup>Department of Psychiatry, Psychosomatics and Psychotherapy, University of Wuerzburg, Fuechsleinstr. 15, 97080, Würzburg, Germany, [jacob\\_c@klinik.uni-wuerzburg.de](mailto:jacob_c@klinik.uni-wuerzburg.de).

### **Abstract**

Although there are many studies available investigating internalizing and externalizing behavior in childhood and adolescent manifestations of attention-deficit/hyperactivity disorder, there is limited information about their relevance in adults featuring persistence of the disease. We examined a large sample of 910 adults affected with attention-deficit/hyperactivity disorders (AADHD) for internalizing and externalizing behavior. Regarding correlates of internalizing behavior, AADHD probands showed significantly higher scores of the anxiety- and depression-related personality traits Neuroticism and Harm Avoidance, compared with reference values. The lifetime comorbidity of depressive disorders, anxiety disorders, and anxious or fearful Cluster C personality disorders (PDs) is elevated in AADHD patients compared with general population. Regarding correlates of externalizing behavior, patients affected with AADHD show significantly lower scores of

Conscientiousness and significantly higher scores of Novelty Seeking than the published German reference values. Emotional, dramatic, or erratic Cluster B PDs were most frequent in AADHD. Internalizing and externalizing behavior notably affected psychosocial status to a similar extent. The frequency of both internalizing and externalizing behavior in AADHD might reflect an underlying emotional regulation disorder.

PMID: 24557851 [PubMed - as supplied by publisher]

[Related citations](#)



9. BMC Psychiatry. 2014 Feb 21;14(1):51. [Epub ahead of print]

## [Study Protocol for a randomized controlled trial of mentalization based therapy against specialist supportive clinical management in patients with both eating disorders and symptoms of borderline personality disorder.](#)

[Robinson P](#), [Barrett B](#), [Bateman A](#), [Hakeem A](#), [Hellier J](#), [Lemonsky F](#), [Rutterford C](#), [Schmidt U](#), [Fonagy P](#).

### **Abstract**

#### **BACKGROUND:**

The NOURISHED study: Nice Outcomes for Referrals with Impulsivity, Self Harm and Eating Disorders. Eating Disorders (ED) and Borderline Personality Disorder (BPD) are both difficult to treat and the combination presents particular challenges. Both are associated with vulnerability to loss of mentalization (awareness of one's own and others' emotional state) In BPD, Mentalization Based therapy (MBT) has been found effective in reducing symptoms. In this trial we investigate the effectiveness and cost-effectiveness of MBT adapted for Eating disorders (Mentalization Based Therapy for Eating Disorders (MBT-ED)) compared to a standard comparison treatment, Specialist Supportive Clinical Management SSCM-ED) in patients with a combination of an Eating Disorder and either a diagnosis of BPD or a history of self-harm and impulsivity in the previous 12 months.

#### **METHODS:**

We will complete a multi-site single-blind randomized controlled trial of MBT-ED vs SSCM-ED. Participants will be recruited from 3 Eating Disorder Services and 2 Borderline Personality Disorder Services in London. Participants allocated to MBT-ED will receive one year of weekly group and individual therapy and participants allocated to SSCM-ED will receive 20 sessions of individual therapy over 1 year. In addition, participants in both groups will have access to up to 5 hours of dietetic advice. The primary outcome measure is the global score on the Eating Disorders Examination. Secondary outcome measures include total score on the Zanarini BPD scale, the Object Relations Inventory, the Depression Anxiety Stress Scales, quality of life and cost-effectiveness. Measures are taken at recruitment and at 6 month intervals up to 18 months.

## DISCUSSION:

This is the first RCT of MBT-ED in patients with eating disorders and symptoms of BPD and will provide evidence to inform therapy decisions in this group of patients. During MBT-ED mentalization is encouraged, while in SSCM-ED it is not overtly addressed. Study of proposed moderating factors will help elucidate mechanisms of change in the two therapies and analysis of therapy and interview transcripts will provide qualitative information about the conduct of therapy and changes in mentalization and object relations. Trial registration: ISRCTN51304415.

## Free Article

PMID: 24555511 [PubMed - as supplied by publisher]

[Related citations](#)



10. Neuropsychiatr Dis Treat. 2014 Feb 10;10:267-75. doi: 10.2147/NDT.S49425. eCollection 2014.

## [Tinnitus: clinical experience of the psychosomatic connection.](#)

[Salviati M](#)<sup>1</sup>, [Bersani FS](#)<sup>1</sup>, [Terlizzi S](#)<sup>1</sup>, [Melcore C](#)<sup>1</sup>, [Panico R](#)<sup>1</sup>, [Romano GF](#)<sup>1</sup>, [Valeriani G](#)<sup>1</sup>, [Macrì F](#)<sup>1</sup>, [Altissimi G](#)<sup>2</sup>, [Mazzei F](#)<sup>2</sup>, [Testugini V](#)<sup>2</sup>, [Latini L](#)<sup>1</sup>, [Delle Chiaie R](#)<sup>1</sup>, [Biondi M](#)<sup>1</sup>, [Cianfrone G](#)<sup>2</sup>.

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<sup>1</sup>Department of Neurology and Psychiatry, Acute Psychiatric Ward (Servizio Psichiatrico di Diagnosi e Cura - SPDC), Sapienza University of Rome, Rome, Italy.

<sup>2</sup>Department of Sense Organs, Sapienza University of Rome, Rome, Italy.

## Abstract

## **BACKGROUND:**

The connection between psychopathology and tinnitus is complex and not adequately studied. The aim of this study is to investigate the relationship between tinnitus and psychiatric comorbidities from different points of view: categorical, dimensional, temperamental, and perceived stress level.

## **METHODS:**

Two hundred and thirty-nine patients affected by tinnitus were recruited between January and October 2012. Patients underwent a preliminary battery of tests including the Tinnitus Handicap Inventory (THI), Symptom Check List (SCL90-R), Temperament and Character Inventory (TCI), and Stress-Related Vulnerability Scale (VRS), and eventually a full psychiatric evaluation.

## **RESULTS:**

One hundred and fourteen patients (48% of the total sample) presented psychiatric comorbidity. Among these, a higher prevalence of depression, somatization, obsession, and anxiety was found. More than 41% of patients affected by decompensated tinnitus reported a family history of psychiatric disorders. Significant positive correlations between the psychopathological screening tools (SCL90-R and VRS) and THI were found. Patients affected by comorbid psychiatric disorder showed specific temperamental and characterial predispositions.

## **CONCLUSION:**

Psychiatric comorbidity in subjects affected by tinnitus is frequent. Stress can be considered as a factor leading to damage and dysfunction of the auditory apparatus. The vulnerability to neurotic disorders and the lack of coping capabilities can play a critical role in the clinical history of patients affected by severe tinnitus.

PMCID: PMC3925227 **Free PMC Article**

PMID: 24550676 [PubMed]

[Related citations](#)



11. Personal Disord. 2014 Feb 17. [Epub ahead of print]

## **Correction to Clark (2013).**

[No authors listed]

## **Abstract**

Reports an error in "A critique of Gunderson's views of DSM-5: Commentary on "Seeking clarity for future revisions of the personality disorders in DSM-5"" by Lee Anna Clark (Personality Disorders: Theory, Research, and Treatment, 2013[Oct], Vol 4[4], 379-380). The appendices were omitted (The following abstract of the original article appeared in record 2013-45025-014.) Comments on the original article by Gunderson (see record 2013-45025-012). This commentary has three sections: (a) gratitude and agreements, (b) factual issues, and (c) disagreements. Clark first acknowledges potential conflicts of interest: She was a work group (WG) member for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). Clark is also the author of a trait-dimensional measure for personality disorder (PD) assessment, and she has worked for PD trait-dimensional diagnosis since 1980, when she was shocked to learn that although the third edition of the DSM (American Psychiatric Association, 1980) defined PD in terms of maladaptive traits, PD diagnosis was not based systematically on traits. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24548187 [PubMed - as supplied by publisher]

[Related citations](#)

12. Psychol Assess. 2014 Feb 17. [Epub ahead of print]

## **The Psychology of Spite and the Measurement of Spitefulness.**

[Marcus DK](#), [Zeigler-Hill V](#), [Mercer SH](#), [Norris AL](#).

### **Abstract**

Spite is an understudied construct that has been virtually ignored within the personality, social, and clinical psychology literatures. This study introduces a self-report Spitefulness Scale to assess individual differences in spitefulness. The scale was initially tested on a large sample of 946 college students and cross-validated on a national sample of 297 adults. The scale was internally consistent in both samples. Factor analysis supported a 1-factor solution for the initial pool of 31 items. Item response theory analysis was used to identify the best performing of the original 31 items in the university sample and reduce the scale to 17 items. Tests of measurement invariance indicated that the items functioned similarly across both university and national samples, across both men and women, and across both ethnic majority and minority groups. Men reported higher levels of spitefulness than women, younger people were more spiteful than older people, and ethnic minority members reported higher levels of spitefulness than ethnic majority members. Across both samples, spitefulness was positively associated with aggression, psychopathy, Machiavellianism, narcissism, and guilt-free shame, and negatively correlated with self-esteem, guilt-proneness,

agreeableness, and conscientiousness. Ideally, this Spitefulness Scale will be able to predict behavior in both laboratory settings (e.g., ultimatum games, aggression paradigms) and everyday life, contribute to the diagnosis of personality disorders and oppositional defiant disorder, and encourage further study of this neglected, often destructive, trait. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24548150 [PubMed - as supplied by publisher]

[Related citations](#)

13. Autism. 2014 Feb 17. [Epub ahead of print]

## [Temperament and character as endophenotype in adults with autism spectrum disorders or attention deficit/hyperactivity disorder.](#)

[Sizoo BB](#)<sup>1</sup>, [van der Gaag RJ](#), [van den Brink W](#).

Author information:

<sup>1</sup>Dimence, The Netherlands.

### **Abstract**

Autism spectrum disorder and attention deficit/hyperactivity disorder overlap in several ways, raising questions about the nature of this comorbidity. Rommelse et al. published an innovative review of candidate endophenotypes for autism spectrum disorder and attention deficit/hyperactivity disorder in cognitive and brain domains. They found that all the endophenotypic impairments that were reviewed in attention deficit/hyperactivity disorder were also present in autism spectrum disorder, suggesting a continuity model with attention deficit/hyperactivity disorder as "a light form of autism spectrum disorder." Using existing data, 75 adults with autism spectrum disorder and 53 with attention deficit/hyperactivity disorder were directly compared on autistic symptoms with the autism spectrum quotient, and on the endophenotypic measure of temperament and character, using the Abbreviated (Dutch: Verkorte) Temperament and Character Inventory. Based on the hypothesis that attention deficit/hyperactivity disorder and autism spectrum disorder are disorders on a continuous spectrum, autism spectrum quotient scores and abbreviated Temperament and Character Inventory scores were expected to be different from normal controls in both disorders in a similar direction. In addition, the autism spectrum quotient and abbreviated Temperament and Character Inventory scores were expected to be closely correlated. These conditions applied to only two of the seven Abbreviated Temperament and Character Inventory scales (harm avoidance and self-directedness), suggesting that temperament and character as an endophenotype of autism spectrum disorder and attention

deficit/hyperactivity disorder provides only partial support for the continuity hypothesis of autism spectrum disorder and attention deficit/hyperactivity disorder.

PMID: 24535690 [PubMed - as supplied by publisher]

[Related citations](#)



14. Personal Ment Health. 2014 Feb;8(1):67-78. doi: 10.1002/pmh.1248. Epub 2013 Nov 21.

## **Field trial of a putative research algorithm for diagnosing ICD-11 personality disorders in psychiatric patients: 1. Severity of personality disturbance.**

[Kim YR](#)<sup>1</sup>, [Blashfield R](#), [Tyrer P](#), [Hwang ST](#), [Lee HS](#).

Author information:

<sup>1</sup>Department of Psychiatry, Seoul Paik Hospital, Inje University, Seoul, South Korea.

### **Abstract**

This preliminary field trial examines the reliability and validity of a proposed research algorithm for diagnosing International Classification of Diseases (ICD)-11 personality disorders and its association with other psychiatric assessments for the primary classification of a single dimension of the five severity levels of personality dysfunction. In total, 137 psychiatric patients (119 with personality disorders and 18 without personality disorders) in Korea were assessed. In the first part of the study, inter-rater reliability was evaluated with an independent assessment of personality (personality assessment schedule). In the second part of the study, (1) the algorithm that identified any personality disturbance was compared with the ICD-10 and DSM-IV personality disorder diagnostic equivalents, and (ii) the four levels of severity were examined for their associations with clinical pathology and social functioning. The results showed good agreement between the algorithm and the test instruments for identifying a personality disorder. A graded increase in clinical pathology and social dysfunction was observed with increasing severity of personality disorder. These findings suggest that a simple algorithm for recording severity of a personality disturbance had both construct validity and was useful in practice, which supports severity classification as a valuable concept. These findings need to be confirmed in other cultures and ethnic groups. Copyright © 2013 John Wiley & Sons, Ltd.

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PMID: 24532556 [PubMed - in process]

[Related citations](#)

## **Incarcerated youth with personality disorders: Prevalence, comorbidity and convergent validity.**

[Kaszynski K<sup>1</sup>](#), [Kallis DL](#), [Karnik N](#), [Soller M](#), [Hunter S](#), [Haapanen R](#), [Blair J](#), [Steiner H](#).

Author information:

<sup>1</sup>Psychology, Illinois Institute of Technology, Chicago, IL, USA; Department of Psychiatry, Wright State University, Fairborn, OH, USA.

### **Abstract**

#### **OBJECTIVE:**

The aims of this study were to examine the prevalence and comorbidities of personality disorders among incarcerated juveniles and to investigate the validity of these results.

#### **METHOD:**

A sample of 790 incarcerated youth (650 boys and 140 girls; mean age = 16.8 years) completed an assessment of Axis II diagnoses (Structured Interview for DSM-IV Personality). Subjects also completed secondary questionnaires assessing anger-irritability (Youth Self-Report (YSR)), aggression (YSR), delinquency (Massachusetts Youth Screening Instrument-2), and distress and restraint (Weinberger Adjustment Inventory).

#### **RESULTS:**

Personality disorders can be found among incarcerated youth at high rates. Many meet the criteria for more than one personality disorder. Those with personality disorders have significant elevations of anger-irritability, aggression, delinquency, and distress and reduced restraint compared with incarcerated youth without a personality disorder.

#### **CONCLUSIONS:**

Results indicate that personality disorders can be found in incarcerated youth at high rates. These findings further our understanding of chronic psychiatric illness and possibly criminal recidivism in this at-risk population. Addition of personality measures in the assessment of delinquents may assist in the development of more effective interventions. Furthermore, the supportive convergent validity of these findings in a population younger than 18 years may

indicate a need to reassess the current rationale for the diagnosis of Axis II disorders.  
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PMID: 24532554 [PubMed - in process]

[Related citations](#)

16. Personal Ment Health. 2014 Feb;8(1):30-41. doi: 10.1002/pmh.1239. Epub 2013 Aug 29.

## **Childhood maltreatment and personality disorders in the USA: Specificity of effects and the impact of gender.**

[Waxman R](#)<sup>1</sup>, [Fenton MC](#), [Skodol AE](#), [Grant BF](#), [Hasin D](#).

Author information:

<sup>1</sup>New York State Psychiatric Institute, New York, NY, 10032, USA.

### **Abstract**

Childhood maltreatment increases the risk for adult personality disorders (PDs), but several PDs or maltreatment types co-occur. Specificity of maltreatment-personality associations is poorly understood. Using a representative US population sample, we identified specific associations between maltreatment types (sexual, physical and emotional abuse and physical and emotional neglect) and PDs after controlling for basic demographics, parental psychopathology, co-occurring maltreatment types and comorbid PD. We then examined interactions of gender and maltreatment in predicting PDs. Each maltreatment type significantly predicted three-four PDs. Borderline and schizotypal PDs were most strongly predicted by sexual abuse, antisocial by physical abuse and avoidant and schizoid by emotional neglect. Specific vulnerabilities differ by gender; maltreated boys may respond with attention seeking and girls with social withdrawal. Findings highlight the importance of evaluating all forms of maltreatment even when they co-occur and can inform development of interventions to prevent personality pathology in at-risk children. Copyright © 2013 John Wiley & Sons, Ltd.

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PMCID: PMC3927226 **Free PMC Article**  
PMID: 24532553 [PubMed - in process]

[Related citations](#)



17. Personal Ment Health. 2014 Feb;8(1):24-9. doi: 10.1002/pmh.1238. Epub 2013 Jul 30.

## [The relevance of social capital for the treatment of personality disorders.](#)

[Paris J.](#)

Author information:

Institute of Community and Family Psychiatry, McGill University, Montreal, Quebec, Canada.

PMID: 24532552 [PubMed - in process]

[Related citations](#)

18. Epilepsy Behav. 2014 Feb 11. pii: S1525-5050(14)00023-7. doi: 10.1016/j.yebeh.2014.01.013. [Epub ahead of print]

## [Posttraumatic epilepsy - Disease or comorbidity?](#)

[Pitkänen A](#)<sup>1</sup>, [Kemppainen S](#)<sup>2</sup>, [Nnode-Ekane XE](#)<sup>3</sup>, [Huusko N](#)<sup>3</sup>, [Huttunen JK](#)<sup>4</sup>, [Gröhn O](#)<sup>4</sup>, [Immonen R](#)<sup>4</sup>, [Sierra A](#)<sup>4</sup>, [Bolkvadze T](#)<sup>3</sup>.

Author information:

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### **Abstract**

Traumatic brain injury (TBI) can cause a myriad of sequelae depending on its type, severity, and location of injured structures. These can include mood disorders, posttraumatic stress

disorder and other anxiety disorders, personality disorders, aggressive disorders, cognitive changes, chronic pain, sleep problems, motor or sensory impairments, endocrine dysfunction, gastrointestinal disturbances, increased risk of infections, pulmonary disturbances, parkinsonism, posttraumatic epilepsy, or their combinations. The progression of individual pathologies leading to a given phenotype is variable, and some progress for months. Consequently, the different post-TBI phenotypes appear within different time windows. In parallel with morbidogenesis, spontaneous recovery occurs both in experimental models and in human TBI. A great challenge remains; how can we dissect the specific mechanisms that lead to the different endophenotypes, such as posttraumatic epileptogenesis, in order to identify treatment approaches that would not compromise recovery? This article is part of a Special Issue entitled "NEWroscience 2013".

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PMID: 24529830 [PubMed - as supplied by publisher]

[Related citations](#)



19. Psychiatr Clin North Am. 2014 Mar;37(1):125-140. doi: 10.1016/j.psc.2013.11.003. Epub 2014 Jan 14.

## [Neuropsychiatry of Pediatric Traumatic Brain Injury.](#)

[Max JE.](#)

Author information:

Neuropsychiatric Research, Rady Children's Hospital, 3020 Children's Way, MC 5018, San Diego, CA 92123-4282, USA. Electronic address: [jmax@ucsd.edu](mailto:jmax@ucsd.edu).

### **Abstract**

Pediatric traumatic brain injury (TBI) is a major public health problem. Psychiatric disorders with onset before the injury are more common than population base rates. Novel (postinjury onset) psychiatric disorders (NPD) are also common and complicate child function after injury. Novel disorders include personality change due to TBI, secondary attention-deficit/hyperactivity disorder, other disruptive behavior disorders, and internalizing disorders. This article reviews preinjury psychiatric disorders as well as biopsychosocial risk factors and treatments for NPD.

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PMID: 24529428 [PubMed - as supplied by publisher]

[Related citations](#)

# Correlations of interpersonal sensitivity with negative working models of the self and other: evidence for link with attachment insecurity.

[Otani K](#), [Suzuki A](#)<sup>1</sup>, [Matsumoto Y](#), [Shibuya N](#), [Sadahiro R](#), [Enokido M](#).

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## **Abstract**

### **BACKGROUND:**

It has been suggested that interpersonal sensitivity, a personality trait associated with depression and anxiety disorders, is linked with attachment insecurity. To confirm this link, we studied the correlations of interpersonal sensitivity with working models of the self and other.

### **METHODS:**

The subjects were 301 healthy Japanese. Interpersonal sensitivity and working models of the self and other were assessed by the Interpersonal Sensitivity Measure (IPSM) and the Relationship Scales Questionnaire, respectively. The correlations of the IPSM total scores with the self-model or other-model scores were analyzed by the multiple regression analysis.

### **RESULTS:**

The IPSM total scores were correlated negatively with the self-model scores ( $\beta = -0.48$ ,  $p < 0.001$ ) and to a lesser extent with the other-model scores ( $\beta = -0.15$ ,  $p < 0.01$ ).

### **CONCLUSIONS:**

The present study suggests that interpersonal sensitivity is correlated with negative working models of the self and other, providing evidence for its link with attachment insecurity.

PMID: 24529211 [PubMed]

[Related citations](#)



21. Asian J Psychiatr. 2014 Feb;7(1):86-8. doi: 10.1016/j.ajp.2013.11.009. Epub 2013 Dec 1.

## **Personality disorders in Asians: Summary, and a call for cultural research.**

[Ryder AG](#)<sup>1</sup>, [Sun J](#)<sup>2</sup>, [Dere J](#)<sup>3</sup>, [Fung K](#)<sup>4</sup>.

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<sup>4</sup>Toronto Western Hospital, University of Toronto, Canada. Electronic address: [ken.fung@uhn.on.ca](mailto:ken.fung@uhn.on.ca).

### **Abstract**

Epidemiological studies show relatively low rates of personality disorder (PD) in Asian-origin samples, but these low rates may result from a lack of understanding about what constitutes PD in Asian cultural contexts. Research on etiology, assessment, and treatment has rarely been extended to incorporate ways in which culture might shape PDs in general, let alone among Asians in particular. PDs did not officially change in DSM-5, but an alternative dimensional system may help link the Asian PD literature to non-clinical personality research. Personality and culture are deeply intertwined, and the research literature on Asian PDs - and on PDs more generally - would benefit greatly from more research unpacking the cultural mechanisms of variation.

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PMID: 24524719 [PubMed - in process]

[Related citations](#)



22. Nature. 2014 Feb 13;506(7487):146-8. doi: 10.1038/506146a.

## **Medication: the smart-pill oversell.**

[Sharpe K](#).

PMID: 24522583 [PubMed - indexed for MEDLINE]

[Related citations](#)



23. Child Abuse Negl. 2014 Feb 9. pii: S0145-2134(13)00394-3. doi: 10.1016/j.chiabu.2013.12.007. [Epub ahead of print]

## **The impact of childhood abuse on inpatient substance users: Specific links with risky sex, aggression, and emotion dysregulation.**

[Banducci AN](#)<sup>1</sup>, [Hoffman EM](#)<sup>2</sup>, [Lejuez CW](#)<sup>2</sup>, [Koenen KC](#)<sup>3</sup>.

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<sup>3</sup>Columbia University Mailman School of Public Health, Columbia University, 722 West 168th Street, Room 720G, New York, NY 10032, USA.

### **Abstract**

Adults with substance use disorders (SUDs) report a high prevalence of childhood abuse. Research in the general population suggests specific types of abuse lead to particular negative outcomes; it is not known whether this pattern holds for adults with SUDs. We hypothesized that specific types of abuse would be associated with particular behavioral and emotional outcomes among substance users. That is, childhood sexual abuse would be associated with risky sex behaviors, childhood physical abuse with aggression, and childhood emotional abuse with emotion dysregulation. 280 inpatients (M age=43.3; 69.7% male; 88.4% African American) in substance use treatment completed the Childhood Trauma Questionnaire (CTQ), HIV Risk-Taking Behavior Scale, Addiction Severity Index, Difficulties with Emotion Regulation Scale (DERS), Distress Tolerance Scale (DTS), and Affect Intensity and Dimensions of Affiliation Motivation (AIM). Consistent with our hypotheses, the CTQ sexual abuse subscale uniquely predicted exchanging sex for cocaine and heroin, number of arrests for prostitution, engaging in unprotected sex with a casual partner during the prior year, and experiencing low sexual arousal when sober. The physical abuse subscale uniquely predicted number of arrests for assault and weapons offenses. The emotional abuse subscale uniquely predicted the DERS total score, AIM score, and DTS score. Among substance users, different types of abuse are uniquely associated with specific

negative effects. Assessment of specific abuse types among substance users may be informative in treatment planning and relapse prevention.

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PMID: 24521524 [PubMed - as supplied by publisher]

[Related citations](#)



24. Nord J Psychiatry. 2014 Feb 13. [Epub ahead of print]

## [Incidence and prevalence rates of personality disorders in Denmark-A register study.](#)

[Pedersen L](#)<sup>1</sup>, [Simonsen E](#).

Author information:

<sup>1</sup>Liselotte Pedersen, Associate Professor, Psychiatric Research Unit , Region Zealand , and Department of Psychology, University of Copenhagen , Denmark.

### **Abstract**

Background: Personality disorders (PDs) are prevalent in about one in every 10 adults. Prior to the introduction of the ICD-10 in Denmark, the incidence rate for PD (including schizotypal) among psychiatric patients was approximately 12% and the prevalence rate 14%. Aims: The aim of the present clinical epidemiology study is to investigate the use of ICD-10 PD as primary and secondary diagnoses in years 1995, 2000 and 2006, comorbid disorders and their relation to age and gender. Methods: The study includes all adult patients admitted to any psychiatric hospital (inpatients and outpatients) in Denmark. Results: Both incidence and prevalence rates of PD diagnoses decrease over the study period. It is evident that all specific diagnoses significantly decrease or remain stable whereas the unspecified and mixed type significantly increases constituting up to 50% of diagnoses. Emotionally unstable PD stands out as the single most prevalent covering around one third of PD diagnoses. A decrease is found in the prevalence of patients receiving a PD diagnosis as a primary diagnosis, but an increase as a secondary diagnosis (most often as comorbid to depression or anxiety disorder). Differences are found in relation to gender and age. Conclusion: PDs are among the most prevalent disorders; however, rates are decreasing in psychiatric settings. There seem to be a rather huge gap between clinical evaluation and research data on prevalence of PDs. Clinicians need more education and sufficient time for in-depth personality assessment of PDs in all patient groups.

PMID: 24520919 [PubMed - as supplied by publisher]

[Related citations](#)

25. Personal Disord. 2014 Feb 10. [Epub ahead of print]

## [Distinct Variants of Extreme Psychopathic Individuals in Society at Large: Evidence From a Population-Based Sample.](#)

[Drislane LE](#), [Patrick CJ](#), [Sourander A](#), [Sillanmäki L](#), [Aggen SH](#), [Elonheimo H](#), [Parkkola K](#), [Multimäki P](#), [Kendler KS](#).

### **Abstract**

This study used model-based cluster analysis to identify subtypes of men who scored high in overall psychopathy (i.e.,  $\geq 95$ th percentile on the Triarchic Psychopathy Measure;  $n = 193$ ) from a larger sample evaluated for service in the Finnish military ( $N = 4043$ ). Cluster variates consisted of scores on distinct facets of psychopathy together with a measure of negative affectivity. The best-fitting model specified 2 clusters, representing "primary" ( $n = 110$ ) and "secondary" psychopathy ( $n = 83$ ) groups. Compared to a low-psychopathy comparison group ( $n = 1878$ ), both psychopathy subgroups showed markedly elevated levels of externalizing symptoms and criminal behavior. Secondary psychopathic participants also reported high levels of internalizing problems including anxiousness, depression, and somatization, and scored higher on the disinhibition facet of psychopathy relative to the primary group. By contrast, primary psychopathic individuals reported fewer internalizing problems than either the secondary psychopathy or comparison groups and scored higher on the boldness facet of psychopathy. Primary psychopathic participants also had higher rates of violent crimes than the secondary psychopaths. Implications for conceptualizing and studying psychopathy in nonforensic populations are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24512459 [PubMed - as supplied by publisher]

[Related citations](#)

26. Personal Disord. 2014 Feb 10. [Epub ahead of print]

## [Stability of Narcissistic Personality Disorder: Tracking Categorical and](#)

# Dimensional Rating Systems Over a Two-Year Period.

[Vater A](#), [Ritter K](#), [Strunz S](#), [Ronningstam EF](#), [Renneberg B](#), [Roepke S](#).

## **Abstract**

Personality disorders are characterized as temporally stable patterns of symptoms (APA, 2000). However, evidence on the stability of narcissistic personality disorder (NPD) is generally lacking. This study tracked the prevalence and remission rates of individual criteria for NPD over the course of 2 years. In addition, the stability of dimensional personality pathology in patients with NPD (assessed with the Dimensional Assessment of Personality Pathology, DAPP-BQ) was assessed over time. A sample of 96 patients with a diagnosis of NPD was recruited at baseline. Forty patients participated in the follow-up assessment 2 years later. Our results indicate a moderate remission rate (53%) for NPD as a categorical diagnosis. However, single NPD criteria differed in their prevalence and temporal stability, similar to findings for other personality disorders. Moreover, scores on dimensional subscales of the DAPP-BQ remained stable over time. Theoretical implications are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24512458 [PubMed - as supplied by publisher]

[Related citations](#)

27. Personal Disord. 2014 Feb 10. [Epub ahead of print]

# Empathy in Narcissistic Personality Disorder: From Clinical and Empirical Perspectives.

[Baskin-Sommers A](#), [Krusemark E](#), [Ronningstam E](#).

## **Abstract**

Narcissistic personality disorder (NPD) is associated with an assortment of characteristics that undermine interpersonal functioning. A lack of empathy is often cited as the primary distinguishing feature of NPD. However, clinical presentations of NPD suggest that empathy is not simply deficient in these individuals, but dysfunctional and subject to a diverse set of motivational and situational factors. Consistent with this presentation, research illustrates that empathy is multidimensional, involving 2 distinct emotional and cognitive processes associated with a capacity to respectively understand and respond to others' mental and affective states. The goal of this practice review is to bridge the gap between our

psychobiological understanding of empathy and its clinical manifestations in NPD. We present 3 case studies highlighting the variability in empathic functioning in people with NPD. Additionally, we summarize the literature on empathy and NPD, which largely associates this disorder with deficient emotional empathy, and dysfunctional rather than deficient cognitive empathy. Because this research is limited, we also present empathy-based findings for related syndromes (borderline and psychopathy). Given the complexity of narcissism and empathy, we propose that multiple relationships can exist between these constructs. Ultimately, by recognizing the multifaceted relationship between empathy and narcissism, and moving away from an all or nothing belief that those with NPD simply lack empathy, therapists may better understand narcissistic patients' behavior and motivational structure. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24512457 [PubMed - as supplied by publisher]

[Related citations](#)

28. Personal Disord. 2014 Feb 10. [Epub ahead of print]

## [Pathological Personality Traits Can Capture DSM-IV Personality Disorder Types.](#)

[Miller JD](#), [Few LR](#), [Lynam DR](#), [Mackillop J](#).

### **Abstract**

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) includes an alternative diagnostic approach to the assessment of personality disorders (PDs) in Section III with the aim of stimulating further research. Diagnosis of a PD using this approach is predicated on the presence of personality impairment and pathological personality traits. The types of traits present (e.g., callousness vs. emotional lability) are used to derive DSM-IV PD scores. Concerns have been raised, however, that such a trait-based approach will yield PD constructs that differ substantially from those generated using the approaches articulated in previous iterations of the DSM. We empirically examined this issue in a sample of 109 adults who were currently receiving mental health treatment. More specifically, we examined the correlations between interview-based PD scores derived from DSM-IV to DSM-5 PD trait counts, and tested them in relation to the 30 specific facets of the five-factor model, as well as internalizing and externalizing symptoms. Overall, the DSM-IV PD scores and DSM-5 PD trait counts correlated significantly with one another ( $r = .63$ ), demonstrated similar patterns of interrelations among the PDs, and manifested highly similar patterns of correlations with general personality traits and symptoms of psychopathology. These results indicate that the DSM-5 PD trait counts specified in the alternative DSM-5 PD diagnostic approach capture the same constructs as those measured

using the more traditional DSM-IV diagnostic system. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24512456 [PubMed - as supplied by publisher]

[Related citations](#)

29. J Pers Disord. 2014 Feb 10. [Epub ahead of print]

## [The Validity and Clinical Utility of Structured Diagnoses of Antisocial Personality Disorder With Forensic Patients.](#)

[Marin-Avellan LE](#), [McGauley GA](#), [Campbell CD](#), [Fonagy P](#).

### **Abstract**

Current DSM-based instruments for personality disorders (PDs) limit the investigation of the course and outcome of treatment of these disorders. This study examined the validity of the Shedler-Westen Assessment Procedure-200 (SWAP-200) and the Structured Clinical Interview for DSM-IV Axis II PD (SCID-II) in a sample of forensic PD patients. Results based on 66 participants indicated that the SWAP-200 Q-factors reduced the frequency of diagnostic comorbidity of PD categories by half compared with the SCID-II. Only the SWAP-200's Antisocial PD category showed good convergent and discriminant validity with respect to other instruments describing aspects of PD. The validity of the cutoff score for severe antisocial PD was confirmed, and this category predicted severe incidents in the hospital at 1 year of follow-up. A violence risk scale was constructed, which differentiated violent and nonviolent offenders. The results support the validity of the SWAP-200 and its potential clinical utility with forensic PD patients.

PMID: 24511901 [PubMed - as supplied by publisher]

[Related citations](#)



30. J Pers Disord. 2014 Feb 10. [Epub ahead of print]

# Openness to Experience, Intellect, Schizotypal Personality Disorder, and Psychoticism: Resolving the Controversy.

[Chmielewski M](#), [Bagby RM](#), [Markon K](#), [Ring AJ](#), [Ryder AG](#).

## **Abstract**

Section III of DSM-5 includes an alternative model for personality disorders comprising five higher-order pathological personality traits, four of which resemble domains from the Big Five/Five-Factor Model of Personality (FFM). There has, however, been considerable debate regarding the association of FFM Openness-to-Experience/Intellect (OE/I) with DSM-5 Psychoticism and Schizotypal Personality Disorder (STPD). The authors identify several limitations in the literature, including inattention to (a) differences in the conceptualization of OE/I in the questionnaire and lexical traditions and (b) the symptom heterogeneity of STPD. They then address these limitations in two large patient samples. The results suggest that OE/I per se is weakly associated with Psychoticism and STPD symptoms. However, unique variance specific to the different conceptualizations of OE/I demonstrates much stronger associations, often in opposing directions. These results clarify the debate and the seemingly discrepant views that OE/I is unrelated to Psychoticism and contains variance relevant to Psychoticism.

PMID: 24511900 [PubMed - as supplied by publisher]

[Related citations](#)



31. J Pers Disord. 2014 Feb 10. [Epub ahead of print]

# The Structure and Correlates of Self-Reported DSM-5 Maladaptive Personality Traits: Findings From Two German-Speaking Samples.

[Zimmermann J](#), [Altenstein D](#), [Krieger T](#), [Holtforth MG](#), [Pretsch J](#), [Alexopoulos J](#), [Spitzer C](#), [Benecke C](#), [Krueger RF](#), [Markon KE](#), [Leising D](#).

## **Abstract**

The authors investigated the structure and correlates of DSM-5 maladaptive personality traits in two samples of 577 students and 212 inpatients using the German self-report form of the Personality Inventory for DSM-5. They found that (a) the factor structure of DSM-5 trait facets is largely in line with the proposed trait domains of Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism; (b) all DSM-5 trait domains except Psychoticism are highly related to the respective domains of the Five-Factor Model of personality; (c) the trait facets are positively associated with a self-report measure of general personality dysfunction; and (d) the DSM-5 trait facets show differential associations with a range of self-reported DSM-IV Axis I disorders. These findings give further support to the new DSM-5 trait model and suggest that it may generalize to other languages and cultures. PMID: 24511899 [PubMed - as supplied by publisher]

[Related citations](#)



32. J Atten Disord. 2014 Feb 7. [Epub ahead of print]

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

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

### **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. (J. of Att. Dis. XXXX; XX(X) XX-XX).

PMID: 24510476 [PubMed - as supplied by publisher]

[Related citations](#)



33. Schizophr Res. 2014 Feb 6. pii: S0920-9964(14)00044-9. doi: 10.1016/j.schres.2014.01.021.  
[Epub ahead of print]

## [Quantitative electroencephalography as a biomarker for proneness toward developing psychosis.](#)

[Fuggetta G](#)<sup>1</sup>, [Bennett MA](#)<sup>2</sup>, [Duke PA](#)<sup>2</sup>, [Young AM](#)<sup>2</sup>.

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<sup>2</sup>School of Psychology, College of Medicine, Biological Sciences and Psychology, University of Leicester, United Kingdom.

### **Abstract**

The fully dimensional approach to the relationship between schizotypal personality traits and schizophrenia describes schizotypy as a continuum throughout the general population ranging from low schizotypy (LoS) and psychological health to high schizotypy (HiS) and psychosis-proneness. However, no biological markers have yet been discovered that reliably quantify an individual's degree of schizotypy and/or psychosis. This study aimed to evaluate quantitative electroencephalographic (qEEG) measures of power spectra as potential biomarkers of the proneness towards the development of psychosis in schizotypal individuals. The resting-state oscillatory brain dynamics under eyes-closed condition from 16 LoS and 16 HiS individuals were analysed for qEEG measures of background rhythm frequency, relative power in  $\delta$ ,  $\theta$ , low- $\alpha$ , high- $\alpha$ , low- $\beta$ , high- $\beta$  and low- $\gamma$  frequency bands, and the high-temporal cross-correlation of power spectra between low- and high-frequency bands observed by averaging signals from whole-head EEG electrodes. HiS individuals at rest locked the thalamocortical loop in the low- $\alpha$  band at a lower-frequency oscillation and displayed an abnormally high level of neural synchronisation. In addition, the high- $\alpha$  band was found to be positively correlated with both the high- $\beta$  and low- $\gamma$  bands unlike LoS individuals, indicating widespread thalamocortical resonance in HiS individuals. The increase of regional alpha oscillations in HiS individuals suggests abnormal high-level attention, whereas the pattern of correlation between frequency bands resembles the thalamocortical dysrhythmia phenomenon which underlies the symptomatology of a variety of neuropsychiatric disorders including schizophrenia. These qEEG biomarkers may aid clinicians in identifying HiS individuals with a high-risk of developing psychosis.

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PMID: 24508484 [PubMed - as supplied by publisher]

[Related citations](#)



34. BMC Psychiatry. 2014 Feb 8;14(1):33. [Epub ahead of print]

## [Delayed sleep onset in depressed young people.](#)

[Glozier N](#), [O Dea B](#), [McGorry PD](#), [Pantelis C](#), [Amminger GP](#), [Hermens DF](#), [Purcell R](#), [Scott E](#), [Hickie IB](#).

### **Abstract**

#### **BACKGROUND:**

The circadian abnormality of delayed sleep phase has been suggested to characterise a subgroup of depressed young adults with different risk factors and course of illness. We aim to assess the prevalence and factors, particularly substance use, associated with such delay in a large help seeking cohort of young people with mental health problems.

#### **METHODS:**

From a consecutively recruited sample of 802 help seeking young people, 305 (38%) had at least moderate depressive symptoms (QIDS-C16 >10), sleep data and did not have a chronic severe mental illness. Demographic and clinical characteristics were evaluated through self report and clinical interview. Delayed sleep phase was defined as a sleep onset between the hours of 02.00 - 06.00 and the characteristics of this group were compared to normal phase sleepers.

#### **RESULTS:**

Delayed sleep onset was reported amongst 18% (n = 56/305) of the depressed group compared to 11% of the non depressed young people. Amongst the depressed group, delayed sleep onset was associated with tobacco, alcohol and cannabis misuse and short sleep duration (x: 5.8 hrs vs. x: 7.8 hrs). There were no differences in demographic factors, personality traits or symptoms. Tobacco smoking was very common: In logistic regression analyses only tobacco use (OR 2.28, 95% CI: 1.04 - 5.01) was associated with delayed sleep onset. There was no interaction with age.

#### **CONCLUSIONS:**

Delayed sleep was twice as common in depressed young people as the general population and young people with other mental health problems, and is a potential marker for a subgroup of mood disorders. Those with delayed sleep onset were not more severely depressed but had short sleep duration, a risk for chronic psychological ill health, and higher levels of tobacco use. Nicotine use was common in this group, has biological evidence as a sleep disrupter, and requires specifically addressing in this population.

### Free Article

PMID: 24506941 [PubMed - as supplied by publisher]

[Related citations](#)



35. BMC Psychiatry. 2014 Feb 5;14(1):32. [Epub ahead of print]

## [The CLIMATE schools combined study: a cluster randomised controlled trial of a universal Internet-based prevention program for youth substance misuse, depression and anxiety.](#)

[Teesson M](#), [Newton NC](#), [Slade T](#), [Chapman C](#), [Allsop S](#), [Hides L](#), [McBride N](#), [Mewton L](#), [Tonks Z](#), [Birrell L](#), [Brownhill L](#), [Andrews G](#).

### Abstract

#### BACKGROUND:

Anxiety, depressive and substance use disorders account for three quarters of the disability attributed to mental disorders and frequently co-occur. While programs for the prevention and reduction of symptoms associated with (i) substance use and (ii) mental health disorders exist, research is yet to determine if a combined approach is more effective. This paper describes the study protocol of a cluster randomised controlled trial to evaluate the effectiveness of the CLIMATE Schools Combined intervention, a universal approach to preventing substance use and mental health problems among adolescents. Methods/design: Participants will consist of approximately 8400 students aged 13 to 14-years-old from 84 secondary schools in New South Wales, Western Australia and Queensland, Australia. The schools will be cluster randomised to one of four groups; (i) CLIMATE Schools Combined intervention; (ii) CLIMATE Schools - Substance Use; (iii) CLIMATE Schools - Mental Health, or (iv) Control (Health and Physical Education as usual). The primary outcomes of the trial will be the uptake and harmful use of alcohol and other drugs, mental health

symptomatology and anxiety, depression and substance use knowledge. Secondary outcomes include substance use related harms, self-efficacy to resist peer pressure, general disability, and truancy. The link between personality and substance use will also be examined.

## **DISCUSSION:**

Compared to students who receive the universal CLIMATE Schools - Substance Use, or CLIMATE Schools - Mental Health or the Control condition (who received usual Health and Physical Education), we expect students who receive the CLIMATE Schools Combined intervention to show greater delays to the initiation of substance use, reductions in substance use and mental health symptoms, and increased substance use and mental health knowledge. Trial registration: This trial is registered with the Australian and New Zealand Clinical Trials registry, ACTRN12613000723785.

### **Free Article**

PMID: 24499060 [PubMed - as supplied by publisher]

[Related citations](#)



36. Exp Brain Res. 2014 Feb 5. [Epub ahead of print]

## **Sleep difficulties are associated with increased symptoms of psychopathology.**

[Tkachenko O<sup>1</sup>](#), [Olson EA](#), [Weber M](#), [Preer LA](#), [Gogel H](#), [Killgore WD](#).

Author information:

<sup>1</sup>Center for Depression, Anxiety, and Stress Research, McLean Hospital, 115 Mill Street, Belmont, MA, 02478, USA.

### **Abstract**

Sleep problems often co-occur with psychopathological conditions and affective dysregulation. Individuals with mood disorders have significantly higher rates of sleep disturbances than healthy individuals, and among those with mood disorders, sleep problems are associated with lower rates of remission and response to treatment. Sleep disruption may itself be a risk factor for various forms of psychopathology, as experimental sleep deprivation has been found to lead to increased affective, cognitive, and somatic symptoms within healthy volunteers. However, little is known about the relationship between recurring sleep complaints in a naturalistic environment and symptoms of psychopathology among healthy individuals. In the present study, 49 healthy adults (21 males and 28 females) reported sleep quality and completed the Personality Assessment Inventory, a standardized self-report assessment of symptoms of psychopathology. Consistent with prior published

findings during total sleep deprivation, individuals endorsing self-reported naturally occurring sleep problems showed higher scores on scales measuring somatic complaints, anxiety, and depression. Furthermore, the reported frequency of sleep disturbance was closely linked with the severity of self-reported symptoms. While causal directionality cannot be inferred, these findings support the notion that sleep and emotional functioning are closely linked.

PMID: 24496489 [PubMed - as supplied by publisher]

[Related citations](#)



37. Psychol Assess. 2014 Feb 3. [Epub ahead of print]

## [Dimensional Latent Structure of Somatic Symptom Reporting in Two Representative Population Studies: Results From Taxometric Analyses.](#)

[Kliem S](#), [Beller J](#), [Kröger C](#), [Birowicz T](#), [Zenger M](#), [Brähler E](#).

### **Abstract**

Somatoform disorders are characterized by somatic symptoms that suggest a medical condition when such a condition is not present. Recently, Thomas and Locke (2010) and Jasper, Hiller, Rist, Bailer, and Witthöft (2012) found that the latent status of somatic symptom reporting may be best viewed from a dimensional perspective in a student, primary care, and an epilepsy-monitoring-unit setting using the Minnesota Multiphasic Personality Inventory-2-Restructured Form Somatic Complaints (RC1) Scale and Patient Health Questionnaire (PHQ-15). To determine whether the latent status of somatic symptom reporting is dimensional in general population samples and across other measures, we analyzed the latent status of somatic symptom reporting in 2 large general German population samples using the PHQ-15 and Screening for Somatoform Symptoms (SOMS-7; N1 = 2,469; N2 = 2,434). We applied 3 popular taxometric methods: MAXEIG, MAMBAC, and L-Mode. In both samples, the analyses indicated a dimensional solution. Hence, the latent structure of somatic symptom reporting encompasses differences in degree rather than kind. Implications of the dimensional latent status of somatoform disorders regarding assessment and causality are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24490682 [PubMed - as supplied by publisher]

[Related citations](#)

38. Psychol Assess. 2014 Feb 3. [Epub ahead of print]

## [Do Maladaptive Behaviors Exist at One or Both Ends of Personality Traits?](#)

[Pettersson E](#), [Mendle J](#), [Turkheimer E](#), [Horn EE](#), [Ford DC](#), [Simms LJ](#), [Clark LA](#).

### **Abstract**

In the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; American Psychiatric Association, 2013) personality disorder trait model, maladaptive behavior is located at one end of continuous scales. Widiger and colleagues, however, have argued that maladaptive behavior exists at both ends of trait continua. We propose that the role of evaluative variance differentiates these two perspectives and that once evaluation is isolated, maladaptive behaviors emerge at both ends of nonevaluative trait dimensions. In Study 1, we argue that evaluative variance is worthwhile to measure separately from descriptive content because it clusters items by valence regardless of content (e.g., lazy and workaholic; apathetic and anxious; gullible and paranoid; timid and hostile, etc.), which is unlikely to describe a consistent behavioral style. We isolate evaluation statistically (Study 2) and at the time of measurement (Study 3) to show that factors unrelated to valence evidence maladaptive behavior at both ends. We argue that nonevaluative factors, which display maladaptive behavior at both ends of continua, may better approximate ways in which individuals actually behave. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

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1. Psychiatry Res. 2014 Mar 11. pii: S0165-1781(14)00185-1. doi: 10.1016/j.psychres.2014.03.007. [Epub ahead of print]

# [Screening for personality disorder in drug and alcohol dependence.](#)

[Gonzalez C.](#)

Author information:

East London NHS Foundation Trust Newham Centre for Mental Health Cherry Tree Way, Glen Road, London E13 8SP, United Kingdom.

## **Abstract**

Comorbidity of personality disorders in addiction is common, and there is a need for efficient detection methods. This study describes the use of two quick screening instruments: the self-reported versions of the Iowa Personality Disorder Screen (IPDS-SR) and the Standardised Assessment of Personality Abbreviated Scale (SAPAS-SR). The sample included 53 inpatients dependent on alcohol and/or drugs, with a 42% prevalence of any DSM-IV personality disorder. The Personality Assessment Schedule (PAS) was used as gold standard. Receiver-Operant-Characteristic (ROC) was used for analysis. The Area Under the Curve for the IPDS-SR was 0.84 (95% CI 0.72-0.93) and for the SAPAS-SR was 0.82 (95% CI 0.70-0.93). An IPDS-SR score of 5 or more correctly classified 77.4% of patients, with a sensitivity of 86.4% and a specificity of 71%. A SAPAS-SR score of 4 or more correctly classified 73.6% of patients, with a sensitivity of 81.8% and a specificity of 67.7%. Both instruments were quick, easy to administer, and acceptable to use by this population. They can be implemented in routine clinical practice in busy substance misuse departments. However further research into the implications of positive screenings is required.

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PMID: 24680874 [PubMed - as supplied by publisher]

2. Cancer Treat Rev. 2014 Mar 12. pii: S0305-7372(14)00044-9. doi: 10.1016/j.ctrv.2014.03.001. [Epub ahead of print]

## **Psychosocial predictors of health outcomes in colorectal cancer: A comprehensive review.**

[Sales PM](#)<sup>1</sup>, [Carvalho AF](#)<sup>2</sup>, [McIntyre RS](#)<sup>3</sup>, [Pavlidis N](#)<sup>4</sup>, [Hyphantis TN](#)<sup>5</sup>.

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### **Abstract**

#### **BACKGROUND:**

A diagnosis of colorectal cancer (CRC) and its long-term treatment may lead to significant psychological distress and impaired health-related quality of life (HRQoL) for a significant proportion of patients.

#### **METHODS:**

We searched the PubMed/MEDLINE electronic database for available literature on the associations between personality characteristics, depression, psychological distress and HRQoL in CRC. Additional references were identified through the citation tracking of the included articles.

#### **RESULTS:**

Recent evidence indicates that Type-D (distressed) personality may predict distress among CRC patients. Additionally, other personality traits, such as specific ego defense mechanisms, influence the coping responses and HRQoL. Although the presence of a stoma has been linked to the development of depressive symptoms and impairment in HRQoL in CRC patients, more prospective studies are necessary to confirm these associations. Sense of coherence (SOC) has

both a moderating and mediating effect on health (especially mental health and HRQoL), and preliminary data indicate that SOC may be an independent predictor of CRC survival.

## **CONCLUSIONS:**

The interplay between personality variables during the elaboration of "the impaired role" is complex, and the assessment of personality traits may be incorporated into a comprehensive psychosomatic evaluation of CRC patients. More well-designed prospective investigations are necessary to establish the contributory role of personality dimensions for the development of and protection from distress and impairment in the HRQoL of CRC patients, which could eventually lead to the development of psychosocial interventions that are personalized to this patient population (for example, manual-based psychotherapies).

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PMID: 24679516 [PubMed - as supplied by publisher]

3. J Trauma Dissociation. 2014 Mar 28. [Epub ahead of print]

# **Dissociative Amnesia in Dissociative Disorders and Borderline Personality Disorder: Self-Rating Assessment in a College Population.**

[Sar V<sup>1</sup>](#), [Alioğlu F](#), [Akyuz G](#), [Karabulut S](#).

Author information:

<sup>1</sup>a Professor of Psychiatry and Director, Clinical Psychotherapy Unit and Dissociative Disorders Program, Department of Psychiatry, Medical Faculty of Istanbul , University of Istanbul , Istanbul , Turkey.

## **Abstract**

**ABSTRACT** Dissociative amnesia (DA) among subjects with a dissociative disorder and/or borderline personality disorder (BPD) recruited from a non-clinical population was examined. The Steinberg Dissociative Amnesia Questionnaire (SDAQ), the Childhood Trauma Questionnaire (CTQ), and the self-report screening tool of the BPD section of the Structured Clinical Interview for DSM-IV (SCID-BPD) were administered to 1301 college students. Eighty participants who were diagnosed with BPD according to the clinician-administered SCID-BPD, and 111 non-borderline controls were evaluated using the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) by a psychiatrist blind to diagnosis and scale scores. Internal consistency analyses and test-retest evaluations suggested that the

SDAQ is a reliable instrument for the studied population. Of the participants, 20.6% reported a SDAQ score of 20 or above and impairment by DA. Those who had both dissociative disorder and BPD (n = 78) had the highest SDAQ scores. Both disorders had significant effects on the SCID-D total and amnesia scores in variance analysis. On SDAQ scores, however, only BPD had this effect. There was significant interaction between two disorders for the SCID-D total but not for the SDAQ and SCID-D amnesia scores. BPD represented the severity of dissociation and childhood trauma in this study group. However, in contrast to the dissociative disorders, BPD was characterized by better awareness of DA in self-report. The discrepancies between self-report and clinical interview associated with BPD and dissociative disorders are discussed in the context of betrayal theory (Freyd, 1994) of BPD and perceptual theory (Beere, 2009) of dissociative disorders.

PMID: 24678926 [PubMed - as supplied by publisher]

4. Ageing Res Rev. 2014 Mar 24. pii: S1568-1637(14)00040-3. doi: 10.1016/j.arr.2014.03.003. [Epub ahead of print]

## Multivariate models of subjective caregiver burden in dementia; a systematic review.

[van der Lee J](#)<sup>1</sup>, [Bakker TJ](#)<sup>2</sup>, [Duivenvoorden HJ](#)<sup>3</sup>, [Dröes RM](#)<sup>4</sup>.

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<sup>4</sup>Department of General Practice & Elderly Care Medicine, EMGO Institute for Health and Care Research VU University Amsterdam/VU University Medical Centre, Amsterdam/GGZ Ingeest, Amsterdam, The Netherlands. Electronic address: [r.droes@ggzingeest.nl](mailto:r.droes@ggzingeest.nl).

### **Abstract**

#### **BACKGROUND:**

Burden in dementia caregivers is a complex and multidimensional construct. Several models of burden and other representations of burden like depression or mental health are described

in literature. To clarify the state of science, we systematically reviewed complex models that include both patient and caregiver determinants of caregiver burden.

**OBJECTIVE:**

A review of determinant models of caregiver burden.

**DESIGN:**

Systematic review DATA SOURCES: Electronic databases PubMed, PsycInfo and EMBase were searched in December 2013.

**STUDY SELECTION AND ANALYSIS:**

Research studies with quantitative outcome measures of caregiver burden or burden-related concepts, including both patient and caregiver functional characteristics as determinants. We categorized the determinant variables in the models and calculated the percentages of proven determinants within each category.

**RESULTS:**

We found 32 studies with burden models and 24 depression and mental health models. Patient behavioral problems, caregiver coping and personality traits and competence are most consistent determinants of caregiver burden, depression and mental health. Behavioral problems are more significant than cognitive disorders or lack of self-care. Of all measured caregiver personality traits, neuroticism has the strongest impact on caregiver burden. Regarding caregiver competences, feeling competent or enjoying higher self-efficacy in general diminish caregiver burden and promote caregiver mental health.

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PMID: 24675045 [PubMed - as supplied by publisher]

[Related citations](#)



5. Front Behav Neurosci. 2014 Mar 14;8:86. doi: 10.3389/fnbeh.2014.00086. eCollection 2014.

**[Ventral striatal dopamine synthesis capacity is associated with individual differences in behavioral disinhibition.](#)**

[Lawrence AD](#)<sup>1</sup>, [Brooks DJ](#)<sup>2</sup>.

Author information:

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Department of Nuclear Medicine, PET Centre, Aarhus University Aarhus, Denmark.

## Abstract

Pathological gambling, alongside addictive and antisocial disorders, forms part of a broad psychopathological spectrum of externalizing disorders, which share an underlying genetic vulnerability. The shared externalizing propensity is a highly heritable, continuously varying trait. Disinhibitory personality traits such as impulsivity and novelty seeking (NS) function as indicators of this broad shared externalizing tendency, which may reflect, at the neurobiological level, variation in the reactivity of dopaminergic (DAergic) brain reward systems centered on the ventral striatum (VS). Here, we examined whether individual differences in ventral striatal dopamine (DA) synthesis capacity were associated with individual variation in disinhibitory personality traits. Twelve healthy male volunteers underwent 6-[(18)F]Fluoro-L-DOPA (FDOPA) positron emission tomography (PET) scanning to measure striatal DA synthesis capacity, and completed a measure of disinhibited personality (NS). We found that levels of ventral, but not dorsal, striatal DA synthesis capacity were significantly correlated with inter-individual variation in disinhibitory personality traits, particularly a propensity for financial extravagance and irresponsibility. Our results are consistent with preclinical models of behavioral disinhibition and addiction proneness, and provide novel insights into the neurobiology of personality based vulnerability to pathological gambling and other externalizing disorders.

PMCID: PMC3954060 **Free PMC Article**

PMID: 24672449 [PubMed]

[Related citations](#)



6. Neuropsychiatr Dis Treat. 2014 Mar 17;10:487-91. doi: 10.2147/NDT.S57627. eCollection 2014.

## [Dissociation in schizophrenia and borderline personality disorder.](#)

[Pec O](#)<sup>1</sup>, [Bob P](#)<sup>2</sup>, [Raboch J](#)<sup>3</sup>.

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<sup>3</sup>Center for Neuropsychiatric Research of Traumatic Stress, Department of Psychiatry, First Faculty of Medicine, Charles University, Prague, Czech Republic.

## **Abstract**

### **BACKGROUND:**

Dissociation likely plays a key role in schizophrenia and borderline personality disorder (BPD), although empirical studies that compare specific manifestations of these symptoms in schizophrenia and BPD are rare. In this context, the purpose of this study was to compare the occurrence of dissociative and other psychopathological symptoms in these disorders, and to assess the possible influence of antipsychotic medication on the dissociative symptoms.

### **METHODS:**

We assessed 31 patients with schizophrenia and 36 patients with BPD. Dissociative symptoms were measured by the Dissociative Experiences Scale (DES), symptoms related to stress and traumatic experiences were assessed using the Trauma Symptom Checklist-40 (TSC-40), and other psychopathological symptoms were measured with the Health of the Nation Outcome Scales (HoNOS). We also assessed actual daily doses of antipsychotic medication in chlorpromazine equivalents in all participants.

### **RESULTS:**

The results show that symptoms of traumatic stress measured by the TSC-40 had significantly higher scores in the BPD group. The data also show that dissociative symptoms (DES) were significantly correlated with symptoms of traumatic stress (TSC-40) and with symptoms assessed by the HoNOS. Remarkably significant correlations were found between levels of antipsychotic medication and the DES and between antipsychotic medication and the depersonalization/derealization component of the DES in BPD patients.

### **CONCLUSION:**

The results support an important role of dissociative processes in schizophrenia and BPD and suggest a significant relationship between manifestations of dissociative symptoms in BPD and antipsychotic medication.

PMCID: PMC3964156 **Free PMC Article**

PMID: 24672239 [PubMed]

[Related citations](#)



# **Abnormal Functional Brain Connectivity and Personality Traits in Myotonic Dystrophy Type 1.**

[Serra L](#)<sup>1</sup>, [Silvestri G](#)<sup>2</sup>, [Petrucci A](#)<sup>3</sup>, [Basile B](#)<sup>1</sup>, [Masciullo M](#)<sup>4</sup>, [Makovac E](#)<sup>1</sup>, [Torso M](#)<sup>1</sup>, [Spanò B](#)<sup>1</sup>, [Mastropasqua C](#)<sup>1</sup>, [Harrison NA](#)<sup>5</sup>, [Bianchi ML](#)<sup>6</sup>, [Giacanelli M](#)<sup>3</sup>, [Caltagirone C](#)<sup>7</sup>, [Cercignani M](#)<sup>5</sup>, [Bozzali M](#)<sup>1</sup>.

Author information:

<sup>1</sup>Neuroimaging Laboratory, Istituto di Ricovero e Cura a Carattere Scientifico (IRCCS) Santa Lucia Foundation, Rome, Italy.

<sup>2</sup>Department of Geriatrics, Orthopedics and Neuroscience, Institute of Neurology, Catholic University of Sacred Heart, Rome, Italy.

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<sup>4</sup>Department of Geriatrics, Orthopedics and Neuroscience, Institute of Neurology, Catholic University of Sacred Heart, Rome, Italy<sup>4</sup>Department of Neurorehabilitation, IRCCS San Raffaele Pisana, Rome, Italy.

<sup>5</sup>Clinical Imaging Sciences Centre, Brighton and Sussex Medical School, University of Sussex, Brighton, England.

<sup>6</sup>Department of Geriatrics, Orthopedics and Neuroscience, Institute of Neurology, Catholic University of Sacred Heart, Rome, Italy<sup>6</sup>Fondazione Don C. Gnocchi Onlus, Milan, Italy.

<sup>7</sup>Department of Clinical and Behavioural Neurology, IRCCS Santa Lucia Foundation, Rome, Italy<sup>8</sup>Department of Neuroscience, University of Rome Tor Vergata, Rome, Italy.

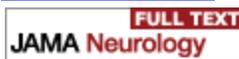
## **Abstract**

**IMPORTANCE** Myotonic dystrophy type 1 (DM1), the most common muscular dystrophy observed in adults, is a genetic multisystem disorder affecting several other organs besides skeletal muscle, including the brain. Cognitive and personality abnormalities have been reported; however, no studies have investigated brain functional networks and their relationship with personality traits/disorders in patients with DM1. **OBJECTIVE** To use resting-state functional magnetic resonance imaging to assess the potential relationship between personality traits/disorders and changes to functional connectivity within the default mode network (DMN) in patients with DM1. **DESIGN, SETTING, AND PARTICIPANTS** We enrolled 27 patients with genetically confirmed DM1 and 16 matched healthy control individuals. Patients underwent personality assessment using clinical interview and Minnesota Multiphasic Personality Inventory-2 administration; all participants underwent resting-state functional magnetic resonance imaging. Investigations were conducted at the Istituto di Ricovero e Cura a Carattere Scientifico Santa Lucia Foundation, Catholic University of Sacred Heart, and Azienda Ospedaliera San Camillo Forlanini. **INTERVENTION** Resting-

state functional magnetic resonance imaging. **MAIN OUTCOMES AND MEASURES** Measures of personality traits in patients and changes in functional connectivity within the DMN in patients and controls. Changes in functional connectivity and atypical personality traits in patients were correlated. **RESULTS** We combined results obtained from the Minnesota Multiphasic Personality Inventory-2 and clinical interview to identify a continuum of atypical personality profiles ranging from schizotypal personality traits to paranoid personality disorder within our DM1 patients. We also demonstrated an increase in functional connectivity in the bilateral posterior cingulate and left parietal DMN nodes in DM1 patients compared with controls. Moreover, patients with DM1 showed strong associations between DMN functional connectivity and schizotypal-paranoid traits. **CONCLUSIONS AND RELEVANCE** Our findings provide novel biological evidence that DM1 is a clinical condition that also involves an alteration of functional connectivity of the brain. We speculate that these functional brain abnormalities, similarly to frank psychiatric disorders, may account for the atypical personality traits observed in patients with DM1.

PMID: 24664202 [PubMed - as supplied by publisher]

[Related citations](#)



8. Scand J Public Health. 2014 Mar 24. [Epub ahead of print]

## [Relationship of SOC with sociodemographic variables, mental disorders and mortality.](#)

[Mattisson C](#)<sup>1</sup>, [Horstmann V](#), [Bogren M](#).

Author information:

<sup>1</sup>Department of Clinical Sciences in Lund, Division of Psychiatry, The Lundby Study, Lund University Hospital, Sweden.

### **Abstract**

#### **BACKGROUND:**

SOC is associated with wellbeing and health. The Lundby Study is a cohort study of an unselected population (n=3563) in whom mental health and personality traits have been assessed since 1947, with follow ups in 1957, 1972, and 1997. Aim: To describe the relationship of Antonovsky's 29-item sense of coherence scale (SOC) and its three subscales (comprehensibility, manageability, and meaningfulness) to mental health and mortality in an unselected middle-aged and elderly community cohort, controlling for gender, age, marital status, and socioeconomic status. Another aim was to analyse the three-factor structure of the SOC. Methods: Of the 1797 surviving subjects in 1997, 1559 participated in a semistructured diagnostic interview, and 1164 subjects completed the SOC questionnaire. Psychiatrists performed diagnostic evaluations. Collateral information was obtained from case notes and

registers. Dates of death from 1997-2011 were obtained from the cause of death register. Results: SOC scores showed no sex differences, but were positively correlated with age. SOC scores were higher in married relative to unmarried participants and in blue-collar workers and self-employed individuals relative to white-collar workers. Total SOC and subscale scores were negatively correlated with depressive, anxiety, organic, and psychotic disorders. Male gender was positively correlated with comprehensibility and female gender was positively correlated with manageability and meaningfulness. Higher comprehensibility scores were correlated with lower mortality. Conclusions: SOC scores increased with age, were higher for blue-collar workers, and were lower for individuals with psychiatric disorders. Higher comprehensibility scores were associated with lower mortality. However, there was only weak evidence for a three-factor structure.

PMID: 24662308 [PubMed - as supplied by publisher]

[Related citations](#)



9. Psychol Assess. 2014 Mar 24. [Epub ahead of print]

## [Correction to De Saeger et al. \(2014\).](#)

[No authors listed]

### **Abstract**

Reports an error in "Therapeutic Assessment Promotes Treatment Readiness but Does not Affect Symptom Change in Patients With Personality Disorders: Findings From a Randomized Clinical Trial" by Hilde De Saeger, Jan H. Kamphuis, Stephen E. Finn, Justin D. Smith, Roel Verheul, Jan J. van Busschbach, Dine J. Feenstra and Eva K. Horn (Psychological Assessment, Advanced Online Publication, Jan 27, 2014, np). A study from Ackerman, Hilsenroth, Baity, & Blagys (2000), Hilsenroth, Ackerman, Clemence, & Strassle (2002), and Hilsenroth, Peters, & Ackerman (2004) was misrepresented in the original text. The text stated that the therapists and the assessors in this study were not the same person. The evaluation of this study should appear as follows: "It is noteworthy that the therapists and assessors were the same person, indicating that the techniques practiced by TA providers foster a therapeutic alliance that is sustained in subsequent psychotherapy and might aid in treatment readiness and success." (The following abstract of the original article appeared in record 2014-02483-001.) The field of clinical personality assessment is lacking in published empirical evidence regarding its treatment and clinical utility. This article reports on a randomized controlled clinical trial (N = 74) allocating patients awaiting treatment in a specialized clinic for personality disorders to either 4 sessions of (a) therapeutic assessment (TA) or (b) a structured goal-focused pretreatment intervention (GFPTI). In terms of short-term outcome, TA demonstrated superior ability to raise outcome expectancies and patient perceptions of progress toward treatment (Cohen's  $d = 0.65$  and  $0.56$ , respectively) and yielded higher satisfaction ( $d = 0.68$ ). Moreover, patients reported marginally stronger alliance to the TA clinicians than to GFPTI clinicians ( $d = 0.46$ ), even though therapists

perceived the alliance as equally positive in both groups. No differences in symptomatic ratings were observed. Results are discussed with reference to treatment utility in this particular patient group. (PsycINFO Database Record (c) 2014 APA, all rights reserved). PMID: 24660856 [PubMed - as supplied by publisher]

[Related citations](#)

10. J Consult Clin Psychol. 2014 Mar 24. [Epub ahead of print]

## [Long-Term Effects of Analysis of the Patient-Therapist Relationship in the Context of Patients' Personality Pathology and Therapists' Parental Feelings.](#)

[Dahl HS](#), [Røssberg JI](#), [Crits-Christoph P](#), [Gabbard GO](#), [Hersoug AG](#), [Perry JC](#), [Ulberg R](#), [Høglend PA](#).

### **Abstract**

Objective: Analysis of the patient-therapist relationship (relationship 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 relationship work in the context of patients' level of personality pathology and therapists' self-reported parental feelings. Method: One hundred outpatients seeking psychotherapy for depression, anxiety, and personality disorders were randomly assigned to weekly dynamic psychotherapy, either with or without relationship work, for 1 year. Personality pathology was evaluated before treatment as the sum of fulfilled personality disorder criteria items on the Structured Clinical Interview for DSM-III-R Personality Disorders. Therapist feelings were assessed using the Feeling Word Checklist-58. The outcome variables were the Psychodynamic Functioning Scales and Inventory of Interpersonal Problems, measured at pretreatment, midtreatment, posttreatment, 1 year, and 3 years after treatment termination. Results: A significant interaction of treatment group (relationship work vs. no relationship work) by personality pathology by parental therapist feelings was present, indicating that parental feelings were differentially associated with long-term effects of relationship work, depending on the level of personality pathology. In the context of low parental feelings, relationship work was positive for all patients. However, when parental feelings were stronger, the specific effects of such interventions were even more positive for patients with high levels of personality pathology, but negative for patients with low levels of personality pathology. Conclusion: The interaction of parental therapist feelings and patients' personality pathology was strongly associated with the long-term specific effects of analysis of the patient-therapist relationship. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24660675 [PubMed - as supplied by publisher]

[Related citations](#)

11. Aust N Z J Psychiatry. 2014 Mar 21. [Epub ahead of print]

## [Associations between beliefs about the causes of mental disorders and stigmatising attitudes: Results of a national survey of the Australian public.](#)

[Reavley NJ](#)<sup>1</sup>, [Jorm AF](#).

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### **Abstract**

**Objective:**To examine the associations between beliefs about the causes of depression, schizophrenia, social phobia and post-traumatic stress disorder (PTSD) and stigmatising attitudes towards people with these disorders.**Methods:**In 2011, telephone interviews were carried out with 6019 Australians aged 15 or over. Participants were presented with a case vignette describing either depression, depression with suicidal thoughts, early schizophrenia, chronic schizophrenia, social phobia or PTSD. Participants were asked about their beliefs about the causes of these disorders and about their personally held stigmatising attitudes, stigmatising attitudes perceived in others and the desire for social distance from the person described in the vignette.**Results:**Belief in a weak or nervous personality as the cause of mental disorders was most consistently associated with personal stigma, perceived stigma and desire for social distance across vignettes. Belief in biogenetic causes was associated with a decreased belief in mental disorders as due to weakness rather than sickness, but was not linked to either a decreased or increased belief in dangerousness and unpredictability or desire for social distance. Belief in physical causes was associated with an increased belief in mental disorders as due to weakness rather than sickness. Belief in psychosocial causes had no consistent associations with stigma.**Conclusions:**Explaining mental disorders as due to personality characteristics is a more important factor in stigma than either biogenetic or psychosocial explanations.

PMID: 24658293 [PubMed - as supplied by publisher]

[Related citations](#)



12. Psychiatry Res. 2014 Mar 12. pii: S0165-1781(14)00184-X. doi: 10.1016/j.psychres.2014.03.006. [Epub ahead of print]

## **Distinguishing borderline personality disorder from adult attention deficit/hyperactivity disorder: A clinical and dimensional perspective.**

[Prada P](#)<sup>1</sup>, [Hasler R](#)<sup>2</sup>, [Baud P](#)<sup>1</sup>, [Bednarz G](#)<sup>1</sup>, [Ardu S](#)<sup>3</sup>, [Krejci I](#)<sup>3</sup>, [Nicastro R](#)<sup>1</sup>, [Aubry JM](#)<sup>4</sup>, [Perroud N](#)<sup>5</sup>.

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### **Abstract**

Adult attention deficit hyperactivity disorder (ADHD) is frequently associated with borderline personality disorder (BPD). As both disorders share some core clinical features they are sometimes difficult to distinguish from one another. The present work aimed to investigate differences in the expression of impulsivity, anger and aggression, quality of life as well as the number and severity of the comorbidities between ADHD, BPD, comorbid BPD-ADHD and control subjects. ADHD and BPD-ADHD patients showed a higher level of impulsivity than BPD and control subjects. BPD-ADHD patients had higher levels of substance abuse/dependence and higher levels of aggression than the other groups. Comorbid BPD-ADHD patients showed high levels of impulsivity and aggression, a characteristic that should draw the attention of clinicians on the necessity of providing an accurate diagnosis. The question also arises as to whether they represent a distinct clinical subgroup with specific clinical characteristics, outcomes and vulnerability factors.

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PMID: 24656900 [PubMed - as supplied by publisher]

[Related citations](#)



13. Res Dev Disabil. 2014 Mar 20. pii: S0891-4222(14)00041-9. doi: 10.1016/j.ridd.2014.01.027. [Epub ahead of print]

## **Prevalence of co-occurring disorders in a sample of adults with mild and moderate intellectual disabilities who reside in a residential treatment setting.**

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### **Abstract**

The presence of an intellectual disability (ID) is associated with a myriad of co-occurring conditions, including psychiatric and genetic disorders, behavior problems, physical disabilities, and seizure disorders. Often the most severely affected individuals reside in residential treatment facilities, where they may obtain specialized treatment and management of their challenging behavior. The present study examines the prevalence of psychiatric disorders, seizures, and ID within the context of demographic categories in a sample of 101 individuals with mild to moderate ID living in a long-term residential treatment facility. Autism spectrum disorders (ASDs) were more prevalent among individuals with moderate ID, whereas personality disorders were more likely to be diagnosed in individuals with mild ID. Impulse disorders were more frequently observed in females. Further research is needed in order to determine appropriate treatment for such individuals, which should include therapies that are targeted to the specific problems of this population.

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PMID: 24656808 [PubMed - as supplied by publisher]

[Related citations](#)



14. J Affect Disord. 2014 Apr;158:139-47. doi: 10.1016/j.jad.2014.01.017. Epub 2014 Feb 11.

# Temperament and character traits predict future burden of depression.

[Rosenström T](#)<sup>1</sup>, [Jylhä P](#)<sup>2</sup>, [Robert Cloninger C](#)<sup>3</sup>, [Hintsanen M](#)<sup>4</sup>, [Elovainio M](#)<sup>5</sup>, [Mantere O](#)<sup>6</sup>, [Pulkki-Råback L](#)<sup>7</sup>, [Riihimäki K](#)<sup>8</sup>, [Vuorilehto M](#)<sup>9</sup>, [Keltikangas-Järvinen L](#)<sup>7</sup>, [Isometsä E](#)<sup>6</sup>.

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## **Abstract**

### **BACKGROUND:**

Personality traits are associated with depressive symptoms and psychiatric disorders. Evidence for their value in predicting accumulation of future dysphoric episodes or clinical depression in long-term follow-up is limited, however.

### **METHODS:**

Within a 15-year longitudinal study of a general-population cohort (N=751), depressive symptoms were measured at four time points using Beck's Depression Inventory. In addition, 93 primary care patients with DSM-IV depressive disorders and 151 with bipolar disorder, diagnosed with SCID-I/P interviews, were followed for five and 1.5 years with life-chart methodology, respectively. Generalized linear regression models were used to predict future number of dysphoric episodes and total duration of major depressive episodes. Baseline personality was measured by the Temperament and Character Inventory (TCI).

## **RESULTS:**

In the general-population sample, one s.d. lower Self-directedness predicted 7.6-fold number of future dysphoric episodes; for comparison, one s.d. higher baseline depressive symptoms increased the episode rate 4.5-fold. High Harm-avoidance and low Cooperativeness also implied elevated dysphoria rates. Generally, personality traits were poor predictors of depression for specific time points, and in clinical populations. Low Persistence predicted 7.5% of the variance in the future accumulated depression in bipolar patients, however.

## **LIMITATIONS:**

Degree of recall bias in life charts, limitations of statistical power in the clinical samples, and 21-79% sample attrition (corrective imputations were performed).

## **CONCLUSION:**

TCI predicts future burden of dysphoric episodes in the general population, but is a weak predictor of depression outcome in heterogeneous clinical samples. Measures of personality appear more useful in detecting risk for depression than in clinical prediction.

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PMID: 24655778 [PubMed - in process]

[Related citations](#)



15. Asian J Psychiatr. 2014 Apr;8:118-20. doi: 10.1016/j.ajp.2014.01.008. Epub 2014 Jan 30.

# **Johyeonbyung (attunement disorder): Renaming mind splitting disorder as a way to reduce stigma of patients with schizophrenia in Korea.**

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## Abstract

The term schizophrenia, which comes from the Greek roots "skhizein" and "phren," was translated as "Jungshinbunyeolbyung" in East Asian Countries, including Japan, Korea, and China. The term literally means "mind-splitting disease." This term has generated a misconception of the disorder as an untreatable chaotic personality, thus instilling stigma and causing suffering in patients and their families. This socio-cultural connotation has impeded medical treatment of schizophrenia. Recent neuroscience research has suggested neural network dysfunction in schizophrenia. Accordingly, a new term, "Johyeonbyung (attunement disorder)", was coined in South Korea. This term literally refers to tuning a string instrument, and metaphorically it describes schizophrenia as a disorder caused by mistuning of the brain's neural network. We expect that the term Johyeonbyung will incite less prejudice and that its metaphoric description of the disorder may help patients to access medical treatment in the early phase. The name of a psychiatric disorder can influence others' attitudes toward patients; thus, discretion is crucial in naming psychiatric disorders.

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PMID: 24655643 [PubMed - in process]

[Related citations](#)



16. J Nerv Ment Dis. 2014 Apr;202(4):319-23. doi: 10.1097/NMD.0000000000000125.

# [Maladaptive personality traits increase subjectively during the course of schizophrenia spectrum disorders.](#)

[Schroeder K](#)<sup>1</sup>, [Naber D](#), [Huber CG](#).

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Eppendorf, Hamburg, Germany; and †Department of Psychiatry, University of Basel, Basel, Switzerland.

## Abstract

We assessed both current maladaptive personality traits (MPTs) and, retrospectively, premorbid MPTs in patients with schizophrenia spectrum disorders (SSDs). This was to examine whether the patients had the impression that their personality had changed and which traits were affected. We also wanted to determine whether the perceived changes could be explained by SSD psychopathology. MPTs were assessed using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, diagnoses, axis II disorders, screening questionnaire and interview, integrating questions on subjective estimation of premorbid MPTs in moderately ill SSD patients. Forty-five patients were included. Premorbid MPTs were remembered as significantly less pronounced than current MPTs for the whole spectrum of personality traits ( $p < 0.001$ ). Antisocial traits had worsened significantly less ( $p < 0.001$ ), and borderline and obsessive-compulsive traits had worsened significantly more (both  $p < 0.01$ ) than the mean increase. Associations between MPT increase and SSD psychopathology were significant for schizotypal, avoidant, and depressive traits. According to the patients' retrospective assessment, MPTs increased through onset and course of SSDs. Memory bias, depressed mood, and SSD symptoms alone could not sufficiently explain these differences. Subjective MPT increase may play a role for the patients' concept of illness, quality of life, and adherence to therapeutic interventions. It should be addressed in SSD treatment.

PMID: 24647216 [PubMed - in process]

[Related citations](#)



17. Asian J Surg. 2014 Mar 17. pii: S1015-9584(14)00025-6. doi: 10.1016/j.asjsur.2014.01.008. [Epub ahead of print]

## [Diarrhea after laparoscopic cholecystectomy: Associated factors and predictors.](#)

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## **Abstract**

### **BACKGROUND:**

Diarrhea is part of the postlaparoscopic cholecystectomy syndrome, but is not well defined. Published reports have ignored possible associated factors such as the preoperative excretion pattern, gastrointestinal disorders, personality disorders, the effect of drugs, unsanitary food, and high-fat diets.

### **PURPOSE:**

The aim of this study was to define the associated factors and predictors of postlaparoscopic cholecystectomy diarrhea (PLCD) at different time intervals after the operation and to identify the possible associated factors and predictors of PLCD. We also aimed to determine the effectiveness of a low-fat diet in these patients and to educate the patients about their diet after the operation.

### **METHODS:**

Data were obtained from clinical records and preoperative interviews with patients, who were also interviewed or contacted by telephone 1 week after the operation, and then surveyed by telephone 3 months later using standardized questionnaires. A total of 125 consecutive patients who were adequately informed and who had assented to accepting a prescription of a low-fat diet after undergoing laparoscopic cholecystectomy participated in this prospective study.

### **RESULTS:**

Thirty-eight patients (25.2%) had diarrhea 1 week after laparoscopic cholecystectomy and seven patients (5.7%) had diarrhea 3 months after laparoscopic cholecystectomy. The important predictors of PLCD at 1 week were a low-fat diet ( $B = -0.177$ ,  $p = 0.000$ ) and a high score on a preoperative diarrhea scale ( $B = 0.311$ ,  $p = 0.031$ ). There was no predictor for PLCD 3 months after laparoscopic cholecystectomy.

### **CONCLUSION:**

We advise patients who have undergone laparoscopic cholecystectomy to follow a low-fat diet for at least 1 week to reduce the possibility of diarrhea, especially when they are  $\leq 45$  years of age, of male sex, and had a high preoperative tendency for diarrhea.

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PMID: 24647139 [PubMed - as supplied by publisher]

[Related citations](#)



18. Scand J Psychol. 2014 Apr;55(2):168-79. doi: 10.1111/sjop.12104.

## [Heterogeneity of treatment changes after psychodynamic therapy within a one year follow-up: A replication study.](#)

[Jensen HH](#)<sup>1</sup>, [Mortensen EL](#), [Lotz M](#).

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### **Abstract**

Naturalistic psychotherapy effect studies commonly report effect sizes for the total sample. However, a previous study of SCL-90 Global Severity Index (GSI) improvement in a large outpatient sample used a cluster analytic strategy and reported clinical relevant outcome trajectories that could be grouped into early within-treatment improvement, late improvement in the follow-up period, and deteriorating patients with slight improvement that was lost at follow-up. We explore GSI outcome trajectories and clinical significant change in a sample of 320 patients at a public psychiatric outpatient psychodynamic group therapy unit, the majority with anxiety, personality, and mood disorders. The study revealed large discharge and follow-up effect sizes but more than one third of the patients were without measurable improvement. The major clusters described above were confirmed, and revealed unique clinical and socio-demographic characteristics. Late improvers, as compared with early improvers, were characterized by anxiety symptoms and lack of network support after controlling for GSI at admission. Similarly, deteriorating patients had longer duration of illness and less favourable social characteristics compared with the other two groups. Early improving patients were less likely to have participated in short-term groups, and only one third participated in additional treatment compared with more than 69% of the other patients. Severe and socially affected psychiatric patients, and patients with anxiety and agoraphobic symptoms may be less optimally treated in short-term time limited psychodynamic groups. There is an obvious need for diversity of treatment offers, better integration of psycho-social treatment components, and long-term open ended treatment.

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PMID: 24646047 [PubMed - in process]

[Related citations](#)

19. Personal Disord. 2014 Mar 17. [Epub ahead of print]

## [Cross-Language Consistency of the Comprehensive Assessment of Psychopathic Personality \(CAPP\) Model.](#)

[Hoff HA](#), [Rypdal K](#), [Hystad SW](#), [Hart SD](#), [Mykletun A](#), [Kreis MK](#), [Cooke DJ](#).

### **Abstract**

This study is the first to our knowledge to examine the cross-language consistency across the original version of the Comprehensive Assessment of Psychopathy (CAPP) and a translated version. The CAPP is a lexically based construct map of psychopathy comprising 33 symptoms from 6 broad domains of personality functioning. English-language CAPP prototypicality ratings from 124 mental health workers were compared with ratings from 211 Norwegian mental health workers using the Norwegian translation. High agreement was found across languages in regard to which symptoms were perceived as central to psychopathy or not. Multigroup confirmatory factor analyses (MGCFA) indicated that, overall, the symptoms had similar associations with the 6 proposed underlying dimensions across the 2 language versions. Finally, in general, the probability for a given prototypicality rating on an individual symptom was similar across language version samples at the same level of the underlying trait, as analyzed with Item Response Theory (IRT). Together these findings lend support to the validity of the construct of psychopathy, the validity of the CAPP as a concept map of psychopathy, and the validity of the Norwegian translation of the CAPP. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24635754 [PubMed - as supplied by publisher]

[Related citations](#)

20. Personal Disord. 2014 Mar 17. [Epub ahead of print]

## [Prospective Associations Between Features of Borderline Personality Disorder, Emotion Dysregulation, and Aggression.](#)

[Scott LN](#), [Stepp SD](#), [Pilkonis PA](#).

## Abstract

Difficulties with emotion regulation and behavioral instability, including impulsive aggression, are seen as core dimensions underlying borderline personality disorder (BPD). Although both BPD and antisocial personality disorder (ASPD) are associated with impulsivity and aggressive behavior, difficulties regulating emotions may be associated uniquely with BPD and may explain distinctive associations between BPD and aggression. This study was designed to examine the unique prospective associations between BPD symptoms at baseline, difficulties with emotion regulation and trait impulsivity, and psychological and physical aggression (both perpetration and victimization) over the course of a year after controlling for ASPD symptoms in a mixed clinical and community sample of adults (N = 150). Results of a multivariate path analysis demonstrated that associations between BPD symptoms at baseline and later psychological and physical aggression were fully mediated by difficulties with emotion regulation. Although BPD symptoms also predicted trait impulsivity, impulsivity did not predict aggression after controlling for emotion dysregulation. ASPD symptoms were directly associated with physical assault perpetration and victimization but were not associated with emotion dysregulation, impulsivity, or psychological aggression. These findings suggest that although both BPD and ASPD are associated with aggressive behaviors, associations between BPD symptoms and aggression are mediated uniquely by difficulties regulating emotions. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24635753 [PubMed - as supplied by publisher]

[Related citations](#)

21. Eur Psychiatry. 2014 Mar 12. pii: S0924-9338(13)00440-9. doi: 10.1016/j.eurpsy.2013.08.006. [Epub ahead of print]

## **Co-morbid anxiety disorders predict early relapse after inpatient alcohol treatment.**

[Schellekens AF](#)<sup>1</sup>, [de Jong CA](#)<sup>2</sup>, [Buitelaar JK](#)<sup>3</sup>, [Verkes RJ](#)<sup>4</sup>.

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<sup>4</sup>Department of Cognitive Neuroscience, University Medical Centre.

## **Abstract**

### **INTRODUCTION:**

Alcohol dependence and anxiety disorders often co-occur. Yet, the effect of co-morbid anxiety disorders on the alcohol relapse-risk after treatment is under debate. This study investigated the effect of co-morbid anxiety disorders on relapse rates in alcohol dependence. We hypothesized that co-morbid anxiety disorders would be particularly predictive for early relapse, but not late relapse.

### **SUBJECTS AND METHODS:**

In a prospective design, male alcohol dependent patients (n=189) were recruited from an inpatient detoxification clinic. Psychiatric diagnoses and personality traits were assessed using the Mini International Neuropsychiatric Interview for psychiatric disorders and the Temperament and Character Inventory. The addiction severity index was used to assess addiction severity and follow-up.

### **RESULTS:**

One year after detoxification, 81 patients (53%) relapsed and nine patients (7%) were deceased, due to alcohol related causes. Co-morbid anxiety disorder, marital status, addiction severity, in particular legal problems, and harm avoidance predicted relapse. Anxiety disorders specifically predicted early relapse.

### **CONCLUSION:**

Alcohol dependence is a severe mental disorder, with high relapse rates and high mortality. Alcohol dependent patients with co-morbid anxiety disorders are particularly prone to relapse during the first three months of treatment. These patients may therefore require additional medical and psychological attention.

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PMID: 24630346 [PubMed - as supplied by publisher]

[Related citations](#)



22. Dev Psychopathol. 2014 Mar 12:1-13. [Epub ahead of print]

## **Mothers with borderline personality and their young children: Adult Attachment**

# Interviews, mother-child interactions, and children's narrative representations.

[Macfie J](#), [Swan SA](#), [Fitzpatrick KL](#), [Watkins CD](#), [Rivas EM](#).

Author information:  
University of Tennessee at Knoxville.

## **Abstract**

Borderline personality disorder (BPD) involves disruptions in attachment, self, and self-regulation, domains conceptually similar to developmental tasks of early childhood. Because offspring of mothers with BPD are at elevated risk of developing BPD themselves (White, Gunderson, Zanarini, & Hudson, 2003), studying them may inform precursors to BPD. We sampled 31 children age 4-7 whose mothers have BPD and 31 normative comparisons. We examined relationships between mothers' Adult Attachment Interview (AAI) representations (George, Kaplan, & Main, 1984), mothers' observed parenting, and children's narrative representations. Replicating previous studies, mothers with BPD were more likely to be classified as preoccupied and unresolved on the AAI. In a larger sample, which included the current one, we also replicated two underlying AAI dimensions found in normative samples (Roisman, Fraley, & Belsky, 2007; Whipple, Bernier, & Mageau, 2011). Controlling for current mood, anxiety, and other personality disorders, mothers with BPD were significantly higher than were comparisons on the preoccupied/unresolved, but not the dismissive, dimension. Children's narrative representations relevant to disruptions in attachment (fear of abandonment and role reversal), self (incongruent child and self/fantasy confusion), and self-regulation (destruction of objects) were significantly correlated with the preoccupied/unresolved, but not the dismissive, dimension. Furthermore, mothers' parenting significantly mediated the relationship between the preoccupied/unresolved dimension and their children's narrative representations of fear of abandonment.

PMID: 24622209 [PubMed - as supplied by publisher]

[Related citations](#)



23. Psychiatr Q. 2014 Mar 12. [Epub ahead of print]

# Characteristics of American Assaultive Psychiatric Patients: Review of Published Findings, 2000-2012.

[Flannery RB Jr](#)<sup>1</sup>, [Wyshak G](#), [Tecce JJ](#), [Flannery GJ](#).

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## Abstract

Previous reviews of the literature from 1976 to 2000 documented two categories of assaultive psychiatric patients: (1) male patients with schizophrenic illness and histories of violence toward others and substance use disorder and (2) male/female patients with personality disorders and histories of violence toward others, personal victimization, and substance use. The present study reviewed the published findings on American assaultive patients from 2000 to 2012. The present findings partially supported the earlier findings in that patients with schizophrenic illness continued to present the greatest risk for assault. However, personality disordered patients were not equal in assault risk to patients with affective disorders. Possible explanations for these findings and a detailed methodological review are presented.

PMID: 24619485 [PubMed - as supplied by publisher]

[Related citations](#)



24. Psychiatr Q. 2014 Mar 11. [Epub ahead of print]

# Characteristics of International Assaultive Psychiatric Patients: Review of Published Findings, 2000-2012.

[Flannery RB Jr<sup>1</sup>](#), [Wyshak G](#), [Tecce JJ](#), [Flannery GJ](#).

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<sup>1</sup>Harvard Medical School, Boston, MA, USA, raymond\_flannery@hms.harvard.edu.

## Abstract

In international reviews of psychiatric inpatient violence, one study of all types of patient violence found hostility, involuntary admission, and longer hospital stays associated with violence. A second study of comparison-group papers of patient assaults found younger males with schizophrenia, past violence, and substance abuse assaultive. The present review of raw assault data studies assessed characteristics of assaultive patients worldwide. It was hypothesized that patients with schizophrenia would present greatest assault risk. There were three analyses: International/no American studies (reviewed earlier), European studies, and merged International/American studies. Results revealed that male and female patients with schizophrenia, affective disorders, personality disorders, and other diagnoses presented

greatest worldwide risk. Results partially support earlier findings. Given that individual institutional studies in this review reported significant assailant characteristics, a second finding is the absence of most of these institutional characteristics in this international review. Possible explanations for findings and a detailed methodological review are presented.

PMID: 24615556 [PubMed - as supplied by publisher]

[Related citations](#)



25. Alzheimer Dis Assoc Disord. 2014 Mar 7. [Epub ahead of print]

## [Personality Changes in Dementia: Are They Disease Specific and Universal?](#)

[Torrente F<sup>1</sup>](#), [Pose M](#), [Gleichgerrcht E](#), [Torralva T](#), [López P](#), [Cetkovich-Bakmas M](#), [Manes F](#).

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### **Abstract**

Previous studies about personality changes in dementia suggest that they may be due to the disruption of the biological basis of personality traits, and hence, that they are disease specific and universal. However, evidence about its specificity is still limited and scarce regarding culturally diverse populations. Accordingly, our aim was to compare personality changes in Argentinean patients with Alzheimer disease, behavioral variant of frontotemporal dementia, and primary progressive aphasia. The closest living relatives of patients diagnosed with Alzheimer disease (n=19), behavioral variant of frontotemporal dementia (n=16), and primary progressive aphasia (n=15) were asked to complete 2 versions of the personality inventory NEO Personality Inventory-Revised, one for assessing patients' premorbid personality traits, and the other for assessing current traits. All groups showed changes in several domains and facets of the NEO Personality Inventory-Revised. Globally, the observed pattern of changes was fairly consistent with previous studies based on the same model of personality. Nevertheless, our results regarding disease-specificity were less conclusive. Even if there were some indicators of specific differences between groups, most traits varied similarly across the 3 groups, revealing a pattern of generalized changes in personality expression after illness onset. More studies are needed that help to distinguish real personality changes from other affective or cognitive symptoms that accompany dementia, as well as further data from culturally diverse populations.

PMID: 24614269 [PubMed - as supplied by publisher]

[Related citations](#)



26. Trends Cogn Sci. 2014 Apr;18(4):211-217. doi: 10.1016/j.tics.2014.01.010. Epub 2014 Mar 5.

## **Personality traits and vulnerability or resilience to substance use disorders.**

[Belcher AM](#)<sup>1</sup>, [Volkow ND](#)<sup>2</sup>, [Moeller FG](#)<sup>3</sup>, [Ferré S](#)<sup>4</sup>.

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<sup>2</sup>National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD 20892, USA.

<sup>3</sup>Departments of Psychiatry and Pharmacology and Toxicology, Virginia Commonwealth University School of Medicine, Richmond, VA 23219, USA.

<sup>4</sup>National Institute on Drug Abuse, Intramural Research Program, National Institutes of Health, Baltimore, MD 21224, USA. Electronic address: sferre@intra.nida.nih.gov.

### **Abstract**

Clear evidence supports a genetic basis for substance use disorders (SUD). Yet, the search to identify individual gene contributions to SUD has been unsuccessful. Here, we argue for the study of endophenotypes within the frame of individual differences, and identify three high-order personality traits that are tied to specific brain systems and genes, and that offer a tractable approach to studying SUD. These personality traits, and the genes that moderate them, interact dynamically with the environment and with the drugs themselves to determine ultimately an individual's vulnerability or resilience to developing SUD.

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PMID: 24612993 [PubMed - as supplied by publisher]

[Related citations](#)



27. J Neurol Neurosurg Psychiatry. 2014 Mar 7. doi: 10.1136/jnnp-2013-307203. [Epub ahead of print]

# The role of alexithymia in the development of functional motor symptoms (conversion disorder).

[Demartini B](#)<sup>1</sup>, [Petrochilos P](#), [Ricciardi L](#), [Price G](#), [Edwards MJ](#), [Joyce E](#).

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## **Abstract**

### **BACKGROUND:**

The mechanisms leading to the development of functional motor symptoms (FMS) are of pathophysiological and clinical relevance, yet are poorly understood.

### **AIM:**

The aim of the present study was to evaluate whether impaired emotional processing at the cognitive level (alexithymia) is present in patients affected by FMS. We conducted a cross-sectional study in a population of patients with FMS and in two control groups (patients with organic movement disorders (OMD) and healthy volunteers).

### **METHODS:**

55 patients with FMS, 33 patients affected by OMD and 34 healthy volunteers were recruited. The assessment included the 20-item Toronto Alexithymia Scale (TAS-20), the Montgomery-Asberg Depression Rating Scale, the Reading the Mind in the Eyes' Test and the Structured Clinical Interview for Personality Disorders.

### **RESULTS:**

Alexithymia was present in 34.5% of patients with FMS, 9.1% with OMD and 5.9% of the healthy volunteers, which was significantly higher in the FMS group ( $\chi^2(2)=14.129$ ,  $p<0.001$ ), even after controlling for the severity of symptoms of depression. Group differences in mean scores were observed on both the difficulty identifying feelings and difficulty describing feelings dimensions of the TAS-20, whereas the externally orientated thinking subscale score was similar across the three groups. Regarding personality disorder,  $\chi^2$  analysis showed a significantly higher prominence of obsessive-compulsive personality

disorder (OCPD) in the FMS group ( $\chi^2(2)=16.217$ ,  $p<0.001$ ) and 71.4% of those with OCPD also reached threshold criteria for alexithymia.

## CONCLUSIONS:

Because alexithymia is a mental state denoting the inability to identify emotions at a cognitive level, one hypothesis is that some patients misattribute autonomic symptoms of anxiety, for example, tremor, paraesthesiae, paralysis, to that of a physical illness. Further work is required to understand the contribution of OCPD to the development of FMS.

### Free Article

PMID: 24610939 [PubMed - as supplied by publisher]

[Related citations](#)



28. Aust N Z J Psychiatry. 2014 Apr;48(4):314-24. doi: 10.1177/0004867413504830. Epub 2014 Mar 7.

# [The bipolar spectrum: Conceptions and misconceptions.](#)

[Ghaemi SN](#)<sup>1</sup>, [Dalley S](#).

Author information:

<sup>1</sup>Mood Disorders Program, Tufts Medical Center, Tufts University School of Medicine, Boston, USA.

## Abstract

Objective: This review aims to address concerns about the potential overinclusiveness and vagueness of bipolar spectrum concepts, and also, concerns about the overlap between bipolar illness and borderline personality. Method: Narrative review based on historical and empirical studies. Results: Bipolar disorder (BD) and major depressive disorder (MDD) came to be separate entities with the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM III), in contrast to the Kraepelinian manic-depressive insanity (MDI) concept, which included both. The bipolar spectrum concept is a return to this earlier Kraepelinian perspective. Further, very different features differentiate the disease of bipolar illness (family history of bipolar illness, severe recurrent mood episodes with psychomotor activation) from the clinical picture of borderline personality (dissociative symptoms, sexual trauma, parasuicidal self-harm). The term 'disorder' obfuscates an ontological difference between diseases, such as manic-depressive illness, and clinical pictures, such as hysteria/post-traumatic stress disorder/dissociation/borderline personality. Conclusions: Bipolar spectrum concepts are historically rooted in Kraepelin's manic-depressive illness

concept, are scientifically testable, and can be clearly formulated. Further, they differ in kind from traumatic/dissociative conditions in ways that can be both historically and scientifically established.

PMID: 24610031 [PubMed - in process]

[Related citations](#)



29. PLoS One. 2014 Mar 6;9(3):e91228. doi: 10.1371/journal.pone.0091228. eCollection 2014.

## [Splitting in schizophrenia and borderline personality disorder.](#)

[Pec O](#)<sup>1</sup>, [Bob P](#)<sup>2</sup>, [Raboch J](#)<sup>3</sup>.

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<sup>1</sup>Center for Neuropsychiatric Research of Traumatic Stress, Department of Psychiatry, First Faculty of Medicine, Charles University, Prague, Czech Republic; Psychotherapeutic and Psychosomatic Clinic ESET, Prague, Czech Republic.

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<sup>3</sup>Center for Neuropsychiatric Research of Traumatic Stress, Department of Psychiatry, First Faculty of Medicine, Charles University, Prague, Czech Republic.

### **Abstract**

#### **BACKGROUND:**

Splitting describes fragmentation of conscious experience that may occur in various psychiatric disorders. A purpose of this study is to examine relationships between psychological process of splitting and disturbed cognitive and affective functions in schizophrenia and borderline personality disorder (BPD).

#### **METHODS:**

In the clinical study, we have assessed 30 patients with schizophrenia and 35 patients with BPD. The symptoms of splitting were measured using self-reported Splitting Index (SI). As a measure of semantic memory disorganization we have used verbal fluency test. Other psychopathological symptoms were assessed using Health of the Nation Outcome Scale (HoNOS).

#### **RESULTS:**

Main results show that SI is significantly higher in BPD group than in schizophrenia, and on the other hand, verbal fluency is significantly lower in schizophrenia group. Psychopathological symptoms measured by HoNOS are significantly higher in the BPD group than in schizophrenia. Significant relationship was found between verbal fluency and the SI "factor of others" (Spearman  $r=-0.52$ ,  $p<0.01$ ) in schizophrenia patients.

## CONCLUSIONS:

Processes of splitting are different in schizophrenia and BPD. In BPD patients splitting results to mental instability, whereas in schizophrenia the mental fragmentation leads to splitting of associations observed as lower scores of verbal fluency, which in principle is in agreement with Bleuler's historical concept of splitting in schizophrenia.

PMCID: PMC3946324 **Free PMC Article**

PMID: 24603990 [PubMed - in process]

[Related citations](#)



30. Soc Cogn Affect Neurosci. 2014 Mar 5. [Epub ahead of print]

# Neural Correlates of 'Distracting' from Emotion during Autobiographical Recollection.

[Denkova E<sup>1</sup>](#), [Dolcos S](#), [Dolcos F](#).

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## Abstract

Remembering emotional autobiographical memories (AMs) is important for emotional well-being, and investigation of the role of emotion regulation (ER) during AM recollection has relevance for understanding mental health issues. Although significant progress has been made in understanding the brain mechanisms underlying ER and AM, less is known about the role of ER during AM recollection. The present study investigated how focusing away (or 'distracting') from the emotional response during AM recollection influences the subjective re-experiencing of emotions and the associated neural correlates, by manipulating the retrieval focus of participants who remembered emotional AMs while fMRI data were

recorded. Analyses revealed that focusing away from emotion led to decreased self-reported emotional responses, along with increased engagement of ER-related regions (ventro-medial prefrontal cortex-vmPFC), and reduced activity in emotion-related regions (amygdala-AMY). Moreover, mediation analysis identified vmPFC as a functional hub integrating affective signals from AMY and mediating their impact on the subjective re-experiencing of emotion, according to the current retrieval focus. Collectively, these findings shed light on the neural mechanisms underlying the ability to effectively switch attentional focus away from emotions during AM recollections, and have direct relevance for understanding, preventing, and treating affective disorders, characterized by reduced ability to regulate emotions.

PMID: 24603021 [PubMed - as supplied by publisher]

[Related citations](#)



31. Personal Ment Health. 2014 Mar 6. doi: 10.1002/pmh.1255. [Epub ahead of print]

## **Personality dysfunction is the cause of recurrent non-cognitive mental disorder: A testable hypothesis.**

[Tyrer P.](#)

Author information:

Centre for Mental Health, Imperial College, London, W6 8RP, UK.

### **Abstract**

#### **OBJECTIVE:**

The objective of this study is to examine the evidence for a new hypothesis explaining the relationship between personality and mental state disorders.

#### **DESIGN:**

At present, the attribution of personality disorder as a primary diagnosis only applies to patients who are antisocial, and particularly regarded as psychopathic, as in these patients, the mental state disorder that are associated are regarded in many respects as atypical and not representative of other mental disorders. The case is made in this paper that personality dysfunction lies behind the persistence of all non-cognitive mental disorders and that our failure to recognise this follows from our collective refusal to assess personality status early in life.

## **METHOD:**

Narrative review of relevant literature, which is limited as personality status is not often assessed early in life.

## **RESULTS:**

Support is adduced that personality dysfunction lies behind the persistence of all non-cognitive mental disorders (i.e. those that are not specifically neurodevelopmental and linked to cognitive impairment). The potential importance of this hypothesis is presented with regard to treatment and management strategy, emphasising that without specific intervention for personality dysfunction, many patients are destined for persistent morbidity. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 24599840 [PubMed - as supplied by publisher]

[Related citations](#)

32. Int J Eat Disord. 2014 Mar 3. doi: 10.1002/eat.22266. [Epub ahead of print]

# **Fostering self-endorsed motivation to change in patients with an eating disorder: The role of perceived autonomy support and psychological need satisfaction.**

[van der Kaap-Deeder J<sup>1</sup>](#), [Vansteenkiste M](#), [Soenens B](#), [Verstuyf J](#), [Boone L](#), [Smets J](#).

Author information:

<sup>1</sup>Department of Developmental, Social, and Personality Psychology, Ghent University, Ghent, Belgium.

## **Abstract**

### **OBJECTIVE:**

Although several studies have established the beneficial effects of self-endorsed forms of motivation for lasting therapeutic change, the way patients with an eating disorder can be encouraged to volitionally pursue change has received less attention. On the basis of Self-Determination Theory, this longitudinal study addressed the role of an autonomy-supportive

environment and psychological need satisfaction in fostering self-endorsed motivation for change and subsequent weight gain.

#### **METHOD:**

Female inpatients (n = 84) with mainly anorexia nervosa and bulimia nervosa filled out questionnaires at the onset of, during, and at the end of treatment regarding their perceived autonomy support from parents, staff members, and fellow patients, their psychological need satisfaction, and their reasons for undertaking change. Furthermore, the body mass index (BMI) of the patients at the onset and end of treatment was assessed by the staff. Path analyses were used to investigate the relations between these constructs.

#### **RESULTS:**

At the start of treatment, perceived parental autonomy support related positively to self-endorsed motivation through psychological need satisfaction. Perceived staff and fellow patients autonomy support related to changes in self-endorsed motivation over the course of treatment through fostering change in psychological need satisfaction. Finally, relative increases in self-endorsed motivation related to relative increases in BMI throughout treatment in a subgroup of patients with anorexia nervosa.

#### **DISCUSSION:**

These results point to the importance of an autonomy-supportive context for facilitating self-endorsed motivation. © 2014 Wiley Periodicals, Inc. (Int J Eat Disord 2014).

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PMID: 24590551 [PubMed - as supplied by publisher]

[Related citations](#)



33. Twin Res Hum Genet. 2014 Apr;17(2):80-8. doi: 10.1017/thg.2014.11. Epub 2014 Mar 3.

## **CHRNA5 and CHRNA3 Variants and Level of Neuroticism in Young Adult Mexican American Men and Women.**

[Criado JR](#)<sup>1</sup>, [Gizer IR](#)<sup>2</sup>, [Edenberg HJ](#)<sup>3</sup>, [Ehlers CL](#)<sup>1</sup>.

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<sup>1</sup>Department of Molecular and Cellular Neuroscience, The Scripps Research Institute, La Jolla, CA, USA.

<sup>2</sup>Department of Psychological Sciences, University of Missouri, Columbia, MO, USA.

<sup>3</sup>Department of Biochemistry and Molecular Biology, Indiana University School of Medicine, Indianapolis, IN, USA.

## Abstract

A lifetime history of alcohol dependence has been associated with elevations in neuroticism in Mexican American young adults. The identification of genetic markers associated with neuroticism and their influence on the development of alcohol use disorders (AUD) may contribute to our understanding of the relationship between personality traits and the increased risk of AUD in Mexican Americans. The purpose of this study was to investigate associations between neuroticism and 13 single nucleotide polymorphisms (SNPs) in the nicotinic acetylcholine (nAChR)  $\alpha 5$ -subunit (CHRNA5) and  $\alpha 3$ -subunit (CHRNA3) genes in young adult Mexican American men and women. Participants were 465 young adult Mexican American men and women who are literate in English and are residing legally in San Diego County. Each participant gave a blood sample and completed a structured diagnostic interview. Neuroticism was assessed using the Maudsley Personality Inventory. The minor alleles of four CHRNA5 polymorphisms (rs588765, rs601079, rs680244 and rs555018) and three CHRNA3 polymorphisms (rs578776, rs6495307 and rs3743078) showed associations with neuroticism. Several of these SNPs also displayed nominal associations with DSM-IV alcohol and nicotine dependence, but tests of mediation suggested that these relations could be partially explained by the presence of co-occurring neuroticism. These findings suggest that genetic variations in nicotinic receptor genes may influence the development of neuroticism, which in turn is involved in the development of AUDs and nicotine dependence in Mexican American young adults.

PMID: 24588897 [PubMed - in process]

### [Related citations](#)



34. Conscious Cogn. 2014 Apr;25C:67-76. doi: 10.1016/j.concog.2014.01.009. Epub 2014 Feb 25.

## **Bayesian inferences about the self (and others): A review.**

[Moutoussis M](#)<sup>1</sup>, [Fearon P](#)<sup>2</sup>, [El-Deredy W](#)<sup>3</sup>, [Dolan RJ](#)<sup>4</sup>, [Friston KJ](#)<sup>4</sup>.

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<sup>3</sup>School of Psychological Sciences, University of Manchester, United Kingdom.

<sup>4</sup>Wellcome Trust Centre for Neuroimaging, UCL, United Kingdom.

## Abstract

Viewing the brain as an organ of approximate Bayesian inference can help us understand how it represents the self. We suggest that inferred representations of the self have a normative function: to predict and optimise the likely outcomes of social interactions. Technically, we cast this predict-and-optimise as maximising the chance of favourable outcomes through active inference. Here the utility of outcomes can be conceptualised as prior beliefs about final states. Actions based on interpersonal representations can therefore be understood as minimising surprise - under the prior belief that one will end up in states with high utility. Interpersonal representations thus serve to render interactions more predictable, while the affective valence of interpersonal inference renders self-perception evaluative. Distortions of self-representation contribute to major psychiatric disorders such as depression, personality disorder and paranoia. The approach we review may therefore operationalise the study of interpersonal representations in pathological states.

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PMID: 24583455 [PubMed - as supplied by publisher]

[Related citations](#)



1. Psychiatr Clin North Am. 2014 Jun;37(2):149-161. doi: 10.1016/j.psc.2014.03.001. Epub 2014 Apr 18.

## Assessment of the Paraphilias.

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<sup>2</sup>Royal Ottawa Health Care Group, uOttawa Institute of Mental Health Research, 1145 Carling Avenue, Ottawa, Ontario K1Z 7K4, Canada.

## Abstract

Paraphilias are recurrent, persistent, and intense sexual interests in atypical objects or activities. The most commonly encountered paraphilias in sexological or forensic settings are pedophilia, sexual sadism, exhibitionism, and voyeurism. Paraphilias are often comorbid with

other sexual, mood, and personality disorders. Assessment and diagnosis require an integration of multiple sources of clinical information, given the limits and biases of self-report (through clinical interview or questionnaires). Clinicians ideally have access to more objective assessment methods, such as phallometric testing of sexual arousal. The accurate assessment and diagnosis of paraphilias is essential to effective treatment and management.

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PMID: 24877702 [PubMed - as supplied by publisher]

[Related citations](#)



2. J Clin Psychopharmacol. 2014 May 28. [Epub ahead of print]

## **Pro Re Nata (As Needed) Psychotropic Medication Use in Patients With Borderline Personality Disorder and Subjects With Other Personality Disorders Over 14 Years of Prospective Follow-up.**

[Martinho E Jr<sup>1</sup>](#), [Fitzmaurice GM](#), [Frankenburg FR](#), [Zanarini MC](#).

Author information:

<sup>1</sup>From the \*McLean Hospital, Belmont, MA; †Department and Institute of Psychiatry, University of Sao Paulo Medical School, Sao Paulo, Brazil; ‡Harvard Medical School; and §School of Medicine, Boston University, Boston, MA.

### **Abstract**

The use of pro re nata (PRN; as needed) psychotropic medication in patients with borderline personality disorder (BPD) has not been well characterized. This study had 3 purposes, which are as follows: (1) to describe the prevalence of PRN psychotropic medication use among patients with BPD and comparison subjects with other personality disorders (OPD) over 14 years of prospective follow-up, (2) to examine the rates reported by patients with BPD who ever recovered and never recovered, and (3) to examine the reasons for taking PRN medication reported by these patients. Overall, the prevalence of PRN psychotropic medication use was initially approximately 3 times higher among patients with BPD than comparison subjects with OPD, with a significant one-third decline in the use of PRN medication reported by patients with BPD over time. In analyses restricted to patients with BPD, patients with BPD who never recovered were approximately twice as likely to use PRN medication than patients with BPD who ever recovered over time. In reasons for use, the rates

of PRN medication use to decrease agitation for both diagnostic groups declined significantly over time, whereas they remained significantly higher among patients with BPD. Likewise, patients with BPD who never recovered reported higher use of PRN medication to decrease agitation than patients with BPD who ever recovered over time. The results of this study indicate that PRN psychotropic medication is widely used for the treatment of patients with BPD, particularly those who have not achieved a recovery in both the symptomatic and psychosocial realms. They also suggest that patients with BPD use proportionally more PRN medication to decrease agitation than comparison subjects with OPD, with lower proportional use to reduce agitation found among recovered patients with BPD.

PMID: 24875066 [PubMed - as supplied by publisher]

[Related citations](#)



3. Brain Struct Funct. 2014 May 30. [Epub ahead of print]

## **5-HTTLPR/rs25531 polymorphism and neuroticism are linked by resting state functional connectivity of amygdala and fusiform gyrus.**

[Kruschwitz JD<sup>1</sup>](#), [Walter M](#), [Varikuti D](#), [Jensen J](#), [Plichta MM](#), [Haddad L](#), [Grimm O](#), [Mohnke S](#), [Pöhlend L](#), [Schott B](#), [Wold A](#), [Mühleisen TW](#), [Heinz A](#), [Erk S](#), [Romanczuk-Seiferth N](#), [Witt SH](#), [Nöthen MM](#), [Rietschel M](#), [Meyer-Lindenberg A](#), [Walter H](#).

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<sup>1</sup>Division of Mind and Brain Research, Department of Psychiatry and Psychotherapy, Charité, Universitätsmedizin Berlin, Charitéplatz 1, 10117, Berlin, Germany, [johann.kruschwitz@charite.de](mailto:johann.kruschwitz@charite.de).

### **Abstract**

The s/s-genotype of the 5-HTTLPR polymorphism and the personality trait of neuroticism have both been associated with experiences of negative affect, anxiety and mood disorders, as well as an emotional processing bias towards negative facial emotions. On a neural level, this bias can be characterized by altered amygdala and fusiform gyrus (FFG) activity during perception of negative facial expressions. Using resting-state functional magnetic resonance imaging in a multi-center-sample of 178 healthy subjects of European descent, this study investigated the association of 5-HTTLPR (short s- and long l-allele) including the genotype of the single nucleotide polymorphism (SNP) rs25531 (A/G) within this region polymorphism, and trait neuroticism on resting-state functional connectivity (rs-FC) between amygdala and the FFG. Moreover, we aimed to identify additional brain regions with

associations of 5-HTTLPR/rs25531 (combined according to its expression; low: s/s; high: l<sub>A</sub>/l<sub>A</sub>; intermediate: s/l<sub>A</sub>, s/l<sub>G</sub>, l<sub>G</sub>/l<sub>G</sub>, l<sub>A</sub>/l<sub>G</sub>) and trait neuroticism to amygdala rs-FC. Separate analyses for 5-HTTLPR/rs25531 and neuroticism (controlling for age, gender, handedness, and research site) revealed that s/s-homozygotes and individuals high in neuroticism obtained altered amygdala rs-FC in the right occipital face area, which is considered to be a "core component" of the face processing system. Importantly, effects of neuroticism were replicated across three independent research sites. Additionally, associations of 5-HTTLPR/rs25531 genotype and amygdala rs-FC were observed in the anterior and posterior cingulate cortex, whereas neuroticism was not related to rs-FC in these areas. The presented data implies that 5-HTTLPR/rs25531 variants and neuroticism are linked by resting state functional connectivity of amygdala and fusiform gyrus and suggests that variants of 5-HTTLPR/rs25531 genotype and different levels of neuroticism may partly account for altered processing of negative facial emotions.

PMID: 24874919 [PubMed - as supplied by publisher]

[Related citations](#)



4. Psychol Psychother. 2014 May 28. doi: 10.1111/papt.12031. [Epub ahead of print]

## [Open access support groups for people experiencing personality disorders: Do group members' experiences reflect the theoretical foundations of the SUN project?](#)

[Gillard S](#)<sup>1</sup>, [White R](#), [Miller S](#), [Turner K](#).

Author information:

<sup>1</sup> St George's, University of London, UK.

### **Abstract**

#### **OBJECTIVES:**

The SUN Project is an innovative, open access support group, based in the community, for people experiencing personality disorders, developed in response to UK Department of Health policy advocating improvements in personality disorders services. The aim of this article is to critically explore where and how the theoretically informed model underpinning the SUN Project is reflected in the view and experiences of people attending the project.

#### **DESIGN:**

This article reports an in-depth, qualitative interview-based study employing a critical realist approach.

## **METHODS:**

As part of a larger study about self-care and mental health, in-depth qualitative interviews were held with 38 people new to the SUN Project, and again 9 months later. Data were extracted that were relevant to core components of the project model and were subjected to thematic analysis. The critical realist approach was used to move back and forth between empirical data and theory underpinning the SUN project, providing critical insight into the model.

## **RESULTS:**

Participant accounts were broadly concordant with core components of the SUN Project's underlying model: Open access and self-referral; group therapeutic processes; community-based support; service users as staff. There were some tensions between interviewee accounts and theoretical aspects of the model, notably around the challenges that group processes presented for some individuals.

## **CONCLUSIONS:**

The model underlying the SUN Project is useful in informing good practice in therapeutic, community-based peer support groups for people experiencing personality disorders. Careful consideration should be given to a limited multi-modal approach, providing focused one-to-one support for vulnerable individuals who find it hard to engage in group processes.

## **PRACTITIONER POINTS:**

Facilitated peer support groups based in the community may act as a powerful therapeutic resource for people experiencing personality disorders. Promoting open access and self-referral to support groups may increase feelings of empowerment and engagement for people experiencing personality disorders. Some individuals experiencing personality disorders who could potentially benefit from therapeutic groups may need focused one-to-one support to do so.

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PMID: 24872313 [PubMed - as supplied by publisher]

[Related citations](#)

5. Neuropsychiatr Dis Treat. 2014 May 8;10:791-5. doi: 10.2147/NDT.S63073. eCollection 2014.

# The prevalence of bipolar spectrum disorder in elderly patients with recurrent depression.

[Lee CI](#)<sup>1</sup>, [Jung YE](#)<sup>1</sup>, [Kim MD](#)<sup>1</sup>, [Hong SC](#)<sup>2</sup>, [Bahk WM](#)<sup>3</sup>, [Yoon BH](#)<sup>4</sup>.

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<sup>2</sup>Department of Preventive Medicine, School of Medicine, Jeju National University, Jeju, Republic of Korea.

<sup>3</sup>Department of Psychiatry, Yeouido St Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea.

<sup>4</sup>Department of Psychiatry, Naju National Hospital, Naju, Republic of Korea.

## **Abstract**

### **PURPOSE:**

Despite a growing body of knowledge on bipolar spectrum disorder (BSD), relatively little is known about the clinical characteristics of BSD in elderly people. We investigated the prevalence of BSD in elderly patients with recurrent depression.

### **PATIENTS AND METHODS:**

A total of 65 elderly outpatients ( $\geq 60$  years of age) who met the Diagnostic and Statistical Manual of Mental Disorders IV criteria for recurrent major depressive disorder participated in the study. BSD was diagnosed according to the criteria developed by Ghaemi et al and the Mood Disorder Questionnaire (MDQ) was used to assess bipolarity.

### **RESULTS:**

Of 65 subjects, eleven (16.9%) and 54 (83.1%) were diagnosed with BSD and unipolar depression, respectively. A total of 32.3% (n=22) had a positive screen for bipolar disorder, and we found a significant association between the BSD criteria and the criteria for a positive MDQ ( $P < 0.001$ ). Patients with BSD had a longer duration of illness ( $P = 0.040$ ) and more prior depressive episodes ( $P < 0.001$ ) than did those with unipolar depression. The BSD criteria of first-degree relative with bipolar disorder ( $P = 0.030$ ), antidepressant-induced hypomania ( $P = 0.034$ ), hyperthymic personality ( $P = 0.001$ ), and atypical depression ( $P = 0.030$ ) were highly associated with MDQ-positive patients.

## CONCLUSION:

Our results indicate that many depressed elderly patients have bipolar-related illness; moreover, some features of the depression are associated with bipolarity.

PMCID: PMC4020892 **Free PMC Article**

PMID: 24855364 [PubMed]

[Related citations](#)



6. Br J Psychiatry. 2014 May 22. pii: bjp.bp.112.122283. [Epub ahead of print]

## [Using generic preference-based measures in mental health: psychometric validity of the EQ-5D and SF-6D.](#)

[Mulhern B](#), [Mukuria C](#), [Barkham M](#), [Knapp M](#), [Byford S](#), [Soeteman D](#), [Brazier J](#).

### Author information:

Brendan Mulhern, MRes, Clara Mukuria, PhD, Health Economics and Decision Science, School of Health and Related Research, University of Sheffield, UK; Michael Barkham, PhD, Centre for Psychological Services Research, Department of Psychology, University of Sheffield, UK; Martin Knapp, PhD, Centre for the Economics of Mental and Physical Health, King's College London, and Personal Social Services Research Unit, London School of Economics and Political Science, UK; Sarah Byford, PhD, Centre for the Economics of Mental and Physical Health, King's College London, UK; Djøra Soeteman, PhD, Center for Health Decision Science, Harvard School of Public Health, Boston, Massachusetts, USA; John Brazier, PhD, Health Economics and Decision Science, School of Health and Related Research, University of Sheffield, UK.

## Abstract

### BACKGROUND:

Generic preference-based measures (EuroQoL-5D (EQ-5D) and SF-6D) are used in the economic evaluation of mental health interventions. However, there are inconsistent findings regarding their psychometric properties.

### AIMS:

To investigate the psychometric properties of the EQ-5D and SF-6D in different mental health conditions, using seven existing data-sets.

#### **METHOD:**

The construct validity and responsiveness of the measures were assessed in comparison with condition-specific indicators.

#### **RESULTS:**

Evidence for construct validity and responsiveness in common mental health and personality disorders was found (correlations 0.22-0.64; effect sizes 0.37-1.24; standardised response means 0.45-1.31). There was some evidence for validity in schizophrenia (correlations 0.05-0.43), but responsiveness was unclear.

#### **CONCLUSIONS:**

EQ-5D and SF-6D can be used in the economic evaluation of interventions for common mental health problems with some confidence. In schizophrenia, a preference-based measure focused on the impact of mental health should be considered.

Royal College of Psychiatrists.

PMID: 24855127 [PubMed - as supplied by publisher]

[Related citations](#)



7. Addict Biol. 2014 May 22. doi: 10.1111/adb.12156. [Epub ahead of print]

## **Plasma profile of pro-inflammatory cytokines and chemokines in cocaine users under outpatient treatment: influence of cocaine symptom severity and psychiatric co-morbidity.**

[Araos P<sup>1</sup>](#), [Pedraz M](#), [Serrano A](#), [Lucena M](#), [Barrios V](#), [García-Marchena N](#), [Campos-Cloute R](#), [Ruiz JJ](#), [Romero P](#), [Suárez J](#), [Baixeras E](#), [de la Torre R](#), [Montesinos J](#), [Guerra C](#), [Rodríguez-Arias M](#), [Miñarro J](#), [Martínez-Riera R](#), [Torrens M](#), [Chowen JA](#), [Argente J](#), [Mason BJ](#), [Pavón FJ](#), [Rodríguez de Fonseca F](#).

Author information:

<sup>1</sup>Unidad Gestión Clínica de Salud Mental, Instituto de Investigación Biomédica de Málaga (IBIMA), Hospital Regional Universitario de Málaga, Málaga, Spain.

## Abstract

The treatment for cocaine use constitutes a clinical challenge because of the lack of appropriate therapies and the high rate of relapse. Recent evidence indicates that the immune system might be involved in the pathogenesis of cocaine addiction and its co-morbid psychiatric disorders. This work examined the plasma pro-inflammatory cytokine and chemokine profile in abstinent cocaine users (n = 82) who sought outpatient cocaine treatment and age/sex/body mass-matched controls (n = 65). Participants were assessed with the diagnostic interview Psychiatric Research Interview for Substance and Mental Diseases according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR). Tumor necrosis factor-alpha, chemokine (C-C motif) ligand 2/monocyte chemoattractant protein-1 and chemokine (C-X-C motif) ligand 12 (CXCL12)/stromal cell-derived factor-1 (SDF-1) were decreased in cocaine users, although all cytokines were identified as predictors of a lifetime pathological use of cocaine. Interleukin-1 beta (IL-1 $\beta$ ), chemokine (C-X<sub>3</sub>-C motif) ligand 1 (CX3CL1)/fractalkine and CXCL12/SDF-1 positively correlated with the cocaine symptom severity when using the DSM-IV-TR criteria for cocaine abuse/dependence. These cytokines allowed the categorization of the outpatients into subgroups according to severity, identifying a subgroup of severe cocaine users (9-11 criteria) with increased prevalence of co-morbid psychiatric disorders [mood (54%), anxiety (32%), psychotic (30%) and personality (60%) disorders]. IL-1 $\beta$  was observed to be increased in users with such psychiatric disorders relative to those users with no diagnosis. In addition to these clinical data, studies in mice demonstrated that plasma IL-1 $\beta$ , CX3CL1 and CXCL12 were also affected after acute and chronic cocaine administration, providing a preclinical model for further research. In conclusion, cocaine exposure modifies the circulating levels of pro-inflammatory mediators. Plasma cytokine/chemokine monitoring could improve the stratification of cocaine consumers seeking treatment and thus facilitate the application of appropriate interventions, including management of heightened risk of psychiatric co-morbidity. Further research is necessary to elucidate the role of the immune system in the etiology of cocaine addiction.

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PMID: 24854157 [PubMed - as supplied by publisher]

[Related citations](#)



8. Ann Neurol. 2014 May 23. doi: 10.1002/ana.24189. [Epub ahead of print]

# Seroprevalence of autoantibodies against brain antigens in health and disease.

[Dahm L](#)<sup>1</sup>, [Ott C](#), [Steiner J](#), [Stepniak B](#), [Teegen B](#), [Saschenbrecker S](#), [Hammer C](#), [Borowski K](#), [Begemann M](#), [Lemke S](#), [Rentzsch K](#), [Probst C](#), [Martens H](#), [Wienands J](#), [Spalletta G](#), [Weissenborn K](#), [Stöcker W](#), [Ehrenreich H](#).

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## **Abstract**

**Objective:** We previously reported an unexpectedly high seroprevalence (~10%) of N-methyl-D-aspartate-receptor subunit-NR1 (NMDAR1) autoantibodies (AB) in healthy and neuropsychiatrically ill subjects (N=2817). This finding challenges an unambiguous causal relationship of serum AB with brain disease. To test whether similar results would be obtained for other brain antigen-directed AB previously connected with pathological conditions, we systematically screened serum samples of 4236 individuals. **Methods:** Serum samples of healthy (N=1703) versus neuropsychiatrically ill subjects (schizophrenia, affective disorders, stroke, Parkinson, ALS, personality disorder, total N=2533) were tested. For analysis based on indirect immunofluorescence, we used biochip mosaics of frozen brain sections (rat, monkey) and transfected HEK293 cells expressing respective recombinant target antigens. **Results:** Seroprevalence of all screened AB was comparable in healthy and ill individuals. None of them, however, reached the abundance of NMDAR1-AB (again~10%; IgG~1%). Appreciable frequency was noted for AB against Amphiphysin (2.0%), ARHGAP26 (1.3%), CASPR2 (0.9%), MOG (0.8%), GAD65 (0.5%), Ma2 (0.5%), Yo (0.4%), and Ma1 (0.4%), with titers and Ig-class distribution similar among groups. All other AB were found in ≤0.1% of individuals (anti-AMPA-1/2, AQP4, CV2, Tr/DNER, DPPX-IF1, GABAR-B1/B2, GAD67, GLRA1b, GRM1, GRM5, Hu, LG11, Recoverin, Ri, ZIC4). The predominant Ig class depended on antigen location, with intracellular epitopes predisposing to IgG (Chi-square=218.91,  $p=2.8 \times 10^{-48}$ ). **Interpretation:** To conclude, the here tested brain antigen-directed AB are comparably detectable in healthy subjects and the here studied disease groups, thus questioning an upfront pathological role of these serum AB. ANN NEUROL 2014. © 2014 American Neurological Association.

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PMID: 24853231 [PubMed - as supplied by publisher]

[Related citations](#)



9. Psychopathology. 2014 May 17. [Epub ahead of print]

# Dimensions of Religious/Spiritual Well-Being and the Dark Triad of Personality.

[Kämmerle M<sup>1</sup>](#), [Unterrainer HF](#), [Dahmen-Wassenberg P](#), [Fink A](#), [Kapfhammer HP](#).

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## **Abstract**

Background: In general, religious/spiritual dimensions are found to be negatively correlated with all kinds of psychiatric disorders such as depression, suicidal ideation and substance abuse. Contrary to these findings, the goal of this study was to investigate the relationship between dimensions of religious/spiritual well-being (RSWB) and less favorable aspects of personality - the so-called 'dark triad' of personality traits, i.e. narcissism, machiavellianism and psychopathy - together with general deficits in personality structure. Sampling and Methods: A total of 312 college students (220 females) completed the Multidimensional Inventory for RSWB, the revised Narcissistic Personality Inventory, the Machiavellianism Inventory and the Levenson Self-Report Psychopathy Scale along with the 16-item Inventory of Personality Organization. Results: RSWB was confirmed to be negatively correlated with these negative aspects of personality, in particular with subclinical psychopathy. More specifically, there were several notable overlaps; narcissism, for instance, was found to be significantly positively associated with some RSWB subdimensions such as 'hope' or 'connectedness'. Conclusions: First deductions can be made from these data concerning an ambivalent role of spirituality in impaired personality structure. These associations might be further investigated especially in psychiatric patients diagnosed with personality disorders in order to describe potential psychopathological facets of religion and spirituality more adequately. © 2014 S. Karger AG, Basel.

PMID: 24852674 [PubMed - as supplied by publisher]

[Related citations](#)



10. Neuropsychobiology. 2014 May 16;69(3):165. [Epub ahead of print]

## Gender-Specific Association between the COMT Val158Met Polymorphism and

# Openness to Experience in Panic Disorder Patients.

[Konishi Y<sup>1</sup>](#), [Tanii H](#), [Otowa T](#), [Sasaki T](#), [Motomura E](#), [Fujita A](#), [Umekage T](#), [Tochigi M](#), [Kaiya H](#), [Okazaki Y](#), [Okada M](#).

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## **Abstract**

Background: Because major depression and panic disorder are both more prevalent among females and since several lines of evidence suggest that genetic factors might influence an individual's vulnerability to panic disorder, gene-gender interactions are being examined in such psychiatric disorders and mental traits. A number of studies have suggested that specific genes, e.g. catechol-O-methyltransferase (COMT), might lead to distinct clinical characteristics of panic disorder. Method: We compared gender-specific personality-related psychological factors of 470 individuals with panic disorder and 458 healthy controls in terms of their COMT Val158Met polymorphism and their scores on the Revised NEO Personality Inventory (NEO PI-R) and State-Trait Anxiety Inventory (STAI) with a 1-way analysis of covariance. Results: In the male panic disorder patients, the NEO PI-R score for openness to experience was significantly lower in the Met/Met carrier group, whereas there was no such association among the female panic disorder patients or the male or female control groups. Conclusion: The gender-specific effect of the COMT genotype suggests that the COMT Val/Met genotype may influence a personality trait, openness to experience, in males with panic disorder. © 2014 S. Karger AG, Basel.

PMID: 24852514 [PubMed - as supplied by publisher]

[Related citations](#)



11. J Interpers Violence. 2014 May 20. pii: 0886260514532718. [Epub ahead of print]

# Personality Profiles and Psychopathology Among Students Exposed to Dating Violence at the Obafemi Awolowo University, Ile-Ife.

[Boladale M<sup>1</sup>](#), [Yetunde O<sup>2</sup>](#), [Adesanmi A<sup>2</sup>](#), [Olutayo A<sup>2</sup>](#), [Olanrewaju I<sup>3</sup>](#).

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<sup>3</sup>State Specialist Hospital, Asubiaro, Osogbo.

## Abstract

Dating violence is a complex phenomenon, and researchers continue to examine a wide range of precursors and contributing factors. Evidence indicates that violent intimate partners may be more likely to have personality disorders and dependency and attachment problems compared with non-violent ones. The aim of the present study is to evaluate the interaction between the personality profiles, pattern of psychopathology, and dating violence among university students in Obafemi Awolowo University, Ile-Ife. The study utilized a cross-sectional survey design with a total of 400 students selected using a multistage sampling technique. They completed the Sociodemographic Data Schedule, the Conflict Tactic Scale (CTS), Eysenck Personality Questionnaire (EPQ), and the General Health Questionnaire (GHQ). Univariate analysis was used to determine the prevalence of dating violence, psychopathology, and personality traits, and these were expressed in percentages. Association at bivariate level was assessed using chi-square and at multivariate level using logistic regression and correlations as was appropriate depending on the type of variable. The age of the respondents ranged between 18 and 35 years ( $M = 21.44$ ,  $SD = 2.99$ ). The prevalence of dating violence in the previous 12 months was 34%, and the prevalence of psychopathology was 15%. In the logistic regression model constructed, it was found that the significant predictors of dating violence were the psychoticism and neuroticism personality traits, which were also found to be positive correlates of psychopathology. The magnitude of dating violence found in this study is comparable with those found in other countries of the world. This study found an association between dating violence and personality in the study population and also between certain personality traits and psychopathology. The personality profiles of students could affect their interpersonal relationships greatly, and this fact must feature in dating violence prevention programs.

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PMID: 24850762 [PubMed - as supplied by publisher]

[Related citations](#)



12. Curr Top Behav Neurosci. 2014 May 22. [Epub ahead of print]

## [The Spectrum of Borderline Personality Disorder: A Neurophysiological View.](#)

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## Abstract

Borderline Personality Disorder (BPD) has been defined as a personality disorder in all editions of DSM since 1980; namely, DSM III through V. The criteria are a mixture of symptoms and traits; the etiology, a heterogeneous array of genetic, constitutional, and environmental factors. Until recently the diagnosis relied on clinical descriptions. In the last two decades, neurophysiological data, including MRIMRI and fMRI, have established correlates in various brain regions, particularly those involving the frontal lobes and various limbic structures, that show promise of providing a more substantial basis for diagnosis-relying primarily on (internal) brain changes, rather than on (external) clinical observation. Some of the changes in BPD consist of decreased volume in the orbitofrontal and dorsolateral prefrontal cortices and smaller volume in both the amygdala and hippocampus, though with heightened reactivity in the amygdala. Similar abnormalities have been noted in bipolar disorders (BDs) and in ADHD, both of which often accompany BPD and share certain clinical features. Persons with strong genetic predisposition to BDs can develop BPD even in the absence of adverse environmental factors; those with extreme adverse environmental factors (chiefly, early sexual molestation) can develop BPD in the absence of bipolar vulnerability. In some BPD patients, both sets of factors are present. As ideal treatment depends on careful analysis of these factors, neurophysiological testing may permit both more rational, brain-based diagnostic decisions and more appropriate therapeutic strategies.

PMID: 24850076 [PubMed - as supplied by publisher]

[Related citations](#)



13. Int J Eat Disord. 2014 May 22. doi: 10.1002/eat.22300. [Epub ahead of print]

# [Association of eating disorder symptoms with internalizing and externalizing dimensions of psychopathology among men and women.](#)

[Mitchell KS](#)<sup>1</sup>, [Wolf EJ](#), [Reardon AF](#), [Miller MW](#).

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Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts.

## **Abstract**

### **OBJECTIVE:**

A large body of factor analytic research supports the idea that common mental disorders are organized along correlated latent dimensions termed internalizing and externalizing. Eating disorders (EDs) have been associated with both internalizing (mood and anxiety disorders) and externalizing (substance use, antisocial personality disorder) forms of psychopathology. Previous studies found that EDs are most strongly related to internalizing disorders. However, no previous factor analytic studies of EDs and the internalizing/externalizing dimensions have evaluated if EDs align with these spectra similarly for men and women. We examined the location of anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED) symptoms within this model of psychopathology among a sample of veterans, a population traditionally understudied in EDs.

### **METHOD:**

Data were from two studies of veterans and their intimate partners (N = 453 men and 307 women). Participants were administered the Structured Clinical Interview for DSM-IV without skip-outs. Lifetime symptom severity scores were used in confirmatory factor analytic models.

### **RESULTS:**

A model with AN, BN, and BED symptoms loading onto the distress subfactor of the internalizing domain fit the data best in the full sample and the male and female subsamples. This model was statistically equivalent for men and women.

### **DISCUSSION:**

All three EDs loaded onto distress, indicating that these conditions overlap with psychopathology characterized by negative affect. Investigating latent dimensions of psychopathology is one approach to identifying common factors that partially account for patterns of comorbidity among psychiatric disorders, which may aid in translating research findings into clinical practice. © 2014 Wiley Periodicals, Inc. (Int J Eat Disord 2014).

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PMID: 24849585 [PubMed - as supplied by publisher]

[Related citations](#)

# Psychiatric Comorbidity and Perceived Alcohol Stigma in a Nationally Representative Sample of Individuals with DSM-5 Alcohol Use Disorder.

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## **Abstract**

### **BACKGROUND:**

Alcohol use disorder (AUD) is among the most stigmatized health conditions and is frequently comorbid with mood, anxiety, and drug use disorders. Theoretical frameworks have conceptualized stigma-related stress as a predictor of psychiatric disorders. We described profiles of psychiatric comorbidity among people with AUD and compared levels of perceived alcohol stigma across profiles.

### **METHODS:**

Cross-sectional data were analyzed from a general population sample of U.S. adults with past-year DSM-5 AUD (n = 3,368) from the National Epidemiologic Survey on Alcohol and Related Conditions, which was collected from 2001 to 2005. Empirically derived psychiatric comorbidity profiles were established with latent class analysis, and mean levels of perceived alcohol stigma were compared across the latent classes while adjusting for sociodemographic characteristics and AUD severity.

### **RESULTS:**

Four classes of psychiatric comorbidity emerged within this AUD sample, including those with: (i) high comorbidity, reflecting internalizing (i.e., mood and anxiety disorders) and externalizing (i.e., antisocial personality and drug use disorders) disorders; (ii) externalizing comorbidity; (iii) internalizing comorbidity; and (iv) no comorbidity. Perceived alcohol stigma was significantly higher in those with internalizing comorbidity (but not those with high comorbidity) as compared to those with no comorbidity or externalizing comorbidity.

## CONCLUSIONS:

Perceived stigma, as manifested by anticipations of social rejection and discrimination, may increase risk of internalizing psychiatric comorbidity. Alternatively, internalizing psychiatric comorbidity could sensitize affected individuals to perceive more negative attitudes toward them. Future research is needed to understand causal and bidirectional associations between alcohol stigma and psychiatric comorbidity.

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PMID: 24848495 [PubMed - as supplied by publisher]

[Related citations](#)



15. Expert Opin Drug Saf. 2014 Jun;13(6):735-44. doi: 10.1517/14740338.2014.908849.

## **Efficacy of antidepressant medications in children and adolescents with non-obsessive-compulsive disorder anxiety disorders: a systematic assessment.**

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### **Abstract**

Introduction: Anxiety disorders are relatively common psychiatric illnesses in children and adolescents. In young people, such disorders are likely to show severe outcomes and adversely impact on multiple aspects of personality and social integration. Area covered: This article aims to analyze systematically the efficacy of both old- and new-generation antidepressants in children and adolescents diagnosed with non-obsessive-compulsive disorder anxiety disorders. Expert opinion: Reviewed data demonstrate that social phobia is the only pediatric anxiety disorder whose response to antidepressant medications has been investigated in an adequate number of studies. In this clinical condition, venlafaxine and fluoxetine (and fluvoxamine as second choice) are the only antidepressants that have shown convincing reports on efficacy. In contrast, apart from preliminary observations suggesting the efficacy of sertraline in pediatric generalized anxiety disorder, no evidence-based

information definitively supports the use of antidepressants for managing other juvenile anxiety disorders.

PMID: 24845944 [PubMed - in process]

[Related citations](#)



16. J Pers Disord. 2014 May 20:1-17. [Epub ahead of print]

## [The Aversive Interpersonal Behaviors Associated With Pathological Personality Traits.](#)

[Williams TF](#), [Thomas KM](#), [Donnellan MB](#), [Hopwood CJ](#).

### **Abstract**

Although interpersonal dysfunction is a defining feature of personality disorders (PDs), relatively little is known about how features of PD are perceived by others. In the current study, students (n = 225) reported on the traits and aversive interpersonal behaviors of individuals with pathological personality features. Aversive behaviors were measured using the Interpersonal Sensitivity Circumplex, and pathological personality features were assessed using the DSM-5 Section 3 traits. The structural summary method for circumplex data was used to evaluate how pathological traits related to both general and specific aversive behaviors. Most traits associated with PDs were related to general aversive behaviors. Specific associations suggested that young adults are most irritated when individuals with personality pathology try to form or sustain attachments, as opposed to control, withdraw, or submit to them. These results are consistent with the assumption that personality pathology is broadly characterized by aversive behaviors and imply that individuals are most bothered by maladaptive attempts by others to become or stay connected.

PMID: 24845225 [PubMed - as supplied by publisher]

[Related citations](#)



17. Psychiatry Res. 2014 May 9. pii: S0165-1781(14)00358-8. doi: 10.1016/j.psychres.2014.04.044. [Epub ahead of print]

# Personality disorders in offspring of mothers with mood disorders: Results from a longitudinal family study.

[Cullen KR](#)<sup>1</sup>, [Eberly LE](#)<sup>2</sup>, [Heller MD](#)<sup>3</sup>, [Schlesinger A](#)<sup>3</sup>, [Gold PW](#)<sup>4</sup>, [Martinez PE](#)<sup>4</sup>, [Klimes-Dougan B](#)<sup>5</sup>.

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## **Abstract**

Offspring of mothers with mood disorders are known to be at risk for a range of adverse outcomes, but the prevalence of personality disorders (PDs) in this group is unknown. The goal of this study was to assess risk of PD diagnoses and symptoms in offspring of mothers with and without mood disorders, and to explore contributing factors to this risk. This longitudinal study assessed PDs and symptoms of PDs in offspring of mothers with bipolar disorder (O-BD), major depression (O-MDD), and no psychiatric diagnosis (O-WELL) in mid-adolescence and in early adulthood. O-BD were more likely to develop a Cluster B PD than O-MDD or O-WELL in adolescence, and more likely to develop a Cluster B PD than O-WELL in early adulthood. Dimensional analyses revealed that O-BD had elevated symptoms in PDs across all PD clusters at mid-adolescence and young adulthood. O-MDD showed elevated symptoms of antisocial PD at both time points, and of obsessive-compulsive PD at young adulthood. Offspring of mothers with mood disorders, especially O-BD, are at increased risk for PD diagnoses and symptoms in mid-adolescence and early adulthood. Contributing factors to risk of PD symptoms in at-risk offspring are discussed.

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PMID: 24844978 [PubMed - as supplied by publisher]

[Related citations](#)



# Provocation of Symmetry/Ordering Symptoms in Anorexia nervosa: A Functional Neuroimaging Study.

[Suda M](#)<sup>1</sup>, [Brooks SJ](#)<sup>2</sup>, [Giampietro V](#)<sup>3</sup>, [Uher R](#)<sup>1</sup>, [Mataix-Cols D](#)<sup>4</sup>, [Brammer MJ](#)<sup>3</sup>, [Williams SC](#)<sup>3</sup>, [Treasure J](#)<sup>1</sup>, [Campbell IC](#)<sup>1</sup>.

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## **Abstract**

Anorexia nervosa (AN), obsessive-compulsive disorder (OCD), and obsessive-compulsive personality disorder (OCPD) are often co-morbid; however, the aetiology of such co-morbidity has not been well investigated. This study examined brain activation in women with AN and in healthy control (HC) women during the provocation of symmetry/ordering-related anxiety. During provocation, patients with AN showed more anxiety compared to HCs, which was correlated with the severity of symmetry/ordering symptoms. Activation in the right parietal lobe and right prefrontal cortex (rPFC) in response to provocation was reduced in the AN group compared with the HC group. The reduced right parietal activation observed in the AN group is consistent with parietal lobe involvement in visuospatial cognition and with studies of OCD reporting an association between structural abnormalities in this region and the severity of 'ordering' symptoms. Reduced rPFC activation in response to symmetry/ordering provocation has similarities with some, but not all, data collected from patients with AN who were exposed to images of food and bodies. Furthermore, the combination of data from the AN and HC groups showed that rPFC activation during symptom provocation was inversely correlated with the severity of symmetry/ordering symptoms. These data suggest that individuals with AN have a diminished ability to cognitively deal with illness-associated symptoms of provocation. Furthermore, our data also suggest that symptom provocation can progressively overload attempts by the rPFC to exert cognitive control. These findings are discussed in the context of the current neurobiological models of AN.

PMCID: PMC4028263 **Free PMC Article**

PMID: 24844926 [PubMed - in process]

[Related citations](#)

# Clinical Characteristics Associated with Premature Termination from Outpatient Psychotherapy for Anorexia Nervosa.

[Jordan J<sup>1</sup>](#), [McIntosh VV](#), [Carter FA](#), [Joyce PR](#), [Frampton CM](#), [Luty SE](#), [McKenzie JM](#), [Bulik CM](#).

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## **Abstract**

### **AIM:**

The literature on clinical characteristics associated with premature termination of treatment (PTT) is beset with conflicting and non-replicated findings. This study explores clinical characteristics potentially associated with PTT in a randomised controlled outpatient psychotherapy trial for anorexia nervosa (AN).

### **METHODS:**

Participants were 56 women aged 17-40 years with spectrum AN. The completer group (n = 35) included those completing at least 15/20 planned sessions with the remainder of the sample comprising the PTT group (n = 21). Variables examined included demographic factors, psychosocial functioning, psychiatric history, lifetime comorbidity, temperament and eating disorder characteristics. Logistic regression was used to examine significant variables. A Kaplan-Meier survival curve was used to illustrate time taken to PTT.

### **RESULTS:**

The mean number of sessions in the PTT group was 8.1. Lower self-transcendence scores on the Temperament and Character Inventory were associated with PTT.

### **CONCLUSIONS:**

Recognising and addressing personality factors have the potential to enhance retention in treatment. Copyright © 2014 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 24842307 [PubMed - as supplied by publisher]

[Related citations](#)



20. J Am Acad Child Adolesc Psychiatry. 2014 Jun;53(6):677-687.e5. doi: 10.1016/j.jaac.2014.02.009. Epub 2014 Mar 12.

## [Atypical neural responses during face processing in female adolescents with conduct disorder.](#)

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<sup>5</sup>Medical Research Council Cognition and Brain Sciences Unit, Cambridge, UK.

### **Abstract**

#### **OBJECTIVE:**

Conduct disorder (CD) in females is associated with negative adult outcomes including mental health problems and personality disorders. Although recent neuroimaging studies have reported changes in neural activity during facial emotion processing in males with CD or callous-unemotional (CU) traits, there have been no neuroimaging studies specifically assessing females with CD. We addressed this gap by investigating whether female adolescents with CD show atypical neural activation when processing emotional or neutral faces.

#### **METHOD:**

We acquired functional magnetic resonance imaging (fMRI) data from 20 female adolescents with CD and 20 female control participants while they viewed angry, sad, and neutral faces.

## RESULTS:

An omnibus group (CD, control) by facial emotion (angry, sad, neutral) analysis of variance (ANOVA) revealed main effects of facial emotion in superior temporal cortex, fusiform gyrus, ventrolateral prefrontal cortex and insula, and main effects of group in medial orbitofrontal cortex (OFC) and right anterior insula. Female participants with CD showed reduced medial OFC and increased anterior insula responses relative to healthy controls. There were no significant group  $\times$  facial emotion interactions. Lifetime CD symptoms were negatively correlated with amygdala, superior temporal cortex, fusiform gyrus, and dorsolateral prefrontal cortex activity for the contrast "all-faces versus fixation." CU traits were negatively correlated with fusiform gyrus activity for the contrast sad versus neutral faces.

## CONCLUSION:

Females with CD showed atypical neural activation during the processing of all facial expressions, irrespective of valence. Our results demonstrate that severity of CD symptoms and CU traits is important in explaining abnormal patterns of neural activity.

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PMID: 24839886 [PubMed - in process]

[Related citations](#)



21. Acupunct Med. 2014 May 13. pii: acupmed-2014-010540. doi: 10.1136/acupmed-2014-010540. [Epub ahead of print]

## [Ear acupuncture for co-occurring substance abuse and borderline personality disorder: an aid to encourage treatment retention and tobacco cessation.](#)

[Stuyt EB.](#)

Author information:

Department of Psychiatry, University of Colorado, Denver, Colorado, USA Circle Program, Colorado Mental Health Institute at Pueblo, Pueblo, Colorado, USA.

**Abstract**

## **OBJECTIVES:**

Retention of individuals with co-occurring borderline personality disorder (BPD) and substance use disorders in treatment is known to be difficult. An outcome study of a tobacco-free 90-day inpatient dual-diagnosis treatment programme that uses several evidenced-based treatments in addition to ear acupuncture (acudetox) was undertaken to determine overall treatment effectiveness.

## **METHODS:**

Between January 2009 and December 2011, 231 patients were treated in the programme, 88% with nicotine dependence and 79% with personality disorder diagnoses. All patients completing the programme were invited to enrol in a 1-year follow-up study in which they responded to monthly questionnaires to assess outcomes.

## **RESULTS:**

185 patients (80%) successfully completed the programme. There was no correlation between successful programme completion and gender, race, age, primary drug dependence diagnosis or primary psychiatric diagnosis. The use of acudetox was positively correlated with successful completion ( $p=0.006$ ). Of the 78 patients with BPD, 100% of men and 83% of women successfully completed the programme. Their use of acudetox was positively correlated with successful completion ( $p=0.026$ ). At the end of the year, 140 questionnaires were returned: 51 patients with BPD reported outcomes similar to the group as a whole, with 55% sober and doing well.

## **CONCLUSIONS:**

The use of acudetox was positively correlated with both successful completion of the programme for those with BPD as well as successful tobacco cessation, which ultimately improves the ability to maintain sobriety.

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[Related citations](#)



# Executive functions and psychiatric symptoms in drug-refractory juvenile myoclonic epilepsy.

[Walsh J](#)<sup>1</sup>, [Thomas RH](#)<sup>2</sup>, [Church C](#)<sup>3</sup>, [Rees MI](#)<sup>2</sup>, [Marson AG](#)<sup>3</sup>, [Baker GA](#)<sup>3</sup>.

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<sup>3</sup>Department of Clinical and Molecular Pharmacology, University of Liverpool, Liverpool, UK.

## **Abstract**

### **PURPOSE:**

The pattern of executive dysfunction reported in juvenile myoclonic epilepsy (JME) resembles that of patients with cluster B personality disorders. This study examined whether executive dysfunction and maladaptive behavior reported in patients with JME are related.

### **METHOD:**

Sixty patients with drug-refractory JME were administered tests of intellect, memory, and executive dysfunction. Anxiety, depression, personality traits, impact of epilepsy, and perceived cognitive effects of antiepileptic drugs were measured.

### **RESULTS:**

Half of the cohort exhibited moderate to severe anxiety symptoms. The patients performed most poorly on naming ability and inhibition switching. Duration of epilepsy exacerbated poor performance on inhibition switching. Females presented with pathological scores for neurotic and introvert traits and males for introvert traits. Abnormal personality traits and psychiatric disorders were associated with worse intellectual and executive functioning. People with extreme Eysenck Personality Scale - Brief Version (EPQ-BV) scores demonstrated the greatest level of executive impairment. Furthermore, the same degree of dysfunction was not seen in any individual with unremarkable EPQ-BV scores.

### **CONCLUSION:**

This study indicates that specific patterns of executive dysfunction are related to maladaptive behavior in JME. Distinct behavioral patterns may be used to identify functional and anatomical differences between people with JME and for stratification to enable gene discovery.

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PMID: 24820514 [PubMed - in process]

[Related citations](#)



23. *Appetite*. 2014 May 6. pii: S0195-6663(14)00206-2. doi: 10.1016/j.appet.2014.05.004.  
[Epub ahead of print]

## **The role of impulsivity traits and delayed reward discounting in dysregulated eating and drinking among heavy drinkers.**

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### **Abstract**

Impulsivity is a multifaceted construct that has been linked to dysregulated eating and problematic alcohol use. The UPPS model identifies five personality-based impulsivity traits that have unique predictive utility: Negative Urgency, Perseverance, Premeditation, Sensation Seeking, and Positive Urgency. Delayed reward discounting (DRD) is an index of impulsive decision making characterized by preference for smaller immediate gains at the cost of larger delayed gains. In the current study, we sought to refine the influence of impulsive personality traits and DRD on disordered eating patterns and problematic drinking. One hundred and eight treatment-seeking heavy drinkers were assessed for UPPS impulsivity traits, DRD, disordered eating, alcohol use, and demographic information. With regard to disordered eating patterns, DRD predicted higher levels of Dietary Restraint and Weight and Shape Concerns. Negative Urgency predicted binge eating and Weight and Shape Concerns. Positive Urgency predicted Eating Concerns. Female sex predicted Eating, Weight, and Shape Concerns. When considering problematic alcohol use, only Negative Urgency and Sensation Seeking were predictive. This is the first study to examine both personality-based impulsivity and DRD in relation to pathological eating and drinking

behavior. The results suggest the importance of disentangling the contributions of various impulsivity constructs on dysregulated eating.

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PMID: 24816318 [PubMed - as supplied by publisher]

[Related citations](#)



24. Asian J Psychiatr. 2014 Jun;9:67-72. doi: 10.1016/j.ajp.2014.01.005. Epub 2014 Feb 1.

## **The 2D:4D ratio of the hand and schizotypal personality traits in schizophrenia patients and healthy control persons.**

[Zhu YK](#)<sup>1</sup>, [Li CB](#)<sup>2</sup>, [Jin J](#)<sup>1</sup>, [Wang JJ](#)<sup>1</sup>, [Lachmann B](#)<sup>3</sup>, [Sariyska R](#)<sup>3</sup>, [Montag C](#)<sup>4</sup>.

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### **Abstract**

Prenatal estrogen/testosterone exposure is known to be involved in early brain development. In this context, the ratio of the index finger to ring finger length (2D:4D) has been put forward as an indicator of the intrauterine sex hormonal level. A previous study by Collinson et al. (2010) examined 2D:4D ratios in Asian patients with schizophrenia and found an increased 2D:4D pattern in male patients compared to male healthy controls. In the current study, we tried to replicate the result of this study on the 2D:4D ratio in schizophrenia patients and controls in a Chinese sample. Moreover, we investigated the link between 2D:4D ratios and schizotypal personality traits in the participants of the study. No significant difference between cases and controls in 2D:4D ratios for both hands could be observed.

However, a positive association between right 2D:4D ratio and schizotypal personality traits was found in healthy controls (both in the male and female subsamples) suggesting that a high 2D:4D ratio could represent a vulnerability factor for schizophrenia in healthy males and females. Same results were observed for the digit ratio of the left hand and the SPQ in the healthy total and healthy female subsample. Therefore, the inclusion of personality measures to study the link between the digit ratio and schizophrenia might help to provide insights in a potential continuum from healthy to schizophrenic behavior.

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PMID: 24813040 [PubMed - in process]

[Related citations](#)



25. Curr Med Res Opin. 2014 May 7. [Epub ahead of print]

## **Differential diagnosis, comorbidity, and treatment of attention-deficit/hyperactivity disorder in relation to bipolar disorder or borderline personality disorder in adults.**

[Asherson P](#)<sup>1</sup>, [Young AH](#), [Eich-Höchli D](#), [Moran P](#), [Porsdal V](#), [Deberdt W](#).

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### **Abstract**

Abstract Background: Attention-deficit/hyperactivity disorder (ADHD) in adults can resemble, and often co-occurs with, bipolar disorder (BD) and borderline personality disorder (BPD). This can lead to mistaken diagnoses and ineffective treatment, resulting in potentially serious adverse consequences. All three conditions can substantially impair well-being and functioning, while BD and BPD are associated with suicidality. Objectives: To update clinicians on the overlap and differences in the symptomatology of ADHD versus BD and BPD in adults; differential diagnosis of ADHD from BD and BPD in adults; and diagnosis and treatment of adults with comorbid ADHD-BD or ADHD-BPD. Methods: We searched four databases, referred to the new Diagnostic and Statistical Manual of Mental Disorders, 5th edition, used other relevant literature, and referred to our own clinical experience. Results: ADHD coexists in ~20% of adults with BD or BPD. BD is episodic, with periods of normal mood although not necessarily function. In patients with comorbid ADHD-BD, ADHD symptoms are apparent between BD episodes. BPD and ADHD are

associated with chronic trait-like symptoms and impairments. Overlapping symptoms of BPD and ADHD include impulsivity and emotional dysregulation. Symptoms of BPD but not ADHD include frantically avoiding real/imagined abandonment, suicidal behavior, self-harm, chronic feelings of emptiness, and stress-related paranoia/severe dissociation. Consensus expert opinion recommends that BD episodes should be treated first in patients with comorbid ADHD, and these patients may need treatment in stages (e.g. mood stabilizer[s], then a stimulant/atomoxetine). Data is scarce and mixed about whether stimulants or atomoxetine exacerbate mania in comorbid ADHD-BD. BPD is primarily treated with psychotherapy. Principles of dialectical behavioral treatment for BPD may successfully treat ADHD in adults, as an adjunct to medication. No fully evidence-based pharmacotherapy exists for core BPD symptoms, although some medications may be effective for individual symptom domains, e.g. impulsivity (shared by ADHD and BPD). In our experience, treatment of ADHD should be considered when treating comorbid personality disorders. Conclusions: It is important to accurately diagnose ADHD, BD, and BPD to ensure correct targeting of treatments and improvements in patient outcomes. However, there is a shortage of data about treatment of adults with ADHD and comorbid BD or BPD.

PMID: 24804976 [PubMed - as supplied by publisher]

[Related citations](#)



26. Eur Eat Disord Rev. 2014 May 7. doi: 10.1002/erv.2293. [Epub ahead of print]

## [Set-Shifting and its Relation to Clinical and Personality Variables in Full Recovery of Anorexia Nervosa.](#)

[Lindner SE](#)<sup>1</sup>, [Fichter MM](#), [Quadflieg N](#).

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<sup>1</sup>Department of Psychiatry, University of Munich (LMU), Munich, Germany.

### **Abstract**

#### **OBJECTIVE:**

First, this study aimed to explore whether set-shifting is inefficient after full recovery of anorexia nervosa (recAN). Second, this study wanted to explore the relation of set-shifting to clinical and personality variables.

#### **METHOD:**

A total of 100 recAN women were compared with 100 healthy women. Set-shifting was assessed with Berg's Card Sorting Test. Expert interviews yielded assessments for the inclusion/exclusion criteria, self-ratings for clinical and personality variables.

## RESULTS:

Compared with the healthy control group, the recAN participants achieved fewer categories, showed more perseverations and spent less time for shifting set. Perfectionism is correlated with set-shifting but in converse directions in the two groups.

## DISCUSSION:

Our study supports the findings of inefficiencies in set-shifting after full recovery from AN. Higher perfectionism in the recAN group is associated with better set-shifting ability, whereas higher perfectionism in the healthy control group is related to worse set-shifting ability. Copyright © 2014 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 24802417 [PubMed - as supplied by publisher]

[Related citations](#)



27. Prog Neuropsychopharmacol Biol Psychiatry. 2014 May 5. pii: S0278-5846(14)00088-8. doi: 10.1016/j.pnpbp.2014.04.010. [Epub ahead of print]

# **Methylation of BDNF in women with bulimic eating syndromes: Associations with childhood abuse and borderline personality disorder.**

[Thaler L](#)<sup>1</sup>, [Gauvin L](#)<sup>2</sup>, [Joobert R](#)<sup>3</sup>, [Groleau P](#)<sup>4</sup>, [de Guzman R](#)<sup>3</sup>, [Ambalavanan A](#)<sup>3</sup>, [Israel M](#)<sup>1</sup>, [Wilson S](#)<sup>5</sup>, [Steiger H](#)<sup>6</sup>.

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## Abstract

DNA methylation allows for the environmental regulation of gene expression and is believed to link environmental stressors to such mental-illness phenotypes as eating disorders. Numerous studies have shown an association between bulimia nervosa (BN) and variations in brain-derived neurotrophic factor (BDNF). BDNF has also been linked to borderline personality disorder (BPD) and to such traits as reward dependence. We examined the extent to which BDNF methylation corresponded to bulimic or normal-eater status, and also to the presence of comorbid borderline personality disorder (BPD) and childhood abuse. Our sample consisted of 64 women with BN and 32 normal-eater (NE) control women. Participants were assessed for eating-disorder symptoms, comorbid psychopathology, and childhood trauma, and then they were required to provide blood samples for methylation analyses. We observed a significant site×group (BN vs. NE) interaction indicating that women with BN showed increases in methylation at specific regions of the BDNF promoter. Furthermore, examining effects of childhood abuse and BPD, we observed significant site×group interactions such that groups composed of individuals with childhood abuse or BPD had particularly high levels of methylation at selected CpG sites. Our findings suggest that BN, especially when co-occurring with childhood abuse or BPD, is associated with a propensity towards elevated methylation at specific BDNF promoter region sites. These findings imply that hypermethylation of the BDNF gene may be related to eating disorder status, developmental stress exposure, and comorbid psychopathology.

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PMID: 24801751 [PubMed - as supplied by publisher]

[Related citations](#)



28. Soc Psychiatry Psychiatr Epidemiol. 2014 May 3. [Epub ahead of print]

## **Personality disorders are important risk factors for disability pensioning.**

[Ostby KA](#)<sup>1</sup>, [Czajkowski N](#), [Knudsen GP](#), [Ystrom E](#), [Gjerde LC](#), [Kendler KS](#), [Orstavik RE](#), [Reichborn-Kjennerud T](#).

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## **Abstract**

### **PURPOSE:**

To determine whether personality disorders (PDs) are associated with increased risk of disability pensioning in young adults, independent of other common mental disorders.

### **METHODS:**

2,770 young adults from the general population were assessed for PDs by the Structured Interview for DSM-IV Personality, and for common mental disorders by the Composite of International Diagnostic Interview. These data were linked to the Norwegian National Insurance Administration's recordings of disability benefits for a 10-year period. Logistic regression analyses were applied to investigate the association between PDs and disability pensioning. The analyses were conducted for three types of PD measures: categorical diagnoses (any PD), dimensional scores of individual PDs and higher order components retrieved by principal component analyses.

### **RESULTS:**

Having any PD was strongly associated with disability pensioning, regardless of disability diagnosis. The estimated odds ratio (OR) was substantially higher for PDs [OR 4.69 (95 % confidence interval (CI) 2.6-8.5)] than for mood disorders [OR 1.3 (CI 0.7-2.3)] and anxiety disorders [OR 2.3 (CI 1.3-4.3)]. Measured dimensionally, all PD traits except antisocial traits were significantly associated with disability pensioning. After adjusting for co-occurring traits of other PDs, only schizoid, dependent and borderline PD traits showed a significant positive association with disability pensioning, while antisocial traits showed a significant negative association. The principal component analyses showed that negative affectivity, psychoticism, and detachment was associated with an increased risk of disability pensioning, while antagonism/disinhibition and obsessivity were not.

### **CONCLUSIONS:**

PDs are strongly associated with disability pensioning in young adults, and might be more important predictors of work disability than anxiety and depressive disorders. Certain aspects of pathologic personalities are particularly important predictors of disability.

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## **The relationship between child abuse and negative outcomes among substance users: Psychopathology, health, and comorbidities.**

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### **Abstract**

#### **BACKGROUND:**

Adults with substance use disorders (SUDs) report higher rates of child abuse than adults without SUDs. Prior work suggests that this abuse is associated with higher rates of psychosis, posttraumatic stress disorder, physical health problems, alcohol dependence, and cannabis dependence among substance users. Little is known about other problems associated with child abuse experienced by substance users. We hypothesized that among adults with SUDs, child abuse would be associated with elevated rates of all Diagnostic and Statistical Manual (DSM-IV-TR) psychiatric disorders, substance dependencies, and comorbidities assessed.

#### **METHOD:**

We assessed 280 inpatients in substance use treatment with the Structured Clinical Interview for the DSM-IV-TR, the Diagnostic Instrument for Personality Disorders, and Childhood Trauma Questionnaire (CTQ). We used chi-square and regression analyses to establish whether rates of psychiatric disorders, substance dependencies, and comorbidities differed as a function of child abuse.

#### **RESULTS:**

Consistent with our hypotheses, higher scores on the CTQ were associated with elevated rates of psychiatric disorders (mood disorders, anxiety disorders, psychotic symptoms, and personality disorders) and substance dependencies (alcohol dependence and cocaine dependence). Moreover, higher rates of all comorbidity patterns (e.g. comorbid alcohol dependence and anxiety) were observed among individuals who reported experiencing child abuse. Across all substance dependencies examined, individuals who had been abused had significantly higher rates of all psychiatric disorders assessed.

#### **CONCLUSIONS:**

Individuals with substance use disorders who have been abused have particularly elevated rates of psychiatric and substance use disorders as a function of their abuse experiences. These findings have important treatment implications for individuals in residential substance use treatment settings.

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PMID: 24976457 [PubMed - as supplied by publisher]

2. Eur Psychiatry. 2014 Jun 24. pii: S0924-9338(14)00091-1. doi: 10.1016/j.eurpsy.2014.05.001. [Epub ahead of print]

## **Psychiatric disorders, suicidality, and personality among young men by sexual orientation.**

[Wang J](#)<sup>1</sup>, [Dey M](#)<sup>2</sup>, [Soldati L](#)<sup>3</sup>, [Weiss MG](#)<sup>4</sup>, [Gmel G](#)<sup>5</sup>, [Mohler-Kuo M](#)<sup>2</sup>.

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## Abstract

Personality and its potential role in mediating risk of psychiatric disorders and suicidality are assessed by sexual orientation, using data collected among young Swiss men (n=5875) recruited while presenting for mandatory military conscription. Mental health outcomes were analyzed by sexual attraction using logistic regression, controlling for five-factor model personality traits and socio-demographics. Homo/bisexual men demonstrated the highest scores for neuroticism-anxiety but the lowest for sociability and sensation seeking, with no differences for aggression-hostility. Among homo/bisexual men, 10.2% fulfilled diagnostic criteria for major depression in the past 2weeks, 10.8% for ADHD in the past 12months, 13.8% for lifetime anti-social personality disorder (ASPD), and 6.0% attempted suicide in the past 12months. Upon adjusting (AOR) for personality traits, their odds ratios (OR) for major depression (OR=4.78, 95% CI 2.81-8.14; AOR=1.46, 95% CI 0.80-2.65) and ADHD (OR=2.17, 95% CI=1.31-3.58; AOR=1.00, 95% CI 0.58-1.75) lost statistical significance, and the odds ratio for suicide attempt was halved (OR=5.10, 95% CI 2.57-10.1; AOR=2.42, 95% CI 1.16-5.02). There are noteworthy differences in personality traits by sexual orientation, and much of the increased mental morbidity appears to be accounted for by such underlying differences, with important implications for etiology and treatment.

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PMID: 24972914 [PubMed - as supplied by publisher]

[Related citations](#)



3. Int J Eat Disord. 2014 Jun 25. doi: 10.1002/eat.22325. [Epub ahead of print]

# Parental mental illness and eating disorders in offspring.

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<sup>1</sup>Centre for Academic Mental Health, School of Social and Community Medicine, University of Bristol, Bristol, UK.

## **Abstract**

### **OBJECTIVE:**

To investigate which parental mental illnesses are associated with eating disorders in their offspring.

### **METHOD:**

We used data from a record-linkage cohort study of 158,679 children aged 12-24 years at the end of follow-up, resident in Stockholm County from 2001 to 2007, to investigate whether different parental mental illnesses are risk factors for eating disorders in their offspring. The outcome measure was diagnosis of any eating disorder, either from an ICD or DSM-IV code, or inferred from an appointment at a specialist eating disorder clinic.

### **RESULTS:**

Mental illness in parents is a risk factor for eating disorders in female offspring (Adjusted Hazard Ratio (AHR) 1.57 (95% CI 1.42, 1.92),  $p < 0.0001$ ). Risk of eating disorders is increased if there is a parental diagnosis of bipolar affective disorder (AHR 2.28 (95% CI 1.39, 3.72),  $p = 0.004$ ), personality disorder (AHR 1.57 (95% CI 1.01, 2.44),  $p = 0.043$ ) or anxiety/depression (AHR 1.57 (95% CI 1.32, 1.86),  $p < 0.0001$ ). There is a lack of statistical evidence for an association with parental schizophrenia (AHR 1.41 (95% CI 0.96, 2.07),  $p = 0.08$ ), and somatoform disorder (AHR 1.25 (95% CI 0.74, 2.13),  $p = 0.40$ ). There is no support for a relationship between parental substance misuse and eating disorders in children (AHR 1.08 (95% CI 0.82, 1.43),  $p = 0.57$ ).

### **DISCUSSION:**

Parental mental illness, specifically parental anxiety, depression, bipolar affective disorder, and personality disorders, are risk factors for eating disorders in their offspring. © 2014 Wiley Periodicals, Inc. *Int J Eat Disord* 2014; (Int J Eat Disord 2014).

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PMID: 24965548 [PubMed - as supplied by publisher]

[Related citations](#)



4. Disabil Rehabil. 2014 Jun 25:1-7. [Epub ahead of print]

## **Impact of personality disorders on health-related quality of life one year after burn injury.**

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<sup>1</sup>Department of Neuroscience Psychiatry, Uppsala University , Uppsala , Sweden and.

### **Abstract**

**Abstract Purpose:** Personality disorders (PDs) are associated with significant distress, disability, and cause great difficulties in life. PDs have been suggested to influence adaptation after major burns, but the potential relationship has not been fully elucidated. This study aimed to describe the prevalence of PDs in 107 patients with major burn injury, and to identify the impact of PDs on perceived patient outcome assessed as health-related quality of life (HRQoL) one year after burn. **Methods:** One burn-specific instrument (Burn Specific Health Scale-Brief (BSHS-B)) and two generic instruments (EuroQol Five Dimensions and Short Form 36 Health Survey) were used, and Psychiatric Axis I and II disorders were assessed one year post burn. **Results:** This study identified an above normal prevalence of PDs among individuals afflicted by burn, and participants with PD had a significantly larger lifetime burden of Axis I disorders compared to participants without PD. Participants with PDs scored significantly lower than those without PD in the BSHS-B domain Skin involvement, and the effect of having a PD was related to the subscale Treatment regimens. There was no relationship between the presence of PD and generic HRQoL. **Conclusions:** An implication of these observations is that special rehabilitation efforts including more tailored interventions must be offered to these patients to ensure that the obstacles they perceive to caring for themselves in this respect are eliminated. **Implications for Rehabilitation** This study identified an above normal prevalence of PDs among individuals afflicted by burn and these individuals reported poor burn-specific health-related quality of life. The identification of difficulties with compliance and endurance regarding daily skin care may cause negative consequences for optimal rehabilitation and underscore the importance of offering more tailored interventions in rehabilitation. Inflexible behavioral patterns related to the PD diagnosis imply the need for communication strategies by the rehabilitation team, which include flexibility, creativity, and diplomacy. There is a need for further research focusing on

identifying the factors that facilitate the individual's own ability to take action and have control.

PMID: 24963942 [PubMed - as supplied by publisher]

[Related citations](#)



5. Alcohol Clin Exp Res. 2014 Jun 24. doi: 10.1111/acer.12458. [Epub ahead of print]

## [Sweet-Liking Is Associated with Transformation of Heavy Drinking into Alcohol-Related Problems in Young Adults with High Novelty Seeking.](#)

[Kampov-Polevoy A](#)<sup>1</sup>, [Lange L](#), [Bobashev G](#), [Eggleston B](#), [Root T](#), [Garbutt JC](#).

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### **Abstract**

#### **BACKGROUND:**

We tested the hypothesis that high novelty seeking (NS) (a trait that promotes experimentation) and sweet-liking (SL) (a phenotype that may reflect processing of hedonic stimuli) act independently and synergistically to increase the risk of having alcohol-related problems in young adults.

#### **METHODS:**

A sample of 163 young adults, ages 18 to 26, was recruited and balanced for gender and evidence for presence of alcohol problems to yield 150 evaluable participants. NS was evaluated using the Tridimensional Personality Questionnaire. Pleasurable response to sweet taste was tested to identify sweet-likers and sweet-dislikers. Alcohol use and problems were assessed by the Alcohol Use Disorders Identification Test and the Rutgers Alcohol Problem Index.

#### **RESULTS:**

NS, but not SL, was positively and significantly associated with alcohol consumption and alcohol problems; however, the effect of NS on alcohol problems was significantly enhanced

in the presence of the SL phenotype, thus showing a strong synergistic interaction. The combination of SL and high NS was associated with increased odds of having alcohol problems -20.64 (95% CI: -89.98, 4.74) compared to those with low NS and sweet-disliking. Other combinations did not produce such odds ratios. SL and low NS showed OR = 1.88 (95% CI 0.44, 7.99), and sweet-dislikers and high novelty seekers had OR = 4.07 (95%, CI 1.01, 16.46).

## CONCLUSIONS:

These results support and extend our hypothesis that as clinically distinct phenotypes, high NS and the SL phenotype are associated with risk of alcohol-related problems. High NS is associated with the use of alcohol, and the presence of the SL phenotype appears to bias an individual to alcohol problems once alcohol use is initiated. Understanding the biology and phenomenology of these phenotypes will allow a more complete picture of the processes that lead to alcohol problems.

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PMID: 24962796 [PubMed - as supplied by publisher]

[Related citations](#)



6. Work. 2014 Jun 24. [Epub ahead of print]

## [Association of occupational burnout and type of personality in Iranian general practitioners.](#)

[Ahmadpanah M](#)<sup>1</sup>, [Torabian S](#)<sup>2</sup>, [Dastore K](#)<sup>1</sup>, [Jahangard L](#)<sup>1</sup>, [Haghighi M](#)<sup>1</sup>.

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<sup>2</sup>Department of Community Medicine, School of Medicine, Hamadan University of Medical Sciences, Hamadan, Iran.

## Abstract

### BACKGROUND:

Physicians experience high level of occupational burnout that exposes them to physical and mental exhaustion as well as job dissatisfaction.

## **OBJECTIVE:**

The association between different types of personality traits and occupational burnout among a group of Iranian general practitioners is assessed.

## **METHODS:**

One hundred general practitioners working in emergency wards of eight hospitals in Iran were studied. Occupational burnout was measured using the Maslach Burnout Inventory and type of personality was assessed using the Holland personality test.

## **RESULTS:**

An average of 15.4% of personnel displayed high frequency in subscale of emotional exhaustion, 14.5% displayed high frequency in subscale of depersonalization, and 10.2% displayed high frequency in subscale of lack of personal accomplishment. Realistic personality was revealed in 2%, social types in 41%, investigative type in 35%, enterprising types in 6.0%, artistic type in 13% and conventional type of personality in 3.0% of them. The subjects with social personality experienced the lowest burnout. There were negative correlation between physician experiences and different subdivisions of burnout. **CONCLUSION:** A notable number of Iranian general practitioners suffered occupational burnout, especially emotional exhaustion. The majority of physicians had social or investigative personalities.

PMID: 24962296 [PubMed - as supplied by publisher]

[Related citations](#)



7. J Child Psychol Psychiatry. 2014 Jun 24. doi: 10.1111/jcpp.12286. [Epub ahead of print]

# **Parental psychopathology in families of children with attention-deficit/hyperactivity disorder and exposed to maternal smoking during pregnancy.**

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## Abstract

### BACKGROUND:

Both genetic and environmental factors have been implicated in the etiology of attention-deficit/hyperactivity disorder (ADHD). We had previously suggested that exposure to maternal smoking during pregnancy (MSDP) may be a valid basis for delineating a distinct subtype of ADHD, where children exposed to MSDP present with a more severe clinical picture. Here, we examine the psychopathology of parents in this group, to better understand the etiology of ADHD.

### METHODS:

Using the Family Interview for Genetic Studies in a sample of 514 families of children with ADHD, we collected data pertaining to lifetime parental psychopathology. Families were stratified based on maternal smoking during the complete gestational period. The frequency of different disorders was compared using the  $\chi^2$  statistic.

### RESULTS:

In the group where mothers smoked during pregnancy, both parents were significantly more likely to have antisocial personality disorder, and problems with alcohol and drug abuse. Mothers had a significantly higher frequency of major depressive disorder (MDD), while fathers showed a trend for both MDD and bipolar disorder.

### CONCLUSIONS:

Based on the pattern of psychopathology in parents of children exposed to MSDP, as well as earlier reports of the severe clinical, behavioral, and cognitive phenotype in these children, combined with the large body of epidemiological evidence, we propose that these children present a distinct subtype of ADHD with comorbid conduct disorder. Furthermore, we propose that MSDP may be a proxy measure to help delineate this subtype.

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PMID: 24961295 [PubMed - as supplied by publisher]

[Related citations](#)



8. Ann Agric Environ Med. 2014 Jun 10;21(2):344-8. doi: 10.5604/1232-1966.1108602.

# Psychiatric symptomatology and personality in a population of primary care patients.

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## **Abstract**

introduction and objective. Psychiatric disorders (and their high rates of prevalence) in primary care have been widely analyzed, but the problem of underdiagnosis remains unresolved. This becomes increasingly more important in rural health centres in the face of lack of epidemiological data from these centres. The aim of this study is focused on the relationship between general health, psychiatric symptomatology and personality characteristics in the context of an adequate diagnosis. materials and methods. 518 primary care patients in 6 Polish urban clinical centres were studied using (in order of administration): a sociodemographic questionnaire, the General Health Questionnaire (GHQ-28) and Eysenck Personality Questionnaire (EPQ-R). results. The investigated sample was representative for urban primary care patients. The findings confirmed a significant association between neuroticism and general health. The strongest relation with current functioning and mental distress of the patients (GHQ general score) was observed in case of symptoms of anxiety and insomnia. The symptoms of depression may be the most difficult to identify (psychiatric symptoms assessed using GHQ sub-scales). conclusions. According to the GHQ assumptions and confirmed by the presented study, sub-threshold psychiatric symptomatology affects the functioning of primary care patients and their general health. This correlates with personality factors. Improving adequacy of diagnosis becomes extremely important, as it may often be the only chance for appropriate therapy of mental problems for people living in rural areas due to lower availability of specialistic mental services. Further epidemiological studies concerning rural primary care and prevalence of the spectrum of mental disorders need to be conducted.

**Free Article**

PMID: 24959787 [PubMed - in process]

[Related citations](#)



9. Psychol Psychother. 2014 Jun 23. doi: 10.1111/papt.12033. [Epub ahead of print]

## **Treatment planning: A key milestone to prevent treatment dropout in adolescents with borderline personality disorder.**

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### **Abstract**

#### **OBJECTIVE:**

The aim of this study was to gain a broader appreciation of processes involved in treatment dropout in adolescents with borderline personality disorder (BPD).

#### **DESIGN:**

A constructivist grounded theory was chosen using a multiple-case research design with three embedded levels of analysis (adolescent, parent, and care setting).

#### **METHOD:**

Theoretical sampling and the different stages of analysis specific to grounded theory were performed according to the iterative process of constant comparative analysis. Twelve cases were examined (nine dropouts among adolescents with BPD and for the purpose of falsification, one dropout of suicidal adolescent without BPD and two completed treatments among adolescents with BPD). To document the cases, three groups of informants were recruited (adolescents, parents, and therapists involved in the treatment) and 34 interviews were conducted.

#### **RESULTS:**

Psychological characteristics, perception of mental illness and mental health care, and help-seeking context were the specific treatment dropout vulnerabilities identified in adolescents with BPD and in their parents. However, their disengagement became an issue only when care-setting response - including mitigation of accessibility problems, adaptation of services to needs of adolescents with BPD, preparation for treatment, and concern for clinicians' disposition to treat - was ill-suited to these treatment dropout vulnerabilities. Treatment planning proves to be a key milestone to properly engage adolescents with BPD and their parent.

### **CONCLUSIONS:**

Systematic assessment of treatment dropout vulnerabilities before the intervention plan is laid out could foster better-suited responses of the care setting thus decreasing the incidence of treatment discontinuation in adolescents with BPD.

### **PRACTITIONER POINTS:**

Treatment dropout vulnerabilities specific to adolescents with BPD and their parents can be detected before the beginning of treatment. Premature treatment termination may be prevented if the care setting considers these vulnerabilities at treatment planning. Fears and negative reaction to treatment can be attenuated if the reasons behind the therapeutic orientation are explained and if the adolescent understand how the treatment will affect his condition. Concerns for autonomy of the adolescent, parental help-seeking context as well as ensuring that the clinician has the skills, interest, and motivation to work with the family may have a positive effect on families' commitment to treatment.

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PMID: 24957784 [PubMed - as supplied by publisher]

[Related citations](#)

10. Drug Alcohol Depend. 2014 Aug 1;141:138-44. doi: 10.1016/j.drugalcdep.2014.05.019. Epub 2014 Jun 2.

## **Predictors of quit attempts and successful quit attempts among individuals with alcohol use disorders in a nationally representative sample.**

[Chiappetta V](#)<sup>1</sup>, [García-Rodríguez O](#)<sup>2</sup>, [Jin CJ](#)<sup>1</sup>, [Secades-Villa R](#)<sup>2</sup>, [Blanco C](#)<sup>3</sup>.

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## **Abstract**

### **BACKGROUND:**

This study sought to identify predictors of attempting to quit and of successfully quitting alcohol abuse or dependence in the general population.

### **METHODS:**

Data were drawn from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).

### **RESULTS:**

Approximately 10% of individuals with alcohol abuse and 18% of those with dependence attempted to quit over the three year follow-up period. Of those who tried, 38% of individuals with abuse and 30% of those with dependence successfully quit. Among individuals with alcohol abuse or dependence, being single, younger than 40 years old, having low income, a co-occurring psychiatric disorder and greater number of dependence symptoms increased the likelihood of attempting to quit. Among individuals with alcohol abuse, male gender and low educational attainment further increased the odds of quit attempts. However, greater severity of alcohol use disorder, having a co-occurring drug use disorder and greater number of psychiatric disorders decreased the odds of success among individuals with alcohol abuse, while female gender, being married and older than 40 years old increased the odds of success. Among individuals with alcohol dependence, having nicotine dependence, greater number of psychiatric disorders and personality disorders decreased the odds of success.

### **CONCLUSIONS:**

Predictors of attempts to quit are different and sometimes opposite from those leading to successful quitting probably indicating that some factors that increase motivation may decrease ability to quit. These findings may help in the development of more targeted and effective interventions for alcohol use disorders.

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PMID: 24948080 [PubMed - in process]

[Related citations](#)



11. Behav Sleep Med. 2014 Jun 19:1-12. [Epub ahead of print]

## [Restless Legs Syndrome: Psychiatric Comorbidities Are More Important Than Neuroticism.](#)

[Trautmann E](#)<sup>1</sup>, [Barke A](#), [Frisch JU](#), [Schmidt AL](#), [Kunert F](#), [Canelo M](#), [Sixel-Döring F](#), [Trenkwalder C](#).

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### **Abstract**

Restless legs syndrome (RLS) is often associated with psychopathological symptoms. We compared psychiatric diagnoses, psychological complaints, sleep and personality traits in RLS patients and a control group. The RLS patients also answered the IRLS, RLS-6, and QoL-RLS. The RLS patients showed more depressive disorders, psychopathological symptoms, and lower well-being than controls, but no differences in personality traits. The slightly, but not significantly, higher neuroticism found in RLS patients can be explained by the higher rates of depression among the patients. It is advisable to screen RLS patients for psychiatric comorbidities. The design using a matched control group without sleep disorders limits the conclusions that can be drawn regarding the frequency of psychiatric diagnoses and controls with sleep problems.

PMID: 24945565 [PubMed - as supplied by publisher]

[Related citations](#)



12. Postgrad Med J. 2014 Jul;90(1065):402-409. doi: 10.1136/postgradmedj-2013-101396rep.

# **Republished: Is hypertension associated with job strain? A meta-analysis of observational studies.**

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## **Abstract**

Job strain results from a combination of high workload and few decision-making opportunities in the workplace. There is inconsistent evidence regarding the association between job strain and hypertension, and methodological shortcomings preclude firm conclusions. Thus, a meta-analysis of observational studies on hypertension among occupational groups was conducted to determine whether job strain was associated with hypertension. In January 2012, we carried out a comprehensive, topic-specific electronic literature search of the Ovid MEDLINE, EMBASE and PsychoINFO databases complemented by individual help from non-communicable disease experts. Experimental/interventional studies and studies on personality disorders were excluded. Nine of 894 identified studies met the eligibility criteria and were included in the meta-analysis. The pooled OR of the nine studies was 1.3 (95% CI 1.14 to 1.48;  $p < 0.001$ ), of case-control studies 3.17 (95% CI 1.79 to 5.60;  $p < 0.001$ ) and of cohort studies 1.24 (95% CI 1.09 to 1.41;  $p < 0.001$ ), all of which indicated statistically significant positive associations between job strain and hypertension. In a subgroup analysis, cohort studies of good methodological quality showed significant associations between job strain and hypertension, while those of poor methodological quality showed no association or subgroup differences. We conclude that despite methodological differences, case-control and cohort studies of good methodological quality showed positive associations between hypertension and job strain.

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PMID: 24942354 [PubMed - as supplied by publisher]

[Related citations](#)



13. Arch Suicide Res. 2014 Jun 18. [Epub ahead of print]

## [Clinical Features Associated with Suicide Attempts vs Suicide Gestures in an Inpatient Sample.](#)

[García-Nieto R<sup>1</sup>](#), [Blasco-Fontecilla H](#), [de León-Martinez V](#), [Baca-García E](#).

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<sup>1</sup>a IIS-Jiménez Díaz Foundation- Autónoma University. CIBERSAM , Madrid , Spain.

### **Abstract**

Objectives: To test whether suicide attempters and suicide gesturers can be clinically differentiated. Methods: 150 subjects who had attempted suicide at least once, had made a suicide gesture, had suicidal ideation, and/or had engaged in non-suicidal self-injury were recruited from the inpatient service of the Jiménez Díaz Foundation (Madrid, Spain). A multinomial regression analysis was conducted. Results: Histrionic and antisocial personality disorders were risk factors specific to suicide gestures. Narcissistic personality disorder was specifically associated with suicide attempts. Borderline personality disorder was associated with both suicide gestures and attempts. A high level of impulsiveness was a risk factor specific to suicide attempts. Conclusion: Suicide attempters and suicide gesturers are two distinct, although partially overlapping populations.

PMID: 24940628 [PubMed - as supplied by publisher]

[Related citations](#)



14. Trials. 2014 Jun 18;15(1):231. doi: 10.1186/1745-6215-15-231.

## [The efficacy of a behavioral activation intervention among depressed US Latinos](#)

# with limited English language proficiency: study protocol for a randomized controlled trial.

[Collado A](#)<sup>1</sup>, [Long KE](#), [MacPherson L](#), [Lejuez CW](#).

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## **Abstract**

### **BACKGROUND:**

Major depressive disorder is highly prevalent among Latinos with limited English language proficiency in the United States. Although major depressive disorder is highly treatable, barriers to depression treatment have historically prevented Latinos with limited English language proficiency from accessing effective interventions. The project seeks to evaluate the efficacy of behavioral activation treatment for depression, an empirically supported treatment for depression, as an intervention that may address some of the disparities surrounding the receipt of efficacious mental health care for this population.

### **METHODS/DESIGN:**

Following a pilot study of behavioral activation treatment for depression with 10 participants which yielded very promising results, the current study is a randomized control trial testing behavioral activation treatment for depression versus a supportive counseling treatment for depression. We are in the process of recruiting 60 Latinos with limited English language proficiency meeting criteria for major depressive disorder according to the Diagnostic and Statistical Manual of Mental Disorders 4th and 5th Edition for participation in a single-center efficacy trial. Participants are randomized to receive 10 sessions of behavioral activation treatment for depression (n = 30) or 10 sessions of supportive counseling (n = 30). Assessments occur prior to each session and at 1 month after completing treatment. Intervention targets include depressive symptomatology and the proposed mechanisms of behavioral activation treatment for depression: activity level and environmental reward. We will also examine other factors related to treatment outcome such as treatment adherence, treatment satisfaction, and therapeutic alliance.

### **DISCUSSION:**

This randomized controlled trial will allow us to determine the efficacy of behavioral activation treatment for depression in a fast-growing, yet highly underserved population in US mental health services. The study is also among the first to examine the effect of the

proposed mechanisms of change of behavioral activation treatment for depression (that is, activity level and environmental reward) on depression over time. To our knowledge, this is the first randomized controlled trial to compare an empirical-supported treatment to a control supportive counseling condition in a sample of depressed, Spanish-speaking Latinos in the United States.

#### **TRIAL REGISTRATION:**

Clinical Trials Register: NCT01958840; registered 8 October 2013.

PMCID: PMC4074338 **Free PMC Article**

PMID: 24938081 [PubMed - in process]

[Related citations](#)



15.J Abnorm Psychol. 2014 Jun 16. [Epub ahead of print]

## **Out of the Frying Pan, Into the Fire: Mixed Affective Reactions to Social Proximity in Borderline and Avoidant Personality Disorders in Daily Life.**

[Gadassi R](#), [Snir A](#), [Berenson K](#), [Downey G](#), [Rafaeli E](#).

#### **Abstract**

Social proximity typically helps individuals meet their belongingness needs, but several forms of psychopathology, including borderline and avoidant personality disorders (BPD and APD, respectively) are characterized by social difficulties. This experience-sampling study is one of the first to directly investigate the affective reactions of individuals with BPD and APD (compared with healthy controls [HC]) to social proximity in daily life. We examined both person-level and day-level reactions. At the person level, the rate of social proximity across the diary period was associated with diminished feelings of rejection, isolation, shame, and dissociation in the HC group. In contrast, it was not associated with any affective reaction in the BPD group, and was associated with decreased rejection and isolation on the one hand, but also with increased anxiety in the APD group. At the day level, we used multilevel regression to examine affective reactions when in social proximity. The HC group showed a consistent benefit when in social proximity. In contrast, both PD groups exhibited mixed affective reactions to social proximity; specifically, benefits (increased positive affect, decreased rejection, isolation, and dissociation) were interspersed with costs (increased shame for both PD groups; increased anger for BPD; increased anxiety for APD). The mixed

reactions found in both PDs may contribute to the disturbed relationships of individuals with these disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24933280 [PubMed - as supplied by publisher]

[Related citations](#)

16. Law Hum Behav. 2014 Jun 16. [Epub ahead of print]

## **"So, What Is a Psychopath?" Venireperson Perceptions, Beliefs, and Attitudes About Psychopathic Personality.**

[Smith ST](#), [Edens JF](#), [Clark J](#), [Rulseh A](#).

### **Abstract**

This study surveyed over 400 individuals attending jury duty regarding various perceptions, attitudes, and beliefs they had concerning psychopathic personality (psychopathy). The protocol included (a) prototype ratings of what participants considered to be core features, using the Comprehensive Assessment of Psychopathic Personality (CAPP) prototype rating scale; (b) questions concerning knowledge and beliefs about psychopathy (e.g., prevalence in society); and (c) attitudinal scales concerning potential associated features (e.g., criminality, rehabilitation potential), etiological underpinnings, and moral judgments and legal sanctions. Consistent with results of earlier studies using expert raters, jury panel members rated most of the 33 individual CAPP items and all 6 CAPP scales as at least moderately prototypical, with Self and Dominance domains obtaining the highest mean ratings. Many participants also strongly endorsed symptoms of psychosis (e.g., delusions) as prototypical of psychopathy. Despite this, they viewed psychopaths as responsible for their own actions, as capable of determining right from wrong, and as generally not "insane." Our findings indicate that jury panel members view the prototypical psychopath as highly dominant, self-focused, and lacking in remorse and empathy and reinforce the need for expert witnesses to clearly differentiate between psychopathy and psychotic-spectrum disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24933174 [PubMed - as supplied by publisher]

[Related citations](#)



17. Personal Disord. 2014 Jun 16. [Epub ahead of print]

## **Psychopathy, DSM-5, and a Caution.**

[Crego C, Widiger TA.](#)

## **Abstract**

Recently developed models of psychopathy include such traits as fearlessness, boldness, and invulnerability. Section III of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes as well a psychopathy specifier that is modeled after these traits. The purpose of the current study was to test empirically the convergent and discriminant validity of the Psychopathic Personality Inventory-Revised (PPI-R), the Triarchic Psychopathy Measure (TriPM), the Elemental Psychopathy Assessment (EPA), and the Personality Inventory for DSM-5 (PID-5) with respect to their relationship to one another, with traditional measures of psychopathy and antisocial personality disorder, and with a measure of the 5-factor model. Participants were 2 samples of community adults (280 and 196) who indicated that they have engaged in criminal activities. The results indicated good convergent and discriminant validity for the PPI-R, TriPM, EPA, and the PID-5 psychopathy specifiers, as well as relationships with a measure of the 5 factor model that were quite distinct from the relationships obtained for traditional measures of antisocial personality disorder and psychopathy. However, concerns are raised with respect to a reliance on reverse-coded items for the assessment of components of psychopathy. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24932764 [PubMed - as supplied by publisher]

[Related citations](#)

18. Personal Disord. 2014 Jun 16. [Epub ahead of print]

## **Personality × Hormone Interactions in Adolescent Externalizing Psychopathology.**

[Tackett JL](#), [Herzhoff K](#), [Harden KP](#), [Page-Gould E](#), [Josephs RA](#).

## **Abstract**

The "dual-hormone" hypothesis predicts that testosterone and cortisol will jointly regulate aggressive and socially dominant behavior in children and adults (e.g., Mehta & Josephs, 2010). The present study extends research on the dual-hormone hypothesis by testing the interaction between testosterone, cortisol, and personality disorder (PD) traits in predicting externalizing problems in a community sample of adolescent males and females. Participants were 106 youth from the community, ranging in age from 13-18 (Mage = 16.01 years, SDage = 1.29), and their parents. Parents and youth provided ratings on an omnibus measure of personality pathology and externalizing problems. Youth provided saliva samples via passive drool from which testosterone and cortisol levels were obtained. Robust moderation of the joint effects of testosterone and cortisol on parent-reported externalizing problems was found for both higher-order PD traits associated with externalizing psychopathology

(Disagreeableness and Emotional Instability). Higher testosterone was associated with externalizing outcomes, but only when cortisol was low, and only among youth with high levels of Disagreeableness and Emotional Instability. These findings provide the first evidence for the dual-hormone hypothesis in a mixed-sex sample of community adolescents, but importantly offer novel evidence for the importance of personality traits. Examination of the joint regulation of externalizing problems by testosterone and cortisol in the context of adolescent personality may help to clarify inconsistent main effects of testosterone and cortisol on clinical externalizing phenotypes. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24932763 [PubMed - as supplied by publisher]

[Related citations](#)

19. Personal Disord. 2014 Jun 16. [Epub ahead of print]

## **Psychopathic and Externalizing Offenders Display Dissociable Dysfunctions When Responding to Facial Affect.**

[Baskin-Sommers AR](#), [Newman JP](#).

### **Abstract**

Despite similarity in their disinhibited behaviors, the cognitive-affective mechanisms that characterize psychopathy and externalizing are relatively distinct. One theoretical perspective suggests that psychopathy is associated with an early attention bottleneck that precludes the processing of contextual information, leading to a rigid goal-directed focus. Alternatively, externalizing may be associated with an overallocation of processing resources to motivationally salient information, which disrupts the use of cognitive control. In this study, male prisoners assessed on psychopathic and externalizing traits performed a new gaze detection task involving affective faces. As predicted, psychopathy but not externalizing was associated with superior performance on the gaze-detection task when the necessity of using contextual affect to regulate goal-directed behavior was minimized. Conversely, externalizing but not psychopathy was associated with increased errors on trials that required participants to use affective expressions, specifically fear, as a cue to inhibit dominant responses. These results have theoretical and applied significance for both psychopathic and externalizing forms of disinhibition. Recognition and utilization of facial affect are important for socialization and interpersonal interactions; therefore, any cognitive-affective processes that interrupt the fluency with which this information is processed may be important for understanding the underpinnings of disinhibition. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24932762 [PubMed - as supplied by publisher]

[Related citations](#)

## **Prevalence of attention deficit/hyperactivity disorder symptoms in outpatient adolescents and young adults with other psychiatric disorders refractory to previous treatments.**

[Article in English, Spanish]

[Vidal R](#)<sup>1</sup>, [Barrau V](#)<sup>2</sup>, [Casas M](#)<sup>1</sup>, [Caballero-Correa M](#)<sup>3</sup>, [Martínez-Jiménez P](#)<sup>3</sup>, [Ramos-Quiroga JA](#)<sup>4</sup>.

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### **Abstract**

#### **INTRODUCTION:**

The aim of the current study was to assess the prevalence of symptoms of attention deficit/hyperactivity disorder (ADHD) in adolescents and young adults diagnosed with other primary psychiatric disorders, who had not responded to previous treatments.

#### **MATERIAL AND METHODS:**

A total of 795 outpatients aged 15 to 24 years were included. The presence of ADHD was studied using DSM-IV criteria and the frequency of symptoms using the 18 item DuPaul ADHD Rating Scale.

#### **RESULTS:**

ADHD (DSM-IV criteria) was present in 48 patients (6%), none of whom had previously received the diagnosis. A total of 260 patients (32.7%) met the criteria for moderate ADHD and between them, severity of primary psychiatric disorder was higher according to the CGI-S ( $P=.007$ ). Risk factors for moderate ADHD symptoms were the presence of substance use disorders (SUD) (odds ratio=1.543,  $P=.01$ ) and borderline personality disorders (odds ratio =2.173,  $p=.0001$ ).

## CONCLUSION:

Unrecognized ADHD was present in 6% of patients; moreover 32.7% of the sample also presented moderate symptoms of the disorder. Screening for ADHD in young patients with refractory response to primary disorder treatment, mainly those with substance use disorders, conduct and personality disorders is highly advisable, due to the high frequency of ADHD comorbidity in these psychiatric disorders.

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### Free Article

PMID: 24931103 [PubMed - as supplied by publisher]

### [Related citations](#)



21. Psychiatry Res. 2014 Jun 2. pii: S0165-1781(14)00456-9. doi: 10.1016/j.psychres.2014.05.040. [Epub ahead of print]

## [Overlap between autistic and schizotypal personality traits is not accounted for by anxiety and depression.](#)

[Mealey A](#)<sup>1</sup>, [Abbott G](#)<sup>1</sup>, [Byrne LK](#)<sup>2</sup>, [McGillivray J](#)<sup>1</sup>.

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## Abstract

Autism spectrum and schizophrenia spectrum disorders are classified separately in the DSM-5, yet research indicates that these two disorders share overlapping features. The aim of the present study was to examine the overlap between autistic and schizotypal personality traits

and whether anxiety and depression act as confounding variables in this relationship within a non-clinical population. One hundred and forty-four adults completed the Autism Spectrum Quotient and the Schizotypal Personality Questionnaire and the Depression Anxiety Stress Scales-21. A number of associations were seen between autistic and schizotypal personality traits. However, negative traits were the only schizotypal feature to uniquely predict global autistic traits, thus highlighting the importance of interpersonal qualities in the overlap of autistic and schizotypal characteristics. The inclusion of anxiety and depression did not alter relationships between autistic and schizotypal traits, indicating that anxiety and depression are not confounders of this relationship. These findings have important implications for the conceptualisation of both disorders.

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PMID: 24930576 [PubMed - as supplied by publisher]

[Related citations](#)



22. *Accid Anal Prev.* 2014 Jun 11;71C:137-143. doi: 10.1016/j.aap.2014.05.001. [Epub ahead of print]

## **Long-term chronic diseases and crash responsibility: A record linkage study.**

[Orriols L](#)<sup>1</sup>, [Avalos-Fernandez M](#)<sup>2</sup>, [Moore N](#)<sup>3</sup>, [Philip P](#)<sup>4</sup>, [Delorme B](#)<sup>5</sup>, [Laumon B](#)<sup>6</sup>, [Gadegbeku B](#)<sup>6</sup>, [Salmi LR](#)<sup>7</sup>, [Lagarde E](#)<sup>8</sup>.

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## **Abstract**

### **OBJECTIVE:**

To assess the population impact of chronic conditions on the risk of road traffic crashes.

### **METHODS:**

Data from three French national databases were extracted and matched: the national health care insurance database, police reports and the national police database of injurious crashes. Exposure to chronic conditions were compared between responsible and nonresponsible drivers. Analysis was performed using the Lasso (least absolute shrinkage and selection operator) method.

### **RESULTS:**

69,630 drivers involved in an injurious crash in France between 2005 and 2008, were included. 6210 (8.9%) were suffering from at least one long-term disease. When adjusted for prescription of medicines, blood alcohol, demographic driver characteristics and crash characteristics, increased risk of being responsible for a crash was found in drivers registered in the French healthcare database with the following long-term diseases: epilepsy (odds ratio [OR]=2.53 [1.53-4.20]), type 1 diabetes (OR=1.47) [1.12-1.92], alcoholic liver disease (OR=3.37 [1.40-8.13]), asthma (OR=1.72 [1.13-2.60]) and specific personality disorders (OR=1.35 [1.05-1.74]). No association was found for cardiovascular diseases or Alzheimer's disease.

### **CONCLUSION:**

The results update the list of medical conditions that may impair driving skills. However, results should be considered cautiously with regards to potential regulatory driving judgments that could have a negative impact on patients' social life.

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PMID: 24929821 [PubMed - as supplied by publisher]

[Related citations](#)



# [An International Perspective and Review of Cocaine-Induced Psychosis: A Call to Action.](#)

[Roncero C<sup>1</sup>](#), [Daigre C](#), [Grau-López L](#), [Barral C](#), [Pérez-Pazos J](#), [Martínez-Luna N](#), [Casas M](#).

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<sup>1</sup>a Outpatient Drug Clinic (CAS), Vall d'Hebron Psychiatry Department , University Hospital Vall d'Hebron-ASPB , Barcelona , Spain.

## **Abstract**

ABSTRACT Cocaine use can induce transient psychotic symptoms that include suspiciousness, paranoia, hallucinations, and other cocaine-related behaviors. In this commentary, we provide an international perspective while reviewing the recent advances in epidemiology, clinical features, and risk factors related to cocaine-induced psychosis exhibited patients with cocaine use disorders. In some settings, the occurrence of cocaine-induced psychosis has been shown to be as high as 86.5%. Many risk factors have been linked with cocaine-induced psychosis, including: the quantity of cocaine consumed, lifetime amount of cocaine use, onset of cocaine dependence, years of use, routes of administration, other substance use disorder comorbidity, weight, gender, comorbidity with other medical and mental health disorders, genetics, and pharmacological interactions. Research has shown that the evaluation of cocaine-induced psychosis in patients with cocaine use is clinically relevant, especially in those patients who consume high amounts of cocaine, have a cannabis dependence history, have antisocial personality disorder, use administration routes other than intranasal, or exhibit ADHD comorbidity. Currently, the literature lacks information regarding the evolution of cocaine dependence or cocaine-dependent patients' risk for developing schizophrenia or other psychotic disorders. Furthermore, clinicians still do not have an evidence-based pharmacological approach to management of cocaine dependence available to them. Additional research is also needed regarding risk factors such as neurobiological markers and personality traits. Finally, we recommend the development of an integrative model including all of the risk factors and protective factors for cocaine-induced psychosis.

PMID: 24927026 [PubMed - as supplied by publisher]

[Related citations](#)



24. Behav Sleep Med. 2014 Jun 12:1-8. [Epub ahead of print]

# Perfectionistic Tendencies in Insomnia Patients' Behavior During Psychometric Testing.

[Regen W<sup>1</sup>](#), [Hertenstein E](#), [Weil P](#), [Kyle SD](#), [Holz J](#), [Baglioni C](#), [Nissen C](#), [Feige B](#), [Riemann D](#), [Spiegelhalder K](#).

Author information:

<sup>1</sup>a Department of Psychiatry and Psychotherapy University Medical Center Freiburg.

## **Abstract**

According to self-report questionnaire studies, insomnia patients differ from healthy controls with respect to several personality traits. The current study aimed at exploring how these personality traits may translate into behavior. Insomnia patients' behavior during psychometric testing (n = 163) was investigated in comparison to healthy controls (n = 81), patients with other sleep disorders (n = 80), and patients with obsessive-compulsive disorder (n = 36). In line with our hypotheses, insomnia patients made more additional comments than healthy controls and more corrections than patients with other sleep disorders during sleep-related questionnaire completion. Furthermore, insomnia patients calculated the sum score of a depression questionnaire more frequently than both healthy controls and patients with other sleep disorders. These findings further support the assumption of an altered personality profile in patients with primary insomnia. Future work should aim to elucidate what personality factors these novel behavioral markers may reflect.

PMID: 24925081 [PubMed - as supplied by publisher]

[Related citations](#)



25. Clin Endocrinol (Oxf). 2014 Jun 12. doi: 10.1111/cen.12523. [Epub ahead of print]

# Specific behaviour, mood and personality traits may contribute to obesity in patients with craniopharyngioma (CP).

[Roemmler-Zehrer J<sup>1</sup>](#), [Geigenberger V](#), [Störmann S](#), [Ising M](#), [Pfister H](#), [Sievers C](#), [Stalla GK](#), [Schopohl J](#).

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## **Abstract**

### **INTRODUCTION:**

Patients with craniopharyngioma (CP) often suffer from obesity, but the underlying causes are still not fully understood. We compared CP to patients with non-functioning pituitary adenoma (NFPA) and to a control group (CG) by using standardized questionnaires to investigate whether behavioural, mood or personality traits contribute to obesity.

### **METHODS:**

We compared 31 CP (42% male, 53±15.1 years) to 26 NFPA patients (71% male, 63.2±10.3 years) and to age and gender matched local CG (ratio 2:1). Normative data from the literature are included for reference. Patients were asked to complete eleven standardized questionnaires. Two questionnaires were used to evaluate eating disorders (FEV, EDE-Q), one depression (BDI), one anxiety (STAI), three health-related quality of life (SF-36, EuroQoL, QoL-AGHDA), one sleepiness (Epworth Sleepiness Scale), two personality (EPQ-RK, TPQ) and one body image (FKB-20).

### **RESULTS:**

Patients with CP scored significantly higher in conscious hunger perception (FEV, CP 5.8±3.2 scores, NFPA 3.6±3.3 scores, CG 3.0±2.5,  $p<0.001$ ). They had similar scores for BDI compared to NFPA, but higher scores to CG ( $p<0.001$ , CP 10.6±8.3, NFPA 7.5±5.7, CG 4.96±4.2). CP and NFPA scored higher than CG for anxiety and personality traits such as harm avoidance, fatigability and asthenia and slightly higher for neuroticism. No differences were seen for EDE-Q, quality of life, daytime sleepiness and body image between CP and NFPA. However, differences could be observed to normative data from the literature.

### **CONCLUSION:**

Obesity in CP patients might be influenced by eating disorders, negative mood alterations and increased anxiety-related personality traits. This article is protected by copyright. All rights reserved.

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PMID: 24923438 [PubMed - as supplied by publisher]

[Related citations](#)

# Triple Comorbid Trajectories of Tobacco, Alcohol, and Marijuana Use as Predictors of Antisocial Personality Disorder and Generalized Anxiety Disorder Among Urban Adults.

[Brook JS](#)<sup>1</sup>, [Lee JY](#), [Rubenstone E](#), [Brook DW](#), [Finch SJ](#).

Author information:

<sup>1</sup>Judith S. Brook, Jung Yeon Lee, Elizabeth Rubenstone, and David W. Brook are with the Department of Psychiatry, New York University School of Medicine, New York, NY. Stephen J. Finch is with the Department of Applied Mathematics & Statistics, Stony Brook University, Stony Brook, NY.

## **Abstract**

**Objectives.** We modeled triple trajectories of tobacco, alcohol, and marijuana use from adolescence to adulthood as predictors of antisocial personality disorder (ASPD) and generalized anxiety disorder (GAD). **Methods.** We assessed urban African American and Puerto Rican participants (n = 816) in the Harlem Longitudinal Development Study, a psychosocial investigation, at 4 time waves (mean ages = 19, 24, 29, and 32 years). We used Mplus to obtain the 3 variable trajectories of tobacco, alcohol, and marijuana use from time 2 to time 5 and then conducted logistic regression analyses. **Results.** A 5-trajectory group model, ranging from the use of all 3 substances (23%) to a nonuse group (9%), best fit the data. Membership in the trajectory group that used all 3 substances was associated with an increased likelihood of both ASPD (adjusted odds ratio [AOR] = 6.83; 95% CI = 1.14, 40.74; P < .05) and GAD (AOR = 4.35; 95% CI = 1.63, 11.63; P < .001) in adulthood, as compared with the nonuse group, with control for earlier proxies of these conditions. **Conclusions.** Adults with comorbid tobacco, alcohol, and marijuana use should be evaluated for use of other substances and for ASPD, GAD, and other psychiatric disorders. Treatment programs should address the use of all 3 substances to decrease the likelihood of comorbid psychopathology. (Am J Public Health. Published online ahead of print June 12, 2014: e1-e8. doi:10.2105/AJPH.2014.301880).

PMID: 24922120 [PubMed - as supplied by publisher]

[Related citations](#)

## Similarities and Differences in Borderline Personality Disorder and Schizophrenia With Voice Hearing.

[Tschoeke S](#)<sup>1</sup>, [Steinert T](#), [Flammer E](#), [Uhlmann C](#).

Author information:

<sup>1</sup>Center for Psychiatry Südwestfalen, Ulm University, Ravensburg-Weissenau, Germany.

### **Abstract**

The aim of the study was to identify psychopathological similarities and differences in borderline personality disorder (BPD) and schizophrenia. We compared 23 female patients with a BPD and 21 female patients with schizophrenia according to auditory verbal hallucinations (AVHs), dissociation, childhood trauma, and additional psychotic symptoms. The character of AVH was similar with regard to commenting voices, location, and foreign voices. Major differences were found in the prevalence of negative symptoms, bizarre delusions, and formal thought disorder. These characteristics were more frequent in schizophrenia and negatively correlated with childhood traumatization. A history of childhood traumatization and dissociative symptoms was significantly more frequent in BPD. AVHs in BPD and schizophrenia are not distinguishable in terms of the historically grown criteria in Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision for diagnosing schizophrenia. Other symptoms such as delusions, negative symptoms, formal thought disorder, and dissociative psychopathology could help to differentiate between both groups.

PMID: 24921419 [PubMed - as supplied by publisher]

[Related citations](#)

# Randomized controlled trials in frontotemporal dementia: cognitive and behavioral outcomes.

[Miller JB](#), [Banks SJ](#), [Léger GC](#), [Cummings JL](#).

Author information:

Cleveland Clinic, Lou Ruvo Center for Brain Health, 888 W. Bonneville Ave, Las Vegas, Nevada 89106, USA.

## **Abstract**

Progress has been made in understanding the genetics and molecular biology of frontotemporal dementia (FTD). Targets for intervention have been identified, therapies are being developed, and clinical trials are advancing. A major challenge for FTD research is that multiple underlying pathologies can be associated with heterogeneous phenotypes. The neuropsychological profiles associated with FTD spectrum disorders often include executive dysfunction, language impairments and behavioral disturbance. Behavioral variant FTD is characterized by an initial presentation of changes in personality, behavior and/or emotion, which are often difficult to objectively capture using traditional neuropsychological measures. The two principal language variants of FTD are Progressive Nonfluent Aphasia (PNFA) with predominant agrammatic/non-fluent impairments and Semantic Dementia (SD) with semantic impairments and visual agnosia. Selection of appropriate endpoints for clinical trials is critical to ensure that the measures are adequately sensitive to detect change, yet specific enough to isolate signal from noise, and acceptable to regulatory agencies. Given the anticipated potential for small effect sizes, measures must be able to identify small incremental changes over time. It is also imperative that the measures provide adequate coverage of the constructs or behaviors of interest. Selected outcome measures should be suitable for repeat administration, yet relatively robust to practice effects to ensure that observed changes reflect true signal variance and not residual effects due to repeated measurement or poor reliability. To facilitate widespread adoption as an endpoint, measures should be readily accessible. We provide several examples of potential global, composite, and individual cognitive measures, as well as behavioral measures promising for FTD trials. Development and application of appropriate trial outcomes is critically important to success in advancing new treatments for FTD patients.

PMCID: PMC4052335 **Free PMC Article**

PMID: 24921043 [PubMed]

[Related citations](#)



## **Neuroticism and self-evaluation measures are related to the ability to form cognitive maps critical for spatial orientation.**

[Burles F](#)<sup>1</sup>, [Guadagni V](#)<sup>2</sup>, [Hoey F](#)<sup>2</sup>, [Arnold AE](#)<sup>2</sup>, [Levy RM](#)<sup>3</sup>, [O'Neill T](#)<sup>4</sup>, [Iaria G](#)<sup>2</sup>.

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<sup>2</sup>NeuroLab, Departments of Psychology and Clinical Neurosciences, Hotchkiss Brain Institute, and Alberta Children's Hospital Research Institute, University of Calgary, 2500 University Drive, Calgary, AB T2N 1N4, Canada.

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<sup>4</sup>Individual and Team Performance Laboratory, Department of Psychology, University of Calgary, 2500 University Drive, Calgary, AB T2N 1N4, Canada.

### **Abstract**

Trait neuroticism is suggested to be related to measures of volume and function of the hippocampus, a brain structure located in the medial temporal lobe that is critical for human navigation and orientation. In this study, we assessed whether measures of trait neuroticism and self-concept are correlated with the human ability to orient by means of cognitive maps (i.e. mental representations of an environment that include landmarks and their spatial relationships). After controlling for gender differences, which are well-known in spatial orientation abilities, we found that measures of neuroticism (i.e. negative affect, emotional stability) and self-concept (i.e. self-esteem) were correlated with individual differences in the rate at which cognitive maps were formed; the same measures were generally unrelated to the ability to make use of cognitive maps, as well as the ability to orient using visual path integration. The relationships (and lack thereof) between personality traits and the spatial orientation skills, as reported in the present study, are consistent with specific neural correlates underlying these factors, and may have important implications for treatment of disorders related to them.

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PMID: 24914460 [PubMed - as supplied by publisher]

[Related citations](#)

## **Ambulatory mental health data demonstrates the high needs of people with an intellectual disability: Results from the New South Wales intellectual disability and mental health data linkage project.**

[Howlett S](#)<sup>1</sup>, [Florio T](#)<sup>2</sup>, [Xu H](#)<sup>1</sup>, [Trollor J](#)<sup>3</sup>.

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<sup>3</sup>Department of Developmental Disability Neuropsychiatry, School of Psychiatry, The University of New South Wales, Sydney, Australia [j.trollor@unsw.edu.au](mailto:j.trollor@unsw.edu.au).

### **Abstract**

#### **OBJECTIVE:**

To investigate the ambulatory mental health service profile of persons with intellectual disability (ID) in a representative sample of New South Wales (NSW).

#### **METHODS:**

A statistical linkage key was used to link the Disability Services Minimum Data Set (DS-MDS) and a community mental health services dataset (MH-COM) for a representative area of NSW for the period 2005-2010. Linkage was undertaken in four NSW local health districts (LHDs), covering 36.7% of the NSW population. The mental health profiles and service use characteristics of people with an ID were compared to mental health service users without an ID.

#### **RESULTS:**

Of the 89,262 people in the MH-COM over this 6-year period, 1,459 people (1.6 %) were identified as having an ID. Compared to those without an ID, people with an ID were more likely to have psychotic disorders, developmental disorders and personality disorders, and more than twice as likely to have an 'unknown' diagnosis. Compared to those without an ID,

people with an ID were less likely to have depressive disorders, adjustment disorders and other disorders. Service use profiles revealed that people with an ID had 1.6 times more face-to-face contacts, and a total face-to-face contact time which was 2.5 times longer than people without an ID.

## CONCLUSIONS:

Ambulatory mental health data from NSW indicates that people with an ID receive care for a distinct range of mental disorders, and experience uncertainty regarding their diagnosis. People with an ID have higher service needs which require recognition and the allocation of specific resources. Such data provide a suitable baseline for future evaluation of the impact of ambulatory mental health reforms for people with an ID.

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PMID: 24913247 [PubMed - as supplied by publisher]

[Related citations](#)



31. BMC Psychiatry. 2014 Jun 9;14(1):172. doi: 10.1186/1471-244X-14-172.

# [The addition of STEPSS in the treatment of patients with bipolar disorder and comorbid borderline personality features: a protocol for a randomized controlled trial.](#)

[Riemann G](#)<sup>1</sup>, [Weisscher N](#), [Goossens PJ](#), [Draijer N](#), [Apenhorst-Hol M](#), [Kupka RW](#).

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## Abstract

### BACKGROUND:

Bipolar disorder (BD) and borderline personality disorder (BPD) both are severe and chronic psychiatric disorders. Both disorders have overlapping symptoms, and current research shows that the presence of a BPD has an adverse effect on the course of BD. The limited research available shows an unfavorable illness course, a worse prognosis and response to medication, longer treatment duration, more frequent psychiatric admissions, higher drop-out, increased risk of substance abuse, increased risk of suicide, and more impairment of

social and occupational functioning. However, there is no research available on the effect of specific psychotherapeutic treatment for this patients.

#### **METHODS/DESIGN:**

This paper presents the protocol of a RCT to investigate the presence of borderline personality features in patients treated for BD (study part 1) and the effectiveness of STEPPS (Systems Training for Emotional Predictability and Problem Solving) added to treatment as usual (TAU) for BD compared to TAU in patients with BD and comorbid borderline personality features (study part 2). STEPPS is a validated and effective intervention for BPD. The study population consists of patients treated for BD at specialized outpatient clinics for BD in the Netherlands. At first the prevalence of comorbid borderline personality features in outpatients with BD is investigated. Inclusion criteria for study part 2 is defined as having three or more of the DSM-IV-TR diagnostic criteria of BPD, including impulsivity and anger bursts. Primary outcomes will be the frequency and severity of manic and depressive recurrences as well as severity, course and burden of borderline personality features. Secondary outcomes will be quality of life, utilizing mental healthcare and psychopathologic symptoms not primarily related to BD or BPD. Assessment will be at baseline, at the end of the intervention, and at 12 and 18 months follow-up.

#### **DISCUSSION:**

This will be the first randomized controlled trial of a specific intervention in patients with BD and comorbid BPD or borderline personality features. There are no recommendations in the guideline of treatment of bipolar disorders for patients with this complex comorbidity. We expect that a combined treatment aimed at mood disorder and emotion regulation will improve treatment outcomes for these patients.

PMCID: PMC4065586 **Free PMC Article**

PMID: 24912456 [PubMed - in process]

[Related citations](#)



32. BMC Psychiatry. 2014 Jun 7;14(1):169. doi: 10.1186/1471-244X-14-169.

## **Eating disorders among patients incarcerated only for repeated shoplifting: a retrospective quasi-case-control study in a medical prison in Japan.**

Asami T<sup>1</sup>, Okubo Y, Sekine M, Nomura T.

Author information:

<sup>1</sup>Department of Psychiatry, Hachioji Medical Prison Hospital, 2-26-1 Koyasu, Hachioji, Tokyo 192-0904, Japan. asami-tmk@hotmail.co.jp.

## **Abstract**

### **BACKGROUND:**

Shoplifting is a serious problem among patients with eating disorders. For more than a decade, we have treated many patients with eating disorders incarcerated in Hachioji Medical Prison only for repeated shoplifting.

### **METHODS:**

We analyzed the prison records and medical records of female psychiatric patients transferred to Hachioji Medical Prison between 2002 and 2011. Based on the offense listed at the time of sentencing, we extracted a shoplifting group and a drug-offense group from among all patients with eating disorders. One patient from the former group who had used substances and two from the latter group who had never shoplifted were excluded from the study. The groups had 41 and 14 patients, respectively. A control group comprised patients with other mental disorders (n = 34). We compared eating disorder histories and subtypes, weight changes, comorbidities, life histories, past behavioral problems, and clinical behavioral problems among the three groups.

### **RESULTS:**

The shoplifting group exhibited less impulsive behavior, substance abuse, antisocial features, borderline personality disorder, and past bulimia than did the drug-offense and control groups. The shoplifting group had higher educational achievement and steadier employment; however, their eating disorder histories and interpersonal dysfunction were more severe, and they had a higher psychiatric treatment dropout rate. There were also significant relationships with low body weight, anorexia nervosa-restricting type, obsessive-compulsive behaviors, and obsessive-compulsive personality disorder in the shoplifting group. During the clinical course, food refusal, excessive exercise, food hoarding, and falsification of dietary intake amounts were more frequently observed in the shoplifting group. Conversely, drug requests and occurrences of self-harm were less frequent in the shoplifting group than in the drug-offense group.

### **CONCLUSIONS:**

Although these results may be associated with specific characteristics of patients with eating disorders in the medical prison setting, we concluded that the repeated shoplifting by these patients is unrelated to antisocial or impulsive characteristics but is deeply rooted in these patients' severe and undertreated eating disorder psychopathology. Strong supportive treatment should be considered for patients with eating disorders who develop shoplifting

behaviors. Further research is required to elucidate the mechanisms responsible for the relationship between shoplifting and eating disorders.

PMCID: PMC4062907 **Free PMC Article**

PMID: 24907848 [PubMed - in process]

[Related citations](#)



33. Aesthetic Plast Surg. 2014 Jun 6. [Epub ahead of print]

## **Self-mutilation by a Patient with Borderline Personality Disorder.**

[Morioka D](#)<sup>1</sup>, [Ohkubo F](#), [Amikura Y](#).

Author information:

<sup>1</sup>Division of Aesthetic Surgery, Department of Plastic Surgery, Showa University, 1-5-8 Hatanodai, Shinagawa-ku, Tokyo, 142-8866, Japan, dmorioka@gmail.com.

### **Abstract**

We present an unusual insatiable aesthetic/plastic surgery patient with borderline personality disorder (BPD) who removed her upper eyelids by herself after we rejected her request for revision blepharoplasty. This impulsive self-injury was attributed to anxiety from what the patient considered to be abandonment by the surgeon. Even after the eyelid defects were successfully treated, the patient requested several other revisions, including tattoo removal. Compared with other mental disorders, including body dysmorphic disorder, preoccupation with appearance in BPD is less profound and shifts from one body part to another. In an aesthetic and plastic surgery practice, a different psychiatric approach should be used for individuals with BPD, and the proper timing for a psychiatric referral should be established.

### **LEVEL OF EVIDENCE V:**

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 [www.springer.com/00266](http://www.springer.com/00266).

PMID: 24902910 [PubMed - as supplied by publisher]

[Related citations](#)



34. Int J Psychoanal. 2014 Jun 6. doi: 10.1111/1745-8315.12204. [Epub ahead of print]

# An overview of the treatment of severe narcissistic pathology.

[Kernberg OF.](#)

Author information:

21 Bloomingdale Rd., White Plains, NY, 10605, USA. okernber@med.cornell.edu.

## **Abstract**

This paper provides an overview of narcissistic personality disorders as they present clinically along a spectrum of severity ranging from the best functioning forms of pathological narcissism to the most threatening to the patient's psychosocial and physical survival. It proposes a general interpretive psychoanalytic stance with all these clinical syndromes that range from standard psychoanalysis to a specific psychoanalytical psychotherapy for the most repressive and life threatening conditions that may not respond to standard psychoanalysis proper. This general psychoanalytic approach is placed into the context of related developments in contemporary psychoanalytic understanding of pathological narcissism and its treatment.

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PMID: 24902768 [PubMed - as supplied by publisher]

[Related citations](#)

35. Eur Eat Disord Rev. 2014 Jul;22(4):285-91. doi: 10.1002/erv.2302. Epub 2014 May 29.

# Health-related Quality of Life in Adult Inpatients Affected by Anorexia Nervosa.

[Abbate-Daga G<sup>1</sup>](#), [Facchini E](#), [Marzola E](#), [Delsedime N](#), [Giovannone C](#), [Amianto F](#), [Fassino S](#).

Author information:

<sup>1</sup>Eating Disorders Center for Treatment and Research, Department of Neuroscience, University of Turin, Turin, Italy.

## **Abstract**

**OBJECTIVE:**

Poor awareness of illness in anorexia nervosa (AN) may render the assessment of health-related quality of life (HRQoL) difficult. We aimed at evaluating severe AN patients' HRQoL at discharge using different instruments and correlating this measure with clinical variables.

## **METHODS:**

We enrolled 71 adult AN inpatients admitted through the emergency department. At admission, all participants completed the following: Medical Outcome Short Form Health Survey, Eating Disorder Inventory-2 and Temperament and Character Inventory. At admission and discharge, body mass index, EuroQoL Health Questionnaire/Visual Analogue Scale and Clinical Global Impression were evaluated.

## **RESULTS:**

The HRQoL was severely impaired at baseline, but it improved at discharge. HRQoL correlated with eating psychopathology and personality, but not with body mass index or Clinical Global Impression.

## **CONCLUSION:**

The HRQoL effectively captured patients' improvement at discharge. Given its correlations with clinical variables, this instrument may be useful in clinical practice. Copyright © 2014 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 24888791 [PubMed - in process]

[Related citations](#)



36. Eur Child Adolesc Psychiatry. 2014 Jun 3. [Epub ahead of print]

# **Pathological Internet use among European adolescents: psychopathology and self-destructive behaviours.**

[Kaess M<sup>1</sup>](#), [Durkee T](#), [Brunner R](#), [Carli V](#), [Parzer P](#), [Wasserman C](#), [Sarchiapone M](#), [Hoven C](#), [Apter A](#), [Balazs J](#), [Balint M](#), [Bobes J](#), [Cohen R](#), [Cosman D](#), [Cotter P](#), [Fischer G](#), [Floderus B](#), [Iosue M](#), [Haring C](#), [Kahn JP](#), [Musa GJ](#), [Nemes B](#), [Postuvan V](#), [Resch F](#), [Saiz PA](#), [Sisask M](#), [Snir A](#), [Varnik A](#), [Zibera J](#), [Wasserman D](#).

Author information:

<sup>1</sup>Section for Disorders of Personality Development, Clinic of Child and Adolescent Psychiatry, Centre for Psychosocial Medicine, University of Heidelberg, Heidelberg, Germany.

## Abstract

Rising global rates of pathological Internet use (PIU) and related psychological impairments have gained considerable attention in recent years. In an effort to acquire evidence-based knowledge of this relationship, the main objective of this study was to investigate the association between PIU, psychopathology and self-destructive behaviours among school-based adolescents in eleven European countries. This cross-sectional study was implemented within the framework of the European Union project: Saving and Empowering Young Lives in Europe. A representative sample of 11,356 school-based adolescents (M/F: 4,856/6,500; mean age: 14.9) was included in the analyses. PIU was assessed using the Young's Diagnostic Questionnaire. Psychopathology was measured using the Beck Depression Inventory-II, Zung Self-Rating Anxiety Scale and Strengths and Difficulties Questionnaire. Self-destructive behaviours were evaluated by the Deliberate Self-Harm Inventory and Paykel Suicide Scale. Results showed that suicidal behaviours (suicidal ideation and suicide attempts), depression, anxiety, conduct problems and hyperactivity/inattention were significant and independent predictors of PIU. The correlation between PIU, conduct problems and hyperactivity/inattention was stronger among females, while the link between PIU and symptoms of depression, anxiety and peer relationship problems was stronger among males. The association between PIU, psychopathology and self-destructive behaviours was stronger in countries with a higher prevalence of PIU and suicide rates. These findings ascertain that psychopathology and suicidal behaviours are strongly related to PIU. This association is significantly influenced by gender and country suggesting socio-cultural influences. At the clinical and public health levels, targeting PIU among adolescents in the early stages could potentially lead to improvements of psychological well-being and a reduction of suicidal behaviours.

PMID: 24888750 [PubMed - as supplied by publisher]

[Related citations](#)



37. Personal Disord. 2014 Jun 2. [Epub ahead of print]

## [A Closer Look at the Lower-Order Structure of the Personality Inventory for](#)

# **DSM-5: Comparison With the Five-Factor Model.**

[Griffin SA](#), [Samuel DB](#).

## **Abstract**

The Personality Inventory for DSM-5 (PID-5) was developed as a measure of the maladaptive personality trait model included within Section III of the DSM-5. Although preliminary findings have suggested the PID-5 has a five-factor structure that overlaps considerably with the Five-Factor Model (FFM) at the higher order level, there has been much less attention on the specific locations of the 25 lower-order traits. Joint exploratory factor analysis of the PID-5 traits and the 30 facets of the NEO-PI-R were used to determine the lower-order structure of the PID-5. Results indicated the PID-5's domain-level structure closely resembled the FFM. We also explored the placement of several lower-order facets that have not loaded consistently in previous studies. Overall, these results indicate that the PID-5 shares a common structure with the FFM and clarify the placement of some interstitial facets. More research investigating the lower-order facets is needed to determine how they fit into the hierarchical structure and explicate their relationships to existing measures of pathological traits. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24886053 [PubMed - as supplied by publisher]

[Related citations](#)

38. Personal Disord. 2014 Jun 2. [Epub ahead of print]

# **Stability and Change in Distress Tolerance and Its Prospective Relationship With Borderline Personality Features: A Short-Term Longitudinal Study.**

[Kiselica AM](#), [Webber T](#), [Bornovalova MA](#).

## **Abstract**

Distress tolerance (DT), or the ability to withstand psychological distress, has been proposed as a mechanism underlying multiple forms of psychopathology. However, research on DT is limited in several areas. First, stability and change of DT over time has never been assessed in adults. Second, it is unclear whether alternative conceptualizations of DT yield differences in longitudinal stability and change. Third, gender differences in DT have yet to be examined

in nonclinical adult samples. And fourth, longitudinal predictive utility of DT has not been adequately assessed. The purpose of this study was to investigate these 3 questions using data collected at 3 time points over a 6-month period, examining borderline personality disorder (BPD) features as an outcome. Using 3 different measures of DT, results indicated that there is no mean level change in DT. Similarly, there was moderate rank-order stability in DT and no significant individual level change across measures. These findings suggest that DT is similar to other stable, trait-like constructs, as has been previously theorized. Next, a series of cross-lagged panel models revealed that although DT had a cross-sectional relationship with BPD features across all time points, DT did not predict BPD traits longitudinally. These findings have implications for treatments for BPD. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 24886052 [PubMed - as supplied by publisher]

[Related citations](#)

39. Cancer Treat Rev. 2014 Jul;40(6):800-9. doi: 10.1016/j.ctrv.2014.03.001. Epub 2014 Mar 12.

## **Psychosocial predictors of health outcomes in colorectal cancer: a comprehensive review.**

[Sales PM](#)<sup>1</sup>, [Carvalho AF](#)<sup>2</sup>, [McIntyre RS](#)<sup>3</sup>, [Pavlidis N](#)<sup>4</sup>, [Hyphantis TN](#)<sup>5</sup>.

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### **Abstract**

#### **BACKGROUND:**

A diagnosis of colorectal cancer (CRC) and its long-term treatment may lead to significant psychological distress and impaired health-related quality of life (HRQoL) for a significant proportion of patients.

#### **METHODS:**

We searched the PubMed/MEDLINE electronic database for available literature on the associations between personality characteristics, depression, psychological distress and HRQoL in CRC. Additional references were identified through the citation tracking of the included articles.

## **RESULTS:**

Recent evidence indicates that Type-D (distressed) personality may predict distress among CRC patients. Additionally, other personality traits, such as specific ego defense mechanisms, influence the coping responses and HRQoL. Although the presence of a stoma has been linked to the development of depressive symptoms and impairment in HRQoL in CRC patients, more prospective studies are necessary to confirm these associations. Sense of coherence (SOC) has both a moderating and mediating effect on health (especially mental health and HRQoL), and preliminary data indicate that SOC may be an independent predictor of CRC survival.

## **CONCLUSIONS:**

The interplay between personality variables during the elaboration of "the impaired role" is complex, and the assessment of personality traits may be incorporated into a comprehensive psychosomatic evaluation of CRC patients. More well-designed prospective investigations are necessary to establish the contributory role of personality dimensions for the development of and protection from distress and impairment in the HRQoL of CRC patients, which could eventually lead to the development of psychosocial interventions that are personalized to this patient population (for example, manual-based psychotherapies).

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PMID: 24679516 [PubMed - indexed for MEDLINE]

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1. Issues Ment Health Nurs. 2014 Aug;35(8):597-603. doi: 10.3109/01612840.2013.861885.

## [Clinical characteristics and service use of incarcerated males with severe mental disorders: a comparative case-control study with patients found not criminally responsible.](#)

[Dumais A](#)<sup>1</sup>, [Côté G](#), [Larue C](#), [Goulet MH](#), [Pelletier JF](#).

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### **Abstract**

Since the drop in the bed capacity of civil psychiatric hospitals, an increase in the bed capacity of forensic psychiatric care and prison units has been reported in the United States and Europe. However, in Canada, a decrease in the number of people with severe mental illness (SMI) during the last two decades in penitentiaries has been reported. At the same time, an increase in individuals found not criminally responsible on account of mental disorder (NCRMD) was observed in forensic hospitals. The aim of this study is to compare incarcerated severely mentally ill (I-SMI) individuals with forensic-hospitalized SMI individuals in terms of their clinical profiles and service use in the province of Quebec (Canada). A case-control study design was selected using a sample of 44 I-SMI individuals and 59 forensic-hospitalized SMI individuals. Important findings include the following: I-SMI persons had less schooling; they more often reported suicide attempts and violent and non-violent crimes; and they had a higher level of comorbidity involving Cluster B personality disorders and substance-use disorders. Forensic-hospitalized SMI persons were more likely to have been receiving psychiatric follow-up before hospitalization. The final logistic regression model showed that lifetime suicide attempts, non-violent crimes, and psychopathic traits were higher among I-SMI individuals than among forensic-hospitalized SMI individuals. In contrast, receiving regular psychiatric follow-up was associated with forensic-hospitalized SMI individuals. Differences in psychopathological characteristics and the use of mental health services were found for I-SMI persons. More research is needed to determine which

new initiatives might be efficacious in addressing the mental health needs of I-SMI individuals.

PMID: 25072212 [PubMed - in process]

[Related citations](#)



2. Eat Behav. 2014 Aug;15(3):460-3. doi: 10.1016/j.eatbeh.2014.06.010. Epub 2014 Jun 20.

## **Resilience Scale-25 Spanish version: Validation and assessment in eating disorders.**

[Las Hayas C](#)<sup>1</sup>, [Calvete E](#)<sup>2</sup>, [Gómez Del Barrio A](#)<sup>3</sup>, [Beato L](#)<sup>4</sup>, [Muñoz P](#)<sup>5</sup>, [Padierna JÁ](#)<sup>6</sup>.

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### **Abstract**

#### **OBJECTIVES:**

To validate into Spanish the Wagnild and Young Resilience Scale - 25 (RS-25), assess and compare the scores on the scale among women from the general population, eating disorder (ED) patients and recovered ED patients.

#### **METHOD:**

This is a cross-sectional study. ED participants were invited to participate by their respective therapists. The sample from the general population was gathered via an open online survey. Participants (N general population=279; N ED patients=124; and N recovered ED patients=45) completed the RS-25, the World Health Organization Quality of Life Scale-BREF and the Hospital Anxiety and Depression Scale. Mean age of participants ranged from 28.87 to 30.42 years old. Statistical analysis included a multi-group confirmatory factor analysis and ANOVA.

## RESULTS:

The two-factor model of the RS-25 produced excellent fit indexes. Measurement invariance across samples was generally supported. The ANOVA found statistically significant differences in the RS-25 mean scores between the ED patients (Mean=103.13, SD=31.32) and the recovered ED participants (Mean=138.42, SD=22.26) and between the ED patients and the general population participants (Mean=136.63, SD=19.56).

## DISCUSSION:

The Spanish version of the RS-25 is a psychometrically sound measurement tool in samples of ED patients. Resilience is lower in people diagnosed with ED than in recovered individuals and the general population.

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PMID: 25064300 [PubMed - in process]

[Related citations](#)



3. Int J Offender Ther Comp Criminol. 2014 Jul 25. pii: 0306624X14544155. [Epub ahead of print]

# [Narcissistic Symptoms in German School Shooters.](#)

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## Abstract

School shooters are often described as narcissistic, but empirical evidence is scant. To provide more reliable and detailed information, we conducted an exploratory study, analyzing police

investigation files on seven school shootings in Germany, looking for symptoms of narcissistic personality disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV) in witnesses' and offenders' reports and expert psychological evaluations. Three out of four offenders who had been treated for mental disorders prior to the offenses displayed detached symptoms of narcissism, but none was diagnosed with narcissistic personality disorder. Of the other three, two displayed narcissistic traits. In one case, the number of symptoms would have justified a diagnosis of narcissistic personality disorder. Offenders showed low and high self-esteem and a range of other mental disorders. Thus, narcissism is not a common characteristic of school shooters, but possibly more frequent than in the general population. This should be considered in developing adequate preventive and intervention measures.

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PMID: 25063684 [PubMed - as supplied by publisher]

[Related citations](#)



4. Clin Psychol Psychother. 2014 Jul 24. doi: 10.1002/cpp.1914. [Epub ahead of print]

## [Effectiveness of Day Hospital Mentalization-Based Treatment for Patients with Severe Borderline Personality Disorder: A Matched Control Study.](#)

[Bales DL](#)<sup>1</sup>, [Timman R](#), [Andrea H](#), [Busschbach JJ](#), [Verheul R](#), [Kamphuis JH](#).

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### **Abstract**

The present study extends the body of evidence regarding the effectiveness of day hospital Mentalization-Based Treatment (MBT) by documenting the treatment outcome of a highly inclusive group of severe borderline personality disorder (BPD) patients, benchmarked by a carefully matched group who received other specialized psychotherapeutic treatments (OPT). Structured diagnostic interviews were conducted to assess diagnostic status at baseline. Baseline, 18-month treatment outcome and 36-month treatment outcome (after the maintenance phase) on psychiatric symptoms (Brief Symptom Inventory) and personality functioning (118-item Severity Indices of Personality Problems) were available for 29 BPD

patients assigned to MBT, and an initial set of 175 BPD patients assigned to OPT. Propensity scores were used to determine the best matches for the MBT patients within the larger OPT group, yielding 29 MBT and 29 OPT patients for direct comparison. Treatment outcome was analysed using multilevel modelling. Pre to post effect sizes were consistently (very) large for MBT, with a Cohen's d of -1.06 and -1.42 for 18 and 36 months, respectively, for the reduction in psychiatric symptoms, and ds ranging from 0.81 to 2.08 for improvement in domains of personality functioning. OPT also yielded improvement across domains but generally of moderate magnitude. In conclusion, the present matched control study, executed by an independent research institute outside the UK, demonstrated the effectiveness of day hospital MBT in a highly inclusive and severe group of BPD patients, beyond the benchmark provided by a mix of specialized psychotherapy programmes. Interpretation of the (large) between condition effects warrants cautionary caveats given the non-randomized design, as well as variation in treatment dosages. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25060747 [PubMed - as supplied by publisher]

[Related citations](#)



5. Behav Res Ther. 2014 Jul 9;60C:46-52. doi: 10.1016/j.brat.2014.07.001. [Epub ahead of print]

## [Reasons for premature termination of dialectical behavior therapy for inpatients with borderline personality disorder.](#)

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### **Abstract**

Although one of the main aims of dialectical behavior therapy (DBT) for borderline personality disorder (BPD) is to increase the retention rates, premature termination rates for DBT inpatient programs were found to be over 30%. The aim of the study was to identify the reasons for, and to analyze, patient characteristics that are associated with premature

termination. We studied 541 inpatients with BPD, who were consecutively admitted for an open-door 3-month DBT inpatient treatment in Berlin, Germany. All participants completed several self-rating measures and participated in clinical interviews. Fourteen percent, who did not complete the full 84 days of assigned treatment, were expelled, mainly due to treatment-disturbing behaviors, or substance abuse or possession. Nearly 19% dropped out of treatment, mostly due to lack of motivation, arguments with others, and poor tolerance of emotional distress. Using non-parametric conditional inference trees, expulsion was associated with anorexia nervosa and alcohol abuse, whereas more than 9 suicide attempts, antisocial personality disorders, and more than 86 weeks in a psychiatric hospital were risk factors for dropout. We discussed measures and interventions that might lead to an adaptation of DBT inpatient programs. Future research should examine the symptom course and utilization of health-care services of non-completers.

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PMID: 25058040 [PubMed - as supplied by publisher]

[Related citations](#)



6. J ECT. 2014 Jul 22. [Epub ahead of print]

## [Do Patients With Personality Disorders Respond Differentially to Electroconvulsive Therapy?: A Review of the Literature and Consideration of Conceptual Issues.](#)

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### **Abstract**

Personality disorders are common among depressed patients. While there is considerable research demonstrating that such patients may respond less optimally to antidepressant medications, there is a relative dearth of research on the outcomes of depressed personality-disordered patients treated with electroconvulsive therapy (ECT). In this review, the author summarizes the available reports and concludes that there is reasonably robust evidence that patients with borderline personality disorder experience lesser antidepressant responses to ECT acutely and probably higher post-ECT relapse rates than depressed patients with other or no personality disorders. Some of the complex issues involved in selecting and treating such

patients are discussed, and recommendations are provided for clinical practice and future research.

PMID: 25054362 [PubMed - as supplied by publisher]

[Related citations](#)



7. Schizophr Res. 2014 Jul 19. pii: S0920-9964(14)00357-0. doi: 10.1016/j.schres.2014.07.001. [Epub ahead of print]

## **Emotion recognition deficits in schizophrenia-spectrum disorders and psychotic bipolar disorder: Findings from the Bipolar-Schizophrenia Network on Intermediate Phenotypes (B-SNIP) study.**

[Ruocco AC](#)<sup>1</sup>, [Reilly JL](#)<sup>2</sup>, [Rubin LH](#)<sup>3</sup>, [Daros AR](#)<sup>4</sup>, [Gershon ES](#)<sup>5</sup>, [Tamminga CA](#)<sup>6</sup>, [Pearlson GD](#)<sup>7</sup>, [Hill SK](#)<sup>8</sup>, [Keshavan MS](#)<sup>9</sup>, [Gur RC](#)<sup>10</sup>, [Sweeney JA](#)<sup>11</sup>.

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<sup>11</sup>Departments of Psychiatry and Pediatrics, University of Texas Southwestern Medical Center, Dallas, USA.

### **Abstract**

#### **BACKGROUND:**

Difficulty recognizing facial emotions is an important social-cognitive deficit associated with psychotic disorders. It also may reflect a familial risk for psychosis in schizophrenia-spectrum disorders and bipolar disorder.

## **OBJECTIVE:**

The objectives of this study from the Bipolar-Schizophrenia Network on Intermediate Phenotypes (B-SNIP) consortium were to: 1) compare emotion recognition deficits in schizophrenia, schizoaffective disorder and bipolar disorder with psychosis, 2) determine the familiarity of emotion recognition deficits across these disorders, and 3) evaluate emotion recognition deficits in nonpsychotic relatives with and without elevated Cluster A and Cluster B personality disorder traits.

## **METHOD:**

Participants included probands with schizophrenia (n=297), schizoaffective disorder (depressed type, n=61; bipolar type, n=69), bipolar disorder with psychosis (n=248), their first-degree relatives (n=332, n=69, n=154, and n=286, respectively) and healthy controls (n=380). All participants completed the Penn Emotion Recognition Test, a standardized measure of facial emotion recognition assessing four basic emotions (happiness, sadness, anger and fear) and neutral expressions (no emotion).

## **RESULTS:**

Compared to controls, emotion recognition deficits among probands increased progressively from bipolar disorder to schizoaffective disorder to schizophrenia. Proband and relative groups showed similar deficits perceiving angry and neutral faces, whereas deficits on fearful, happy and sad faces were primarily isolated to schizophrenia probands. Even non-psychotic relatives without elevated Cluster A or Cluster B personality disorder traits showed deficits on neutral and angry faces. Emotion recognition ability was moderately familial only in schizophrenia families.

## **CONCLUSIONS:**

Emotion recognition deficits are prominent but somewhat different across psychotic disorders. These deficits are reflected to a lesser extent in relatives, particularly on angry and neutral faces. Deficits were evident in non-psychotic relatives even without elevated personality disorder traits. Deficits in facial emotion recognition may reflect an important social-cognitive deficit in patients with psychotic disorders.

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PMID: 25052782 [PubMed - as supplied by publisher]

[Related citations](#)



# Comorbidity between attention deficit hyperactivity disorder (ADHD) and bipolar disorder in a specialized mood disorders outpatient clinic.

[Perroud N](#)<sup>1</sup>, [Cordera P](#)<sup>2</sup>, [Zimmermann J](#)<sup>2</sup>, [Michalopoulos G](#)<sup>2</sup>, [Bancila V](#)<sup>2</sup>, [Prada P](#)<sup>2</sup>, [Dayer A](#)<sup>3</sup>, [Aubry JM](#)<sup>3</sup>.

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## **Abstract**

### **BACKGROUND:**

Comorbidity between ADHD and Bipolar Disorder (BD) is associated with greater severity of BD. The current study aims at investigating, in a specialized mood disorders clinic, the percentage of comorbid ADHD-BD subjects and assessing the impact of ADHD on the severity of BD.

### **METHODS:**

Out of 539 mood disorders subjects, the medical records of 138 BD subjects were scrutinized in terms of their clinical and demographic characteristics, and their scores at the Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist were logged. Those positively scoring at the ASRS-v1.1 underwent clinical assessment by a senior psychiatrist specialized in ADHD. Comorbid ADHD-BD subjects were then compared with BD sufferers without ADHD.

### **RESULTS:**

Sixty-three (45.65%) of the participants were screened positive at the ASRS-v1.1. 49 were clinically assessed for the presence of ADHD. Only 27 (55%) received a diagnosis of ADHD.

Comorbid ADHD-BD subjects were found to be younger at the onset of BD, showed higher numbers of depressive episodes, more anxiety and substance use disorders, more borderline personality traits and greater cyclothymic temperament. Comorbid BD-ADHD subjects reported more childhood emotional abuse.

#### **LIMITATIONS:**

Some subjects were unreachable and thus not clinically assessed for ADHD.

#### **CONCLUSIONS:**

More than 20% of BD subjects were suffering from ADHD. The comorbidity of the two disorders was associated with worse outcomes, possibly resulting from stressful early-life events. More than 40% of the subjects who scored positively at the ASRS-v1.1 did not suffer from ADHD, which suggests that this scale should be used with caution in BD subjects.

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PMID: 25051093 [PubMed - as supplied by publisher]

[Related citations](#)



9. J Child Psychol Psychiatry. 2014 Jul 22. doi: 10.1111/jcpp.12290. [Epub ahead of print]

## **[Hypospadias and increased risk for neurodevelopmental disorders.](#)**

[Butwicka A](#)<sup>1</sup>, [Lichtenstein P](#), [Landén M](#), [Nordenvall AS](#), [Nordenström A](#), [Nordenskjöld A](#), [Frisén L](#).

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#### **Abstract**

#### **BACKGROUND:**

Hypospadias (aberrant opening of the urethra on the underside of the penis) occurs in 1 per 300 newborn boys. It has been previously unknown whether this common malformation is associated with increased psychiatric morbidity later in life. Studies of individuals with hypospadias also provide an opportunity to examine whether difference in androgen signaling

is related to neurodevelopmental disorders. To elucidate the mechanisms behind a possible association, we also studied psychiatric outcomes among brothers of the hypospadias patients.

## **METHODS:**

Registry study within a national cohort of all 9,262 males with hypospadias and their 4,936 healthy brothers born in Sweden between 1973 and 2009. Patients with hypospadias and their brothers were matched with controls by year of birth and county. The following outcomes were evaluated (1) any psychiatric (2) psychotic, (3) mood, (4) anxiety, (5) eating, and (6) personality disorders, (7) substance misuse, (8) attention-deficit hyperactivity disorder (ADHD), (9) autism spectrum disorders (ASD), (10) intellectual disability, and (11) other behavioral/emotional disorders with onset in childhood.

## **RESULTS:**

Patients with hypospadias were more likely to be diagnosed with intellectual disability (OR 3.2; 95% CI 2.8-3.8), ASD (1.4; 1.2-1.7), ADHD (1.5; 1.3-1.9), and behavioral/emotional disorders (1.4; 1.2-1.6) compared with the controls. Brothers of patients with hypospadias had an increased risk of ASD (1.6; 1.3-2.1) and other behavioral/emotional disorders with onset in childhood (1.2; 0.9-1.5) in comparison to siblings of healthy individuals. A slightly higher, although not statistically significant, risk was found for intellectual disability (1.3; 1.0-1.9). No relation between other psychiatric diagnosis and hypospadias was found.

## **CONCLUSIONS:**

This is the first study to identify an increased risk for neurodevelopmental disorders in patients with hypospadias, as well as an increased risk for ASD in their brothers, suggesting a common familial (genetic and/or environmental) liability.

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[Related citations](#)



10. Personal Disord. 2014 Jul 21. [Epub ahead of print]

# **Familial Aggregation of Candidate Phenotypes for Borderline Personality Disorder.**

[Ruocco AC](#), [Hudson JI](#), [Zanarini MC](#), [Gunderson JG](#).

## Abstract

Borderline personality disorder (BPD) and its core Diagnostic and Statistical Manual of Mental Disorders (DSM) factor-analytically derived phenotypes aggregate in families. To potentially inform future conceptualizations of BPD, this study examined the familial aggregation and co-aggregation with BPD of 3 additional candidate phenotypes for BPD psychopathology: anxiousness, aggressiveness, and cognitive dysregulation. Participants included 347 probands (126 with BPD, 128 without BPD, and 93 with major depressive disorder) and 814 parents and siblings of probands. All participants completed diagnostic assessments and scales assessing the candidate phenotypes. The familial aggregation of phenotypes (correlation of level of phenotype between family members), the familial co-aggregation of phenotypes with BPD (correlation of phenotype with BPD between family members), and the within-individual correlation of phenotypes with BPD were assessed. All 3 candidate phenotypes showed high levels of familial aggregation ( $r_s = .14 - .53$ ,  $p_s < .001$ ), the magnitudes of which were comparable with DSM-based core sectors of psychopathology. Anxiousness and cognitive dysregulation showed strong within-individual associations with BPD ( $r_s = .55$  and  $.46$ , respectively;  $p_s < .001$ ) and substantial familial co-aggregation with BPD ( $r_s = .12$  and  $.13$ , respectively;  $p_s \leq .002$ ). In contrast, aggressiveness showed a weak within-individual association with BPD ( $r = .11$ ,  $p = .12$ ) and little familial co-aggregation with BPD ( $r = .05$ ,  $p = .21$ ). These findings suggest that anxiousness and cognitive dysregulation are promising phenotypes for BPD psychopathology that move beyond factor-analytically based conceptualizations. In contrast, aggressiveness was only weakly related to BPD, suggesting that this phenotype may not represent an essential feature of this disorder. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 25046574 [PubMed - as supplied by publisher]

[Related citations](#)

11. Personal Ment Health. 2014 Jul 15. doi: 10.1002/pmh.1265. [Epub ahead of print]

## [Pain in patients with borderline personality disorder.](#)

[Biskin RS](#)<sup>1</sup>, [Frankenburg FR](#), [Fitzmaurice GM](#), [Zanarini MC](#).

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## Abstract

**OBJECTIVE:**

Patients with borderline personality disorder (BPD) frequently present to primary care physicians and specialists with pain problems. The aims of the current study are to (1) examine the prevalence of pain symptoms in patients with a diagnosis of BPD compared with a diagnosis of another personality disorder and (2) identify the factors that predict pain experienced in patients with BPD.

#### **METHODS:**

Two hundred and ninety inpatients meeting Revised Diagnostic Interview for Borderlines and DSM-III-R criteria for BPD and 72 patients who met DSM-III-R criteria for another personality disorder were assessed at baseline using semistructured interviews and self-report measures. Ratings of pain were assessed 16 years after baseline diagnosis and compared between diagnostic groups using t-tests. Regression analyses were used to identify predictors of pain among patients with BPD.

#### **RESULTS:**

Patients with BPD are more likely to experience pain and rate their pain as more severe than patients with other personality disorders. In multivariable regression models, there were three significant predictors of severity of pain among patients with BPD: older age, the presence of major depressive disorder, and the severity of childhood abuse other than sexual abuse.

#### **CONCLUSION:**

Patients with BPD report significant pain, which interferes with their lives. A focus on the management of medical and psychiatric comorbidities may improve their long-term functioning. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25044742 [PubMed - as supplied by publisher]

[Related citations](#)

12. Personal Ment Health. 2014 Jul 8. doi: 10.1002/pmh.1263. [Epub ahead of print]

## **An integrative examination of general personality dysfunction in a large community sample.**

[Pascal Hengartner M<sup>1</sup>](#), [De Fruyt F](#), [Rodgers S](#), [Müller M](#), [Rössler W](#), [Ajdacic-Gross V](#).

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<sup>1</sup>Department of Applied Psychology, Zurich University of Applied Sciences (ZHAW), Zurich, Switzerland.

## **Abstract**

Recently, the severity of general personality dysfunction has gained broad interest in personality disorder (PD) research. We analysed data of 511 participants aged 20-41 years from a comprehensive psychiatric survey in the general population of Zurich, Switzerland. We added the trait-scores from all DSM-IV PDs, as assessed by a self-report questionnaire, to provide a measure of general personality dysfunction. Adjusting for the Big Five personality domains as a proxy for stylistic PD elements, this composite PD score exhibited strong associations with neuroticism and schizotypy. General personality dysfunction additionally revealed a moderate detrimental association with psychosocial functioning and a strong effect on coping resources, on heavy drinking and drug use and on most psychopathological syndromes. Of particular interest is the strong association with total psychopathological distress and co-occurrence of multiple disorders, suggesting that increasing PD severity relates to the degree of global impairment independent of specific PD traits. Discussed herein are implications for public mental health policies, classification, conceptualization and treatment of PDs. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25044701 [PubMed - as supplied by publisher]

[Related citations](#)

13. J Cell Biochem. 2014 Jul 15. doi: 10.1002/jcb.24883. [Epub ahead of print]

# **The Developmental Basis of Epigenetic Regulation of HTR2A and Psychiatric Outcomes.**

[Paquette AG](#)<sup>1</sup>, [Marsit CJ](#).

Author information:

<sup>1</sup>Department of Pharmacology and Toxicology, Geisel School of Medicine at Dartmouth, Hanover, NH USA.

## **Abstract**

The serotonin receptor 5-HT<sub>2A</sub> (encoded by HTR2A) is an important regulator of fetal brain development and adult cognitive function. Environmental signals that induce epigenetic

changes of serotonin response genes, including HTR2A, have been implicated in adverse mental health outcomes. The objective of this perspective article is to address the medical implications of HTR2A epigenetic regulation, which has been associated with both infant neurobehavioral outcomes and adult mental health. Ongoing research has identified a region of the HTR2A promoter that has been associated with a number of medical outcomes in adults and infants, including bipolar disorder, schizophrenia, chronic fatigue syndrome, borderline personality disorder, suicidality, and neurobehavioral outcomes. Epigenetic regulation of HTR2A has been studied in several different types of tissues, including the placenta. The placenta is an important source of serotonin during fetal neurodevelopment, and placental epigenetic variation of HTR2A has been associated with infant neurobehavioral outcomes, which may represent the basis of adult mental health disorders. Further analysis is needed to identify intrinsic and extrinsic factors modulate HTR2A methylation, and the mechanism by which this epigenetic variation influences fetal growth and leads to altered brain development, manifesting in psychiatric disorders. © 2014 Wiley Periodicals, Inc.

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PMID: 25043477 [PubMed - as supplied by publisher]

[Related citations](#)



14. Addiction. 2014 Jul 21. doi: 10.1111/add.12690. [Epub ahead of print]

## **Genetic variation in personality traits explains genetic overlap between borderline personality features and substance use disorders.**

[Few LR](#)<sup>1</sup>, [Grant JD](#), [Trull TJ](#), [Statham DJ](#), [Martin NG](#), [Lynskey MT](#), [Agrawal A](#).

Author information:

<sup>1</sup>Department of Psychiatry, Washington University School of Medicine, 660 S. Euclid Ave, Campus Box 8134, St. Louis, MO 63110, USA.

**Abstract**

**AIMS:**

To examine the genetic overlap between borderline personality features (BPF) and substance use disorders (SUDs) and the extent to which variation in personality traits contributes to this covariance.

### **DESIGN:**

Genetic structural equation modelling was used to partition the variance in and covariance between personality traits, BPF, and SUDs into additive genetic, shared, and individual-specific environmental factors.

### **SETTING:**

All participants were registered with the Australian Twin Registry.

### **PARTICIPANTS:**

A total of 3,127 Australian adult twins participated in the study.

### **MEASUREMENTS:**

Diagnoses of DSM-IV alcohol and cannabis abuse/dependence (AAD; CAD), and nicotine dependence (ND) were derived via computer-assisted telephone interview. BPF and five-factor model personality traits were derived via self-report questionnaires.

### **FINDINGS:**

Genetic factors were responsible for 49% (95%CI: 42%-55%) of the variance in BPF, 38-42% (95%CI range: 32%-49%) for personality traits and 47% (95%CI: 17%-77%), 54% (95%CI: 43%-64%), and 78% (67%-86%) for ND, AAD and CAD, respectively. Genetic and individual-specific environmental correlations between BPF and SUDs ranged from .33-.56 (95%CI range: .19-.74) and .19-.32 (95%CI range: .06-.43), respectively. Overall, there was substantial support for genetic influences that were specific to AAD, ND and CAD (31%-69%). Finally, genetic variation in personality traits was responsible for 11% (Extraversion for CAD) to 59% (Neuroticism for AAD) of the correlation between BPF and SUDs.

### **CONCLUSIONS:**

Both genetic and individual-specific environmental factors contribute to comorbidity between borderline personality features and substance use disorders. A substantial proportion of this comorbidity can be attributed to variation in normal personality traits, particularly Neuroticism.

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PMID: 25041562 [PubMed - as supplied by publisher]

[Related citations](#)

## **SIRPB1 copy-number polymorphism as candidate quantitative trait locus for impulsive-disinhibited personality.**

[Laplana M<sup>1</sup>](#), [Royo JL](#), [García LF](#), [Aluja A](#), [Gomez-Skarmeta JL](#), [Fibla J](#).

Author information:

<sup>1</sup>Department of Basic Medical Sciences, University of Lleida; Institute of Biomedical Research of Lleida (IRBLleida), Lleida, Catalonia.

### **Abstract**

Impulsive-disinhibited personality (IDP) is a behavioral trait mainly characterized by seeking immediate gratification at the expense of more enduring or long-term gains. This trait has a major role in the development of several disinhibitory behaviors and syndromes, including psychopathy, attention-deficit and hyperactivity disorder, cluster-B personality disorders, criminality and alcoholism. Available data consistently support a strong heritable component, accounting for 30-60% of the observed variance in personality traits. A genome-wide analysis of copy-number variants was designed to identify novel genetic pathways associated with the IDP trait, using a series of 261 male participants with maximized opposite IDP scores. Quantitative trait locus analysis of candidate copy-number variants (CNVs) was conducted across the entire IDP continuum. Functional effects of associated variants were evaluated in zebrafish embryos. A common CNV mapping to the immune-related gene SIRPB1 was significantly associated with IDP scores in a dose-dependent manner ( $\beta = -0.172$ ,  $P < 0.017$ ). Expression quantitative trait locus analysis of the critical region revealed higher SIRPB1 mRNA levels associated with the haplotype containing the deleted allele ( $P < 0.0007$ ). Epigenetic marks highlighted the presence of two potential insulators within the deleted region, confirmed by functional assays in zebrafish embryos, which suggests that SIRPB1 expression rates are affected by the presence/absence of the insulator regions. Upregulation of SIRPB1 has been described in prefrontal cortex of patients with schizophrenia, providing a link between SIRPB1 and diseases involving disinhibition and failure to control impulsivity. We propose SIRPB1 as a novel candidate gene to account for phenotypic differences observed in the IDP trait.

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PMID: 25039969 [PubMed - as supplied by publisher]

[Related citations](#)

16. J Pers. 2014 Jul 14. doi: 10.1111/jopy.12115. [Epub ahead of print]

## [Psychopathy and the DSM.](#)

[Crego C](#)<sup>1</sup>, [Widiger TA](#).

Author information:

<sup>1</sup>Department of Psychology, University of Kentucky.

### **Abstract**

Psychopathy is one of the more well-established personality disorders. However, its relationship with the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) has been controversial. The purpose of this paper is to trace and discuss the history of this relationship from the very first edition of the DSM to the current fifth edition. Emphasized in particular is the problematic relationship of DSM antisocial personality disorder with the diagnosis of psychopathy by Cleckley (1941, 1976) and the Psychopathy Checklist- Revised (Hare, 2003), as well as with the more recently developed models of psychopathy by Lilienfeld and Widows (2005), Lynam et al. (2011), and Patrick, Fowles, and Krueger (2009).

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PMID: 25039353 [PubMed - as supplied by publisher]

[Related citations](#)

17. J Formos Med Assoc. 2014 Aug;113(8):540-8. doi: 10.1016/j.jfma.2012.07.040. Epub 2012 Nov 6.

## [Determinants of maternal satisfaction with diagnosis disclosure of autism.](#)

[Chiu YN](#)<sup>1</sup>, [Chou MC](#)<sup>2</sup>, [Lee JC](#)<sup>3</sup>, [Wong CC](#)<sup>4</sup>, [Chou WJ](#)<sup>2</sup>, [Wu YY](#)<sup>5</sup>, [Chien YL](#)<sup>6</sup>, [Gau SS](#)<sup>1</sup>.

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## **Abstract**

### **BACKGROUND/PURPOSE:**

Diagnosis disclosure is an important clinical issue in developmental disabilities, which may influence parents' ability to cope with their child's conditions. This paper presents the content and patterns of diagnosis-informed counseling for mothers of children with autism and investigates the determinants for maternal satisfaction with this counseling, in order to improve clinical practice.

### **METHODS:**

Mothers of 151 children, aged 3-12 years, with DSM-IV autistic disorder, confirmed by the Chinese version of the Autism Diagnostic Interview-Revised, were assessed. We collected information about the mothers' experience with diagnosis-informed counseling, their personality characteristics, and the extent to which they were satisfied with the counseling.

### **RESULTS:**

Satisfaction with diagnosis-informed counseling was related more to the context of the counseling, including the attitude of the counselors and the timing and duration of counseling, than to its content. Parents' social desirability, educational level, and employment status were negatively associated with their satisfaction with counseling. However, immediate emotion, neuroticism, and extroversion did not have a significant effect on the satisfaction with counseling. Approximately 60% of the mothers preferred to be informed of having an autistic child after the diagnosis had been confirmed.

### **CONCLUSION:**

Our findings suggest that more efforts are needed to improve the quality of diagnosis-informed counseling in autism, particularly in the context of breaking the news to mothers of children with autism. Future study could further examine the moderating effect of diagnostic subtype of autism spectrum disorders, treatment response, or social support on maternal satisfaction with diagnosis-informed counseling (ClinicalTrials.gov number, NCT00494754).

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PMID: 25037759 [PubMed - in process]

[Related citations](#)

18. Behav Pharmacol. 2014 Jul 17. [Epub ahead of print]

## **Personality traits modulate emotional and physiological responses to stress.**

[Childs E](#)<sup>1</sup>, [White TL](#), [de Wit H](#).

Author information:

<sup>1</sup>aDepartment of Psychiatry and Behavioral Neuroscience, The University of Chicago, Chicago, Illinois bDepartment of Behavioral and Social Sciences, Center for Alcohol and Addiction Studies, Brown University, Providence, Rhode Island, USA.

### **Abstract**

An individual's susceptibility to psychological and physical disorders associated with chronic stress exposure, for example, cardiovascular and infectious disease, may also be predicted by their reactivity to acute stress. One factor associated with both stress resilience and health outcomes is personality. An understanding of how personality influences responses to acute stress may shed light upon individual differences in susceptibility to chronic stress-linked disease. This study examined the relationships between personality and acute responses to stress in 125 healthy adults, using hierarchical linear regression. We assessed personality traits using the Multidimensional Personality Questionnaire (MPQ-BF), and responses to acute stress (cortisol, heart rate, blood pressure, mood) using a standardized laboratory psychosocial stress task, the Trier Social Stress Test. Individuals with high Negative Emotionality exhibited greater emotional distress and lower blood pressure responses to the Trier Social Stress Test. Individuals with high agentic Positive Emotionality exhibited prolonged heart rate responses to stress, whereas those with high communal Positive Emotionality exhibited smaller cortisol and blood pressure responses. Separate personality traits differentially predicted emotional, cardiovascular, and cortisol responses to a psychosocial stressor in healthy volunteers. Future research investigating the association of personality with chronic stress-related disease may provide further clues to the relationship between acute stress reactivity and susceptibility to disease.

PMID: 25036730 [PubMed - as supplied by publisher]

[Related citations](#)



19. Neuropsychopharmacology. 2014 Jul 18. doi: 10.1038/npp.2014.159. [Epub ahead of print]

## **"Can you look me in the Face?" Short-Term SSRI Administration Reverts**

# Avoidant Ocular Face Exploration in Subjects at Risk for Psychopathology.

[Di Simplicio M](#)<sup>1</sup>, [Doallo S](#)<sup>2</sup>, [Costoloni G](#)<sup>3</sup>, [Rohenkohl G](#)<sup>4</sup>, [Christina Nobre A](#)<sup>4</sup>, [Harmer CJ](#)<sup>5</sup>.

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<sup>1</sup>] UK MRC Brain and Cognition Sciences Unit, Cambridge, UK [2] University Department of Psychiatry, Warneford Hospital, Oxford, UK.

<sup>2</sup>Department of Clinical Psychology and Psychobiology, University of Santiago de Compostela.

<sup>3</sup>Neuroscience Department, Psychiatry Section, University of Siena, Siena, Italy.

<sup>4</sup>Department of Experimental Psychology and Oxford centre for Human Brain Activity, University of Oxford.

<sup>5</sup>University Department of Psychiatry, Warneford Hospital, Oxford, UK.

## **Abstract**

**Background:**Anxiety and depression are associated with altered ocular exploration of facial stimuli, which could play a role in the misinterpretation of ambiguous emotional stimuli. However, it is unknown whether a similar pattern is seen in individuals at risk for psychopathology, and whether this can be modified by pharmacological interventions used in these disorders.**Methods:**In Study 1, eye gaze movement during face discrimination was compared in volunteers with high vs. low neuroticism scores on the Eysenck Personality Questionnaire. Facial stimuli either displayed a neutral, happy or fearful expression. In Study 2, volunteers with high neuroticism were randomised in a double-blind design to receive the selective serotonin reuptake inhibitor citalopram (20 mg) or placebo for 7 days. On the last day of treatment, eye gaze movement during face presentation and the recognition of different emotional expressions was assessed.**Results:**In Study 1, highly neurotic volunteers showed reduced eye gaze towards the eyes vs. mouth region of the face compared to low neurotic volunteers. In Study 2, citalopram increased gaze maintenance over the face stimuli compared to placebo and enhanced recognition of positive vs. negative facial expressions. Longer ocular exploration of happy faces correlated positively with recognition of positive emotions.**Conclusions:**Individuals at risk for psychopathology presented an avoidant pattern of ocular exploration of faces. Short-term SSRI administration reversed this bias before any mood or anxiety changes. This treatment effect may improve the capacity to scan social stimuli and contribute to the remediation of clinical symptoms related to interpersonal difficulties.**Neuropsychopharmacology** accepted article preview online, 18 July 2014; doi:10.1038/npp.2014.159.

PMID: 25035080 [PubMed - as supplied by publisher]

[Related citations](#)



# Service Utilization Among Veterans With Schizophrenia and a Comorbid Anxiety Disorder.

[Birgenheir DG](#), [Ganoczy D](#), [Bowersox NW](#).

## **Abstract**

### **Objective:**

The objective was to assess the prevalence and impact of anxiety disorders on service utilization among Veterans Health Administration (VHA) patients with schizophrenia.

### **Methods:**

This cross-sectional study examined diagnostic, utilization, and medication records included in the VHA National Psychosis Registry. Relationships between schizophrenia and anxiety disorders were evaluated along demographic and service utilization dimensions.

### **Results:**

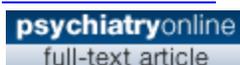
During fiscal year 2011, 23.8% (N=20,722) of 87,006 VHA patients with schizophrenia were diagnosed as having a comorbid anxiety disorder; 15.2% of the sample had a posttraumatic stress disorder (PTSD) diagnosis and 8.6% a non-PTSD anxiety disorder. Comorbid anxiety disorders were associated with increased psychiatric comorbidity (depression, personality disorder, and substance use disorder), higher rates of psychiatric and medical hospitalization, and increased utilization of outpatient mental health services.

### **Conclusions:**

Anxiety disorders are common among individuals with schizophrenia within the VHA and appeared in this study to convey additional disability in terms of psychiatric comorbidity and the need for increased psychiatric care. Future research should investigate ways to improve detection and enhance treatment provided to this population.

PMID: 25022515 [PubMed - as supplied by publisher]

[Related citations](#)



# Personality Pathology of Adults With Autism Spectrum Disorder Without Accompanying Intellectual Impairment in Comparison to Adults With Personality Disorders.

[Strunz S](#)<sup>1</sup>, [Westphal L](#), [Ritter K](#), [Heuser I](#), [Dziobek I](#), [Roepke S](#).

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## **Abstract**

Differentiating autism spectrum disorders (ASDs) without accompanying intellectual impairment from personality disorders is often challenging. Identifying personality traits and personality pathology specific to ASD might facilitate diagnostic procedure. We recruited a sample of 59 adults with ASD without accompanying intellectual impairment, 62 individuals with narcissistic personality disorder, 80 individuals with borderline personality disorder, and 106 nonclinical controls. Personality traits, measured with the neo-personality inventory-revised (NEO-PI-R), and personality pathology, measured with the dimensional assessment of personality pathology (DAPP-BQ), were assessed. Personality traits and personality pathology specific to ASD could be identified. ASD individuals scored significantly lower on the NEO-PI-R scales extraversion and openness to experience and significantly higher on the DAPP-BQ scales inhibitedness and compulsivity relative to all other groups. Diagnostic implications are discussed.

PMID: 25022250 [PubMed - as supplied by publisher]

[Related citations](#)



22. J Neurol Neurosurg Psychiatry. 2014 Aug;85(8):e3. doi: 10.1136/jnnp-2014-308883.23.

## The role of alexithymia in the development of functional motor symptoms (conversion disorder).

[Demartini B](#), [Petrochilos P](#), [Ricciardi L](#), [Price G](#), [Edward MJ](#), [Joyce E](#).

Author information:

Sobell Department, UCL Institute of Neurology, Queen Square, London WC1N 3BG, UK, United Kingdom.

## **Abstract**

### **OBJECTIVE:**

The mechanisms leading to the development of functional motor symptoms (FMS) are of pathophysiological and clinical relevance, yet are poorly understood. The aim of the present study was to evaluate whether impaired emotional processing at the cognitive level (alexithymia) is present in patients affected by FMS. We conducted a cross-sectional study in a population of patients with FMS and in two control groups [patients with organic movement disorders (OMD) and healthy volunteers].

### **METHOD:**

Fifty-five patients with FMS, 33 patients affected by OMD and 34 healthy volunteers were recruited. The assessment included: the 20-item Toronto Alexithymia Scale (TAS-20), the Montgomery-Asberg Depression Rating Scale (MADRS), the Reading the Mind in the Eyes' Test and the Structured Clinical Interview for Personality Disorders (SCID II).

### **RESULTS:**

Alexithymia was present in 34.5% of patients with FMS, 9.1% with OMD and 5.9% of the healthy volunteers, which was significantly higher in the FMS group ( $\chi^2$  square (2)=14.129).

### **CONCLUSION:**

Alexithymia, a personality construct denoting the inability to identify emotions at a cognitive level, may explain why some patients misattribute autonomic symptoms of anxiety, e.g. tremor, paraesthesiae, paralysis, to that of a physical illness.

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PMID: 25009334 [PubMed - in process]

[Related citations](#)



# Is there a link between non-epileptic attack disorders (nead) and personality disorders (pd)? - a systematic review.

[Okoye OC.](#)

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Email: objmichael@hotmail.com.

## **Abstract**

### **OBJECTIVE:**

This systematic review determined whether there are specific types of Personality disorders (PD) cluster(s) and/or specific PD disorder(s) that is more likely to occur in people with Non-epileptic attack disorders (NEAD) without epileptic seizures (ES) comorbidity, compared to those with NEAD and comorbid ES, or compared to people with ES only? An ancillary question is: is any such association characteristically affected by comorbidity of the sister axis-1 mental disorders?

### **METHOD:**

A systematic search of 4 major databases and reference lists identified 15 studies comprising of a mix of prospective -, controlled-cross-sectional -, non-controlled cross-sectional -, retrospective(of which 2 were controlled studies)-, and 2 case- studies. The main eligibility criteria were that study participants had diagnoses of NEAD and PD made with video-EEG and DSM (III to IV-TR) - respectively, and the relationship between the 2 aforementioned disorders was primarily or secondarily investigated.

### **RESULTS:**

The result of this systematic review suggests that people with NEAD-only are more likely to have Cluster-B personality disorders and cluster-C PD (as shown by 9 and 4 studies respectively), compared to people with comorbidity of NEAD and ES (2 studies and 1 study showing predominance of cluster B and C respectively). People with NEAD-only and NEAD with ES are much more likely to have cluster-B PD than people with ES. Borderline PD, followed by histrionic PD are the most frequent cluster-B, PDs in NEAD-only and NEAD plus ES patients. People with ES are much more likely to have cluster-C PD than people with NEAD-only or NEAD with ES. Axis-I disorders did not appear to have any pattern of association or influence in regards the link between NEAD and PD.

## CONCLUSION:

Though the results suggest some specific association between NEAD and PD which is, in the main, in keeping with findings of previous studies, the quality of the individual studies examined in this review was too poor for any firm conclusions to be drawn.

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PMID: 25009331 [PubMed - in process]

[Related citations](#)



24. J Neurol Neurosurg Psychiatry. 2014 Aug;85(8):e3. doi: 10.1136/jnnp-2014-308883.17.

# [A systematic review and meta-analysis of the efficacy and safety of sodium valproate for "off-label" indications in mental health.](#)

[Ananthavarathan P.](#)

Author information:

Faculty of Medicine, Imperial College London, Verity Leeson, Faculty of Medicine, Imperial College London. Thomas Barnes, Faculty of Medicine, Imperial College London.

## Abstract

### OBJECTIVE:

Valproate is currently licensed for use in epilepsy and, in mental health practice, for the treatment of acute mania. It is also commonly used for the maintenance treatment of bipolar disorder, though on an unlicensed basis. Though few guidelines exist to support its wider "off-label" use, clinicians have extrapolated from licensed indications to a range of others that encompass mood instability or problems with impulse control at their core. We aimed to assess available evidence on the efficacy and risks of valproate in adult psychiatric practice, either as monotherapy or adjunctive treatment, in unlicensed indications, aside from bipolar disorder.

### METHOD:

A systematic review was conducted on 193 published paper (31 randomised control trials) using the MEDLINE, EMBASE and Cochrane databases to identify the various unlicensed

uses of valproate in mental health care, and analyse extracted data on valproate's efficacy and safety. A meta-analysis was undertaken on extracted data where appropriate.

## **RESULTS:**

Relevant literature was identified considering the unlicensed uses of valproate in aggression, alcohol-associated disorders, borderline personality disorder, dependence disorders (including cannabis, cocaine and nicotine), depressive disorders and schizophrenia.

## **CONCLUSION:**

Analysis of results depicts a limited efficacy of valproate in schizophrenia, acute alcohol withdrawal, depressive disorders, pathological gambling, suicidal behaviour, and benzodiazepine, cannabis and cocaine dependence. Nevertheless, evidence exists to suggest efficacy in hostility amongst patients with acute alcohol-associated hallucinosis or schizophrenia, and in aggressive behaviour, either alone, or in the context of comorbid bipolar disorder or personality disorder. Common side effects of valproate include elevated liver enzymes, thrombocytopenia and weight gain. The documentation of adverse events and side effects considering valproate is inconsistent. It would improve our understanding of the risk-benefit balance of valproate if future studies reported "common" and treatment-emergent side effects in a more standardised manner.

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PMID: 25009327 [PubMed - in process]

[Related citations](#)



25. Brain Struct Funct. 2014 Jul 10. [Epub ahead of print]

# **Frontal glutamate and reward processing in adolescence and adulthood.**

[Gleich T](#)<sup>1</sup>, [Lorenz RC](#), [Pöhland L](#), [Raufelder D](#), [Deserno L](#), [Beck A](#), [Heinz A](#), [Kühn S](#), [Gallinat J](#).

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**Abstract**

The fronto-limbic network interaction, driven by glutamatergic and dopaminergic neurotransmission, represents a core mechanism of motivated behavior and personality traits. Reward seeking behavior undergoes tremendous changes in adolescence paralleled by neurobiological changes of this network including the prefrontal cortex, striatum and amygdala. Since fronto-limbic dysfunctions also underlie major psychiatric diseases beginning in adolescence, this investigation focuses on network characteristics separating adolescents from adults. To investigate differences in network interactions, the brain reward system activity (slot machine task) together with frontal glutamate concentration (anterior cingulate cortex, ACC) was measured in 28 adolescents and 26 adults employing functional magnetic resonance imaging and magnetic resonance spectroscopy, respectively. An inverse coupling of glutamate concentrations in the ACC and activation of the ventral striatum was observed in adolescents. Further, amygdala response in adolescents was negatively correlated with the personality trait impulsivity. For adults, no significant associations of network components or correlations with impulsivity were found. The inverse association between frontal glutamate concentration and striatal activation in adolescents is in line with the triadic model of motivated behavior stressing the important role of frontal top-down inhibition on limbic structures. Our data identified glutamate as the mediating neurotransmitter of this inhibitory process and demonstrates the relevance of glutamate on the reward system and related behavioral traits like impulsivity. This fronto-limbic coupling may represent a vulnerability factor for psychiatric disorders starting in adolescence but not in adulthood.

PMID: 25009315 [PubMed - as supplied by publisher]

[Related citations](#)



26. Evid Based Ment Health. 2014 Aug;17(3):90-1. doi: 10.1136/eb-2014-101858. Epub 2014 Jul 9.

## **Schema therapy is an effective treatment for avoidant, dependent and obsessive-compulsive personality disorders.**

[Hopwood CJ](#), [Thomas KM](#).

Author information:

Department of Psychology, Michigan State University, East Lansing, Michigan, USA.

PMID: 25009174 [PubMed - in process]

[Related citations](#)



27. Australas Psychiatry. 2014 Jul 9. pii: 1039856214541688. [Epub ahead of print]

# Personality disorders in geriatric inpatients in a tertiary hospital.

[Jeyasingam N](#)<sup>1</sup>, [Jacob KS](#)<sup>2</sup>, [Brodaty H](#)<sup>3</sup>.

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<sup>2</sup>Professor of Psychiatry, Christian Medical College, Vellore, India.

<sup>3</sup>Professor Ageing and Mental Health, Director, Dementia Collaborative Research Centre and Co-Director, Centre for Healthy Brain Ageing, University of New South Wales, Sydney, NSW, Australia.

## **Abstract**

### **OBJECTIVE:**

To assess the prevalence of personality disorders in general medical geriatric admissions.

### **METHODS:**

Forty of 508 general medical geriatric admissions screened at a large tertiary hospital, who were eligible as defined by a Mini-Mental State Examination score of over 23 and capable of informed consent, were assessed by direct interview and discussion with the patient's family or close contact to determine personality traits.

### **RESULTS:**

Eight (20%) of these patients were found to satisfy DSM-IV criteria for a personality disorder. They were found to have significantly lower global assessments of functioning, impaired overall functioning and lower quality of life compared with non-personality disordered patients. None of their personality disorders had been recognised by their treating teams.

### **CONCLUSIONS:**

This study supports the need for systematic research into the area and the need for increased clinical awareness of the issues.

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PMID: 25008096 [PubMed - as supplied by publisher]

[Related citations](#)



28. BMC Psychiatry. 2014 Jul 7;14:195. doi: 10.1186/1471-244X-14-195.

## **Risk factors for adult interpersonal violence in suicide attempters.**

[Moberg T<sup>1</sup>](#), [Stenbacka M](#), [Jönsson EG](#), [Nordström P](#), [Asberg M](#), [Jokinen J](#).

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### **Abstract**

#### **BACKGROUND:**

Suicidal and violent behaviours are interlinked and share common biological underpinnings. In the present study we analysed the association between violent behaviour as a child, childhood trauma, adult psychiatric illness, and substance abuse in relation to interpersonal violence as an adult in suicide attempters with mood disorders.

#### **METHODS:**

A total of 161 suicide attempters were diagnosed with Structured Clinical Interviews and assessed with the Karolinska Interpersonal Violence Scale (KIVS) measuring exposure to violence and expressed violent behaviour in childhood (between 6-14 years of age) and during adult life (15 years or older). Ninety five healthy volunteers were used as a comparison group. A logistic regression analysis was conducted with the two KIVS subscales, expressed violent behaviour as a child and exposure to violence in childhood together with substance abuse, personality disorder diagnoses and age as possible predictors of adult interpersonal violence in suicide attempters.

#### **RESULTS:**

Violent behaviour as a child, age and substance abuse were significant predictors of adult interpersonal violence. ROC analysis for the prediction model for adult violence with the KIVS subscale expressed violence as a child gave an AUC of 0.79. Using two predictors: violent behaviour as a child and substance abuse diagnosis gave an AUC of 0.84. The optimal cut-off for the KIVS subscale expressed violence as a child was higher for male suicide attempters.

## CONCLUSIONS:

Violent behaviour in childhood and substance abuse are important risk factors for adult interpersonal violent behaviour in suicide attempters.

### Free Article

PMID: 25001499 [PubMed - in process]

[Related citations](#)



29. *Depress Anxiety*. 2014 Jul 3. doi: 10.1002/da.22287. [Epub ahead of print]

# PERSONALITY DISORDERS AND THE PERSISTENCE OF ANXIETY DISORDERS IN A NATIONALLY REPRESENTATIVE SAMPLE.

[Skodol AE](#)<sup>1</sup>, [Geier T](#), [Grant BF](#), [Hasin DS](#).

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## Abstract

### BACKGROUND:

Among individuals with anxiety disorders, comorbid personality disorders (PDs) increase cross-sectional symptom severity and decrease functioning. Little is known, however, about how PDs influence the course of anxiety disorders over time. The purpose of this study was to examine the effect of PDs on the persistence of four anxiety disorders in a nationally representative sample in the United States.

### METHODS:

Two waves of data were collected on 34,653 participants, 3 years apart. At both waves, participants were evaluated for generalized anxiety disorder (GAD), social and specific phobias, and panic disorder. Predictors of persistence included all DSM-IV PDs. Control variables included demographics, comorbid PDs, age at onset of the anxiety disorder,

number of prior episodes, duration of the current episode, treatment history, and cardinal symptoms of exclusionary diagnoses for each anxiety disorder.

## **RESULTS:**

Any PD, two or more PDs, borderline PD, schizotypal PD, mean number of PD criteria met, and mean number of PDs diagnosed predicted the persistence of all four anxiety disorders. Narcissistic PD predicted persistence of GAD and panic disorder. Schizoid and avoidant PDs also predicted persistence of GAD. Finally, avoidant PD predicted persistence of social phobia. Particular patterns of cross-cluster PD comorbidity were strong predictors of the persistence of individual anxiety disorders as well.

## **CONCLUSIONS:**

In this national sample, a variety of PDs robustly predicted the persistence of anxiety disorders over 3 years, consistent with the results of recent prospective clinical studies. Personality psychopathology should be assessed and addressed in treatment for all patients with anxiety disorders.

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PMID: 24995387 [PubMed - as supplied by publisher]

[Related citations](#)



30. Int J Psychiatry Clin Pract. 2014 Jul 4:1-17. [Epub ahead of print]

# **Positive association between neuroticism and working memory in healthy female volunteers.**

[Arbune A](#), [Lin SH](#), [Chen KC](#), [Lee IH](#), [Chen PS](#), [Yang YK](#).

## **Abstract**

**Abstract Objectives:** Neuroticism is an important personality trait that is often associated with mental disorders. It has been reported that lower levels of neuroticism is associated with better cognitive function later in life; however, the concurrent association is unclear.

**Methods:** 184 healthy participants, 84 males and 100 females, completed the Wechsler Memory Scale-Revised version and the 24-item neuroticism subscale of the Maudsley personality inventory. **Results:** Neuroticism score was found to be positively associated with verbal memory, general memory, and delayed recall, particularly among healthy females,

independent of the effect of age. Conclusion: The mechanisms of this association remain to be elucidated. Additional attention from clinicians should be paid to this phenomenon.

PMID: 24994479 [PubMed - as supplied by publisher]

[Related citations](#)

31. Int J Psychiatry Clin Pract. 2014 Jul 23:1-4. [Epub ahead of print]

## **Adjunctive lithium treatment in the prevention of suicidal behavior in patients with depression and comorbid personality disorders.**

[Rombold F<sup>1</sup>](#), [Lauterbach E](#), [Felber W](#), [Mueller-Oerlinghausen B](#), [Ahrens B](#), [Bronisch T](#), [Kilb B](#), [Lewitzka U](#), [Richter K](#), [Broocks A](#), [Heuser I](#), [Hohagen F](#), [Quante A](#).

Author information:

<sup>1</sup>Department of Psychiatry and Psychotherapy, Charité - Campus Benjamin Franklin , Berlin , Germany.

### **Abstract**

Objective. Patients with both major depression and personality disorders have a high risk of suicidal behavior. Lithium is meant to have anti-suicidal properties in patients with affective disorders. The anti-suicidal effect of lithium in patients with affective disorders and comorbid personality disorders has not been investigated yet. Methods. A post-hoc analysis of a subsample of patients with depression and comorbid personality disorder (PD) and a recent suicide attempt (n = 19) from the prospective, placebo-controlled lithium intervention study (N = 167), was conducted. Results. Three patients in the lithium group (n = 8) and two patients in the placebo group (n = 11) presented a suicide attempt throughout the course of the study. No differences related to suicidal behavior could be detected between the placebo group and the group with lithium intervention. Conclusions. On the basis of the small sample size, among patients with comorbid PD, lithium does not seem to have an effect on suicidal behavior in contrast to patients with affective disorders without comorbid PD.

PMID: 24994476 [PubMed - as supplied by publisher]

[Related citations](#)

32. Int Psychogeriatr. 2014 Jul 3:1-9. [Epub ahead of print]

# Effects of schema group therapy in older outpatients: a proof of concept study.

[Videler AC](#)<sup>1</sup>, [Rossi G](#)<sup>2</sup>, [Schoevaars M](#)<sup>3</sup>, [van der Feltz C](#)<sup>4</sup>, [van Alphen SP](#)<sup>2</sup>.

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<sup>2</sup>Department of Clinical & Life Span Psychology, Vrije Universiteit Brussel (VUB), Brussels, Belgium.

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<sup>4</sup>Tilburg University, Tranzo Department, Tilburg, the Netherlands.

## **Abstract**

**ABSTRACT** Background: Short-term group schema cognitive behavior therapy (SCBT-g) showed improvements in overall symptomatology, early maladaptive schemas (EMS) and schema modes, both in adults and adolescents with personality disorder (PD) features and long-standing mood disorders. However, no research has yet been carried out on the effect in older adults. Therefore, in a proof of concept study, we explored the effect of SCBT-g in older outpatients with PD features and longstanding mood disorders. Method: Thirty-one older outpatients, aged 60-78 years with PD features and/or longstanding mood disorders were included in a proof of concept study with pre-mid-post design. Primary outcome was psychological distress (Brief Symptom Inventory) and intermediate outcomes were EMS (Young Schema Questionnaire) and schema modes (Schema Mode Inventory), assessed at baseline, mid-treatment and end-of-treatment. Paired samples t-tests were conducted, and Cohen's d effect sizes reported for pre mid- and post-treatment. As proof of concept analysis, hierarchical regression analyses with residual change scores were used to analyse whether early process changes in EMS (intermediate outcomes) predicted later outcome changes in symptoms. Results: SCBT-g led to significant improvement in all three measures of psychological symptoms, EMS and modes with medium effect sizes. Pre-treatment to mid-treatment changes in schema severity predicted symptom improvement from mid- to end-of-treatment. Conclusion: This proof of concept study shows that SCBT-g has potential to change EMS and to show significant effect at symptom level in older outpatients with PD features. A control condition in a randomized controlled trial is a necessary step for further research.

PMID: 24990412 [PubMed - as supplied by publisher]

[Related citations](#)



# Thalamocortical abnormalities in auditory brainstem response patterns distinguish DSM-IV bipolar disorder type I from schizophrenia.

[Sköld M](#)<sup>1</sup>, [Källstrand J](#)<sup>1</sup>, [Nehlstedt S](#)<sup>1</sup>, [Nordin A](#)<sup>2</sup>, [Nielzén S](#)<sup>1</sup>, [Holmberg J](#)<sup>1</sup>, [Adolfsson R](#)<sup>3</sup>.

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## **Abstract**

### **BACKGROUND:**

Bipolar disorder type I (BP-I) belongs to a spectrum of affective disorders that are expressed in many different ways and therefore can be difficult to distinguish from other conditions, especially unipolar depression, schizoaffective disorder, schizophrenia (SZ), but also anxiety and personality disorders. Since early diagnosis and treatment have shown to improve the long-term prognosis, complementary specific biomarkers are of great value. The auditory brainstem response (ABR) has previously been applied successfully to identify specific abnormal ABR patterns in SZ and Asperger syndrome.

### **METHODS:**

The current study investigated the early auditory processing of complex sound stimuli e.g. forward masking, in BP-I compared to SZ patients. The ABR curves of BP-I patients (n=23) and SZ patients (n=20) were analyzed in terms of peak amplitudes and correlation with an ABR norm curve based on a non-psychiatric control group (n=20).

### **RESULTS:**

BP-I patients had significantly higher wave III ( $p=0.0062$ ) and wave VII ( $p=0.0472$ ) amplitudes compared with SZ patients. Furthermore, BP-I patients, and to a lesser extent SZ patients, showed low correlation with the norm ABR curve in the part of the curve comprising waves VI-VII.

## LIMITATIONS:

Sample size was relatively small and study groups were not matched for age and gender.

## CONCLUSIONS:

BP-I patients showed specific aberrances, specifically in the latter part of the ABR curve, implicating abnormalities in thalamocortical circuitry. The abnormal ABR wave patterns significantly separated BP-I patients from SZ patients suggesting that ABR might serve as a biomarker for BP-I.

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PMID: 25173433 [PubMed - as supplied by publisher]

2. Behav Brain Res. 2014 Aug 26. pii: S0166-4328(14)00553-1. doi: 10.1016/j.bbr.2014.08.041. [Epub ahead of print]

# **Gender-specific neuroanatomical basis of behavioral inhibition/approach systems (BIS/BAS) in a large sample of young adults: a voxel-based morphometric investigation.**

[Li Y](#)<sup>1</sup>, [Qiao L](#)<sup>1</sup>, [Shi H](#)<sup>1</sup>, [Sun J](#)<sup>2</sup>, [Wei D](#)<sup>1</sup>, [Li W](#)<sup>1</sup>, [Qiu J](#)<sup>3</sup>, [Zhang Q](#)<sup>1</sup>.

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## Abstract

The behavioral inhibition system (BIS) and the behavioral activation system (BAS) are two fundamental motivational systems which are not only responsible for affective states,

behavior and personality, but also related to predispositions for various forms of psychopathology. A wide range of previous studies revealed sex differences in both BIS/BAS and affective disorders (e.g., anxiety disorder) and externalizing disorders (e.g., addictive and impulsive behaviors), and a close link might exist between them. It remains to be clarified, however, whether the relationships between neuroanatomical characteristics and BIS/BAS exhibit sex differences. To investigate, voxel-based morphometry (VBM) was used to examine sex differences in the correlations between regional gray matter volume (rGMV) and scores on the Behavioral Inhibition System/Behavioral Activation System (BIS/BAS) scale in a large sample of healthy young adults (n=353). Results showed that females displayed a negative correlation between BIS sensitivity and rGMV in the parahippocampal gyrus (PHG), as well as positive correlations between BAS sensitivity and rGMV in the ventromedial prefrontal cortex (vmPFC) and inferior parietal lobule (IPL), whereas males showed the opposite pattern. These findings suggest that the brain regions associated with processing of negative emotions (PHG) and reward-related information (vmPFC and IPL) may contribute to sex-related differences in rGMV correlates of BIS and BAS, respectively. The present findings demonstrated the evidence of sex-linked neuroanatomical background of BIS and BAS among non-clinical subjects and might encourage future research into the gender-specific relationships between BIS/BAS and related affective disorders and externalizing disorders.

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PMID: 25172180 [PubMed - as supplied by publisher]

[Related citations](#)

3. Schizophr Res. 2014 Aug 26. pii: S0920-9964(14)00403-4. doi: 10.1016/j.schres.2014.07.046. [Epub ahead of print]

## **Psychosis risk screening in clinical high-risk adolescents: A longitudinal investigation using the Child Behavior Checklist.**

[Simeonova DI](#)<sup>1</sup>, [Nguyen T](#)<sup>2</sup>, [Walker EF](#)<sup>3</sup>.

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<sup>2</sup>Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, United States.

<sup>3</sup>Department of Psychology, Emory University, Atlanta, GA, United States.

**Abstract**

This is the first study to investigate whether parent-reported social and behavioral problems on the Child Behavior Checklist (CBCL) can be used for psychosis risk screening and the identification of at-risk youth in the general population. This longitudinal investigation assessed 122 adolescent participants from three groups (at-risk, other personality disorders, non-psychiatric controls) at baseline and one year follow-up. The findings indicate that two individual CBCL rating scales, Withdrawn/Depressed and Thought Problems, have clinical and diagnostic utility as an adjunctive risk screening measure to aid in early detection of at-risk youth likely to develop psychosis. Furthermore, the findings shows that a cost-effective, general screening tool with a widespread use in community and pediatric healthcare settings has a promise to serve as a first step in a multi-stage risk screening process. This can potentially facilitate increased screening precision and reduction of high rate of false-positives in clinical high-risk individuals who present with elevated scores on psychosis-risk measures, but ultimately do not go on to develop psychosis. The findings of the present study also have significant clinical and research implications for the development of a broad-based psychosis risk screening strategy, and novel prevention and early intervention approaches in at-risk populations for the emergence of severe mental illness.

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PMID: 25171857 [PubMed - as supplied by publisher]

[Related citations](#)

4. Brain Connect. 2014 Aug 27. [Epub ahead of print]

## **Behavioral relevance of the dynamics of functional brain connectome.**

[Jia H](#)<sup>1</sup>, [Hu X](#), [Deshpande G](#).

Author information:

<sup>1</sup>Auburn University, AU MRI Research Center, Department of Electrical and Computer Engineering, Auburn, Alabama, United States ; [hj0010@auburn.edu](mailto:hj0010@auburn.edu).

### **Abstract**

While many previous studies assumed the functional connectivity (FC) between brain regions to be stationary, recent studies have demonstrated that FC dynamically varies across time. However, two challenges have limited the interpretability of dynamic FC information. First, a principled framework for selecting the temporal extent of the window used to examine the dynamics is lacking and this has resulted in ad-hoc selections of window lengths and subsequent divergent results. Second, it is unclear whether there is any behavioral relevance to the dynamics of the functional connectome in addition to that obtained from conventional static FC. In this work, we address these challenges by first proposing a principled framework for selecting the extent of the temporal windows in a dynamic and data-driven fashion based

on statistical tests of the stationarity of time series. Further, we propose a method involving three levels of clustering - across space, time and subjects - which allow for group-level inferences of the dynamics. Next, using a large resting state fMRI and behavioral dataset from the Human Connectome Project, we demonstrate that metrics derived from dynamic FC can explain more than twice the variance in 75 behaviors across different domains (alertness, cognition, emotion and personality traits) as compared to static FC in healthy individuals. Further, we found that individuals with brain networks exhibiting greater dynamics performed more favorably in behavioral tasks. This indicates that the ease with which brain regions engage or disengage may provide potential biomarkers for disorders involving altered neural circuitry.

PMID: 25163490 [PubMed - as supplied by publisher]

[Related citations](#)

5. J Burn Care Res. 2014 Aug 26. [Epub ahead of print]

## **Prevalence and Prediction of Prolonged Pruritus After Severe Burns.**

[Gauffin E](#)<sup>1</sup>, [Oster C](#), [Gerdin B](#), [Ekselius L](#).

Author information:

<sup>1</sup>From the \*Departments of Neuroscience, Psychiatry, Uppsala University, Sweden; and

†Department of Surgical Sciences, Plastic Surgery, Uppsala University, University Hospital, Sweden.

### **Abstract**

Years after injury, pruritus is a common and severe problem for many burn patients. However, its characteristics and consequences are often only partially described. The authors therefore performed a prospective detailed examination of burn- and individual-related factors and considered those in relation to pruritus severity. Sixty-seven consecutive burn patients were assessed during acute care, and at 3 and 12 months postburn regarding preburn psychiatric disorders, health-related quality of life, post traumatic stress disorder, and personality traits. Postburn pruritus was subsequently assessed 2 to 7 years postburn using the Questionnaire for Pruritus Assessment. Fifty-one individuals, 76% of the participants, reported burn pruritus any time after the burn. Thirty-three individuals, 49% of the participants, reported ongoing pruritus the last 2 months. Information on the characteristics of pruritus was obtained from 32 of these individuals. Most perceived pruritus as bothersome or annoying and as present every day, 16 (50 %) were considered to have severe pruritus, and 11 (34 %) scratched themselves to the point of bleeding. In logistic regressions, this was independently related to TBSA full-thickness burn and health-related quality of life at 3 months, and to TBSA full thickness burn and the personality trait impulsiveness, respectively. About half of the previous burn patients experienced ongoing pruritus on an average of 4.5 years after injury, and half of them had

severe pruritus. Scratching oneself to the point of bleeding is linked both to a certain personality and to pruritus. It is suspected that many patients are left without access to the best available treatment.

PMID: 25162945 [PubMed - as supplied by publisher]

[Related citations](#)



6. Eur Arch Psychiatry Clin Neurosci. 2014 Aug 26. [Epub ahead of print]

## **DSM-5 reviewed from different angles: goal attainment, rationality, use of evidence, consequences-part 2: bipolar disorders, schizophrenia spectrum disorders, anxiety disorders, obsessive-compulsive disorders, trauma- and stressor-related disorders, personality disorders, substance-related and addictive disorders, neurocognitive disorders.**

[Möller HJ](#)<sup>1</sup>, [Bandelow B](#), [Bauer M](#), [Hampel H](#), [Herpertz SC](#), [Soyka M](#), [Barnikol UB](#), [Lista S](#), [Severus E](#), [Maier W](#).

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<sup>1</sup>Department of Psychiatry and Psychotherapy, Ludwig Maximilian University, Munich, Germany, [hans-juergen.moeller@med.uni-muenchen.de](mailto:hans-juergen.moeller@med.uni-muenchen.de).

### **Abstract**

Part 1 of this paper discussed several more general aspects of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and offered a detailed, paradigmatic analysis of changes made to the chapter on depressive disorders. This second part focusses on several other disorders, including bipolar and schizophrenia spectrum disorders. The respective changes and their possible consequences are discussed under consideration of traditional psychiatric classification, particularly from the perspective of European traditions and on the basis of a PubMed search and review papers. The general conclusion is that even seemingly small changes such as the introduction of the mixed feature specifier can have far-reaching

consequences. Contrary to the original plans, DSM-5 has not radically changed to become a primarily dimensional diagnostic system but has preserved the categorical system for most disorders. The ambivalence of the respective decision-making becomes apparent from the last minute decision to change the classification of personality disorders from dimensional back to categorical. The advantages and disadvantages of the different approaches are discussed in this context. In DSM-5, only the chapter on addictive disorders has a somewhat dimensional structure. Also in contrast to the original intentions, DSM-5 has not used a more neurobiological approach to disorders by including biological markers to increase the objectivity of psychiatric diagnoses. Even in the most advanced field in terms of biomarkers, the neurocognitive disorders, the primarily symptom-based, descriptive approach has been preserved and the well-known amyloid-related and other biomarkers are not included. This is because, even after so many years of biomarker research, the results are still not considered to be robust enough to use in clinical practice.

PMID: 25155875 [PubMed - as supplied by publisher]

[Related citations](#)



7. *Neuropsychologia*. 2014 Aug 21. pii: S0028-3932(14)00276-0. doi: 10.1016/j.neuropsychologia.2014.08.013. [Epub ahead of print]

## [The amygdala as a Hub in brain networks that support social life.](#)

[Bickart KC](#)<sup>1</sup>, [Dickerson BC](#)<sup>2</sup>, [Feldman Barrett L](#)<sup>3</sup>.

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<sup>1</sup>Department of Anatomy and Neurobiology, Boston University School of Medicine, Northeastern University.

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<sup>3</sup>Psychiatric Neuroimaging Research Program and Martinos Center for Biomedical Imaging, Northeastern University; Department of Psychology, Northeastern University.

### **Abstract**

A growing body of evidence suggests that the amygdala is central to handling the demands of complex social life in primates. In this paper, we synthesize extant anatomical and functional data from rodents, monkeys, and humans to describe the topography of three partially distinct large-scale brain networks anchored in the amygdala that each support unique functions for effectively managing social interactions and maintaining social relationships. These findings provide a powerful componential framework for parsing social behavior into partially distinct neural underpinnings that differ among healthy people and disintegrate or fail to develop in

neuropsychiatric populations marked by social impairment, such as autism, antisocial personality disorder, and frontotemporal dementia.

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PMID: 25152530 [PubMed - as supplied by publisher]

[Related citations](#)



8. J Psychopharmacol. 2014 Aug 22. pii: 0269881114541016. [Epub ahead of print]

## **Fixed dose-combination products in psychiatry: Systematic review and meta-analysis.**

[Farooq S<sup>1</sup>](#), [Singh SP<sup>2</sup>](#).

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<sup>1</sup>Department of Psychiatry, Post Graduate Medical Institute, Peshawar, Pakistan Staffordshire University, Stoke on Trent, UK [sfarooqlrh@yahoo.com](mailto:sfarooqlrh@yahoo.com).

<sup>2</sup>Black Country Partnership, National Health Service (NHS) Foundation Trust, University of Wolverhampton, Wolverhampton, UK.

### **Abstract**

Despite highly prevalent use of drug combinations in psychiatry, combination products are not commonly available. We aimed to systematically review the evidence for the use and efficacy of combination products in the practice of psychiatry. Systematic search of major data bases yielded nine double-blind randomized controlled trials, which generated 15 comparisons of combination products against a single therapeutic agent, that included a placebo. All these studies included 2827 participants: 976 in their combination products arms and 1851 patients in the comparator arms. The number of combination products were identified, but all except two studies tested only one combination drug (e.g. olanzapine and fluoxetine (OFC)). All combined formulations were significantly superior to a single agent, with standardized mean distance (SMD) of - 0.29 (confidence interval (CI) = - 0.43, - 0.14;  $p < 0.001$ ) in improving depression. In the subgroup analysis, the OFC combination was significantly superior to a single therapeutic agent for bipolar depression (SMD = - 0.32; CI = - 0.45, - 0.19;  $p < 0.001$ ) and for treatment-resistant depression (SMD = - 0.29; CI = - 0.49, - 0.08;  $p < 0.005$ ), but not for borderline personality nor major depressive disorder (MDD). The evidence in general medicine suggests that combination products can offer significant advantage in improving efficacy and treatment adherence; but in psychiatry, research and development in fixed-dose combinations has been limited.

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PMID: 25151108 [PubMed - as supplied by publisher]

[Related citations](#)



9. Psychiatry Res. 2014 Aug 8. pii: S0165-1781(14)00659-3. doi: 10.1016/j.psychres.2014.07.080. [Epub ahead of print]

## **Differential predictive validity of HCR-20 for inpatient aggression.**

[O'Shea LE<sup>1</sup>](#), [Picchioni MM<sup>1</sup>](#), [Mason FL<sup>1</sup>](#), [Sugarman PA<sup>1</sup>](#), [Dickens GL<sup>2</sup>](#).

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### **Abstract**

The HCR-20 may be a better predictor of inpatient aggression for selected demographic and clinical groups but homogeneity of study samples has prevented definitive conclusions. The aim of this study, therefore, was to test the predictive validity of the HCR-20 as a function of gender, diagnosis, age, and ethnicity while controlling for potential covariates. A pseudo-prospective cohort study (n=505) was conducted in a UK secure/forensic mental health setting using routinely collected data. The HCR-20 predicted aggression better for women than men, and for people with schizophrenia and/or personality disorder than for other diagnostic groups. In women, the presence of the risk management items (R5) was important while men's aggression was best predicted solely by current clinical features from the C5 scale. R5 items were better than C5 items for predicting aggression in people with organic and developmental diagnoses. Our data provide additional information on which HCR-20 raters can formulate overall summary judgements about risk for inpatient aggression based on important demographic and clinical characteristics.

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PMID: 25150922 [PubMed - as supplied by publisher]

[Related citations](#)



10. Personal Disord. 2014 Aug 25. [Epub ahead of print]

# Illusory Superiority and Schizotypal Personality: Explaining the Discrepancy Between Subjective/Objective Psychopathology.

[Cohen AS](#), [Auster TL](#), [MacAulay RK](#), [McGovern JE](#).

## **Abstract**

An interesting paradox has emerged from the literature regarding schizotypy-defined as the personality organization reflecting a putative liability for schizophrenia-spectrum disorders. Across certain cognitive, emotional, quality of life, and other functional variables, individuals with schizotypy report experiencing relatively severe levels of pathology. However, on objective tests of these same variables, individuals with schizotypy perform largely in the healthy range. These subjective impairments are paradoxical in that individuals with schizotypy, typically recruited from undergraduate college populations, should be healthier in virtually every conceivable measure compared to chronic, older outpatients with severe mental illness. The present study evaluated the idea that the subjective deficits associated with schizotypy largely reflect a lack of illusory superiority bias-a normally occurring bias associated with an overestimation of self-reported positive qualities and underestimation of negative qualities compared to others. In the present study, both state-measured using laboratory emotion-induction methods-and trait positive and negative emotion was assessed across self (e.g., how do you feel at this moment?) and other (e.g., how do most people feel at this moment?) domains in 39 individuals with self-reported schizotypy and 39 matched controls. Controls demonstrated an illusory superiority effect across both state and trait measures whereas individuals with schizotypy did not. These results were not explained by severity of mental health symptoms. These results suggest that a cognitive bias, or lack thereof, is a marker of schizotypy and a potential target for further research and therapy. (PsycINFO Database Record (c) 2014 APA, all rights reserved). PMID: 25150366 [PubMed - as supplied by publisher]

[Related citations](#)

11. Front Psychiatry. 2014 Aug 6;5:91. doi: 10.3389/fpsy.2014.00091. eCollection 2014.

## Neurological abnormalities in recent-onset schizophrenia and asperger-syndrome.

[Hirjak D](#)<sup>1</sup>, [Wolf RC](#)<sup>2</sup>, [Koch SC](#)<sup>3</sup>, [Mehl L](#)<sup>1</sup>, [Kelbel JK](#)<sup>1</sup>, [Kubera KM](#)<sup>1</sup>, [Traeger T](#)<sup>4</sup>, [Fuchs T](#)<sup>1</sup>, [Thomann PA](#)<sup>1</sup>.

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<sup>3</sup>Department of Dance Movement Therapy, Faculty of Therapeutic Sciences, SRH University Heidelberg , Heidelberg , Germany.

<sup>4</sup>Personality, Psychological Assessment, and Psychological Methods, Department of Psychology, University of Koblenz Landau , Landau , Germany.

## **Abstract**

### **BACKGROUND:**

Neurological abnormalities including a variety of subtle deficits such as discrete impairments in sensory integration, motor coordination (MOCO), and sequencing of complex motor acts are frequently found in patients with schizophrenia (SZ) and commonly referred to as neurological soft signs (NSS). Asperger-syndrome (AS) is characterized by sensory-motor difficulties as well. However, the question whether the two disorders share a common or a disease-specific pattern of NSS remains unresolved.

### **METHOD:**

A total of 78 age- and education-matched participants [26 patients with recent-onset SZ, 26 individuals with AS, and 26 healthy controls (HC)] were recruited for the study. Analyses of covariance (ANCOVAs), with age, years of education, and medication included as covariates, were used to examine group differences on total NSS and the five subscale scores. Discriminant analyses were employed to identify the NSS subscales that maximally discriminate between the three groups.

### **RESULTS:**

Significant differences among the three groups were found in NSS total score and on the five NSS subscales. The clinical groups differed significantly in the NSS subscale MOCO. The correct discriminant rate between patients with SZ and individuals with AS was 61.5%. The correct discriminant rate was 92.3% between individuals with AS and HC, and 80.8% between SZ patients and HC, respectively.

### **CONCLUSION:**

Our findings provide new evidence for the presence of NSS in AS and lend further support to previously reported difficulties in movement control in this disorder. According to the

present results, SZ and AS seem to be characterized by both quantitative and qualitative NSS expression.

PMCID: PMC4123603 **Free PMC Article**

PMID: 25147527 [PubMed]

[Related citations](#)



12. J Headache Pain. 2014 Aug 21;15(1):52. doi: 10.1186/1129-2377-15-52.

## **Estimating the prevalence and burden of major disorders of the brain in Nepal: methodology of a nationwide population-based study.**

[Manandhar K](#), [Risal A](#), [Steiner TJ](#), [Holen A](#), [Koju R](#), [Linde M](#)<sup>1</sup>.

Author information:

<sup>1</sup>Department of Neuroscience, Norwegian University of Science and Technology, Trondheim, Norway. [mattias.linde@ntnu.no](mailto:mattias.linde@ntnu.no).

### **Abstract**

#### **BACKGROUND:**

The major disorders of the brain (MDBs), in terms of their prevalence and the burdens of ill health, disability and financial cost that they impose on individuals and society, are headache, depression and anxiety. No population-based studies have been conducted in Nepal.

#### **AIM:**

Our purpose was to assess the prevalence and burden attributable to MDBs in Nepal in order to inform health policy. Here we report the methodology.

#### **METHODS:**

The unusual sociocultural diversity and extreme geographical variation of the country required adaptation of standard methodology. We ran pre-pilot and pilot studies before embarking on the main study. The study design was cross-sectional. The population of interest were adults aged 18-65 years who were Nepali speaking and living in Nepal. We

selected, employed and trained groups of interviewers to visit randomly selected households by cold-calling. Households were selected from 15 representative districts out of 75 in the country through multistage cluster sampling. One participant was selected randomly from each household. We used structured questionnaires (the HARDSHIP questionnaire, Hospital Anxiety and Depression Scale, and Eysenck Personality Questionnaire -Neuroticism), culturally adapted and translated into Nepali. We recorded blood pressure, weight, height and waist circumference, and altitude of each household. We implemented various quality-assurances measures.

## RESULTS:

We completed the survey in one month, prior to onset of the monsoon. Among 2,210 selected households, all were contacted, 2,109 were eligible for the study and, from these, 2,100 adults participated. The participation rate was 99.6%.

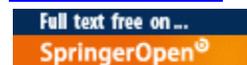
## CONCLUSION:

Standard methodology was successfully applied in Nepal, with some adaptations. The sociocultural and extraordinary geographic diversity were challenging, but did not require us to compromise the scientific quality of the study.

PMCID: PMC4144696 **Free Article**

PMID: 25146939 [PubMed - in process]

[Related citations](#)



13. Br J Clin Psychol. 2014 Aug 22. doi: 10.1111/bjc.12064. [Epub ahead of print]

# [Do personality traits predict outcome of psychodynamically oriented psychosomatic inpatient treatment beyond initial symptoms?](#)

[Steinert C](#)<sup>1</sup>, [Klein S](#), [Leweke F](#), [Leichsenring F](#).

Author information:

<sup>1</sup>Clinic for Psychosomatic Medicine and Psychotherapy, University of Giessen, Germany.

**Abstract**

## **OBJECTIVES:**

Whether personality characteristics have an impact on treatment outcome is an important question in psychotherapy research. One of the most common approaches for the description of personality is the five-factor model of personality. Only few studies investigated whether patient personality as measured with the NEO-Five-Factor Inventory (NEO-FFI, Costa & McCrae [1992b]. Revised NEO-PI-R and NEO-FFI. Professional manual. Odessa, FL: Psychological Assessment Resources) predicts outcome. Results were inconsistent. Studies reporting personality to be predictive of outcome did not control for baseline symptoms, while studies controlling initial symptoms could not support these findings. We hypothesized that after taking into account baseline symptoms, the NEO-FFI would not predict outcome and tested this in a large sample of inpatients at a psychosomatic clinic.

## **DESIGN:**

Naturalistic, non-controlled study using patients' data for multiple regression analysis to identify predictors of outcome.

## **METHODS:**

Data of 254 inpatients suffering primarily from depressive, anxiety, stress, and somatoform disorders were analysed. Personality was assessed at the beginning of therapy. For psychotherapy outcome, changes in anxiety and depression (Hospital Anxiety and Depression Scale; HADS), overall psychopathology (Symptom Checklist-90-R Global Severity Index [GSI]), and interpersonal problems (Inventory of Interpersonal Problems; IIP) were measured.

## **RESULTS:**

The treatment resulted in significant decreases on all outcome measures corresponding to moderate to large effect sizes (HADS:  $d = 1.03$ ; GSI:  $d = 0.90$ ; IIP:  $d = 0.38$ ). Consistent with our hypothesis, none of the personality domains predicted outcome when baseline symptoms were controlled for.

## **CONCLUSIONS:**

Personality assessment at baseline does not seem to have an added value in the prediction of inpatient psychotherapy outcome beyond initial symptoms.

## **PRACTITIONER POINTS:**

Clinical implications Personality dimensions overlap with symptomatic distress. Rather than serve as predictors of outcome, the domains tapped by the NEO-FFI reflect current psychological symptomatology in inpatients with depressive, anxiety, stress or somatoform disorders. From a clinician's point of view monitoring individual progress by using actuarial measures is more valuable than trying to predict who will benefit from treatment using

personality assessments. Limitations of the study Diagnostic assessment was solely based on clinical evaluation rather than structured interviews. Twenty-five per cent of the original sample had to be excluded due to missing data. There was a focus on only one set of client characteristics (i.e., five-factor model personality traits). Assessment of personality domains in the acute phase of a mental disorder may be problematic and could have influenced findings.

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PMID: 25145630 [PubMed - as supplied by publisher]

[Related citations](#)

14. Neuropsychiatr Dis Treat. 2014 Aug 11;10:1469-77. doi: 10.2147/NDT.S50421. eCollection 2014.

## **Post-traumatic epilepsy: current and emerging treatment options.**

[Szaflarski JP](#)<sup>1</sup>, [Nazza Y](#)<sup>1</sup>, [Dreer LE](#)<sup>2</sup>.

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<sup>1</sup>Department of Neurology, University of Alabama at Birmingham, Birmingham, AL, USA ; UAB Epilepsy Center, University of Alabama at Birmingham, Birmingham, AL, USA.

<sup>2</sup>Department of Ophthalmology, University of Alabama at Birmingham, Birmingham, AL, USA.

### **Abstract**

Traumatic brain injury (TBI) leads to many undesired problems and complications, including immediate and long-term seizures/epilepsy, changes in mood, behavioral, and personality problems, cognitive and motor deficits, movement disorders, and sleep problems. Clinicians involved in the treatment of patients with acute TBI need to be aware of a number of issues, including the incidence and prevalence of early seizures and post-traumatic epilepsy (PTE), comorbidities associated with seizures and anticonvulsant therapies, and factors that can contribute to their emergence. While strong scientific evidence for early seizure prevention in TBI is available for phenytoin (PHT), other antiepileptic medications, eg, levetiracetam (LEV), are also being utilized in clinical settings. The use of PHT has its drawbacks, including cognitive side effects and effects on function recovery. Rates of recovery after TBI are expected to plateau after a certain period of time. Nevertheless, some patients continue to improve while others deteriorate without any clear contributing factors. Thus, one must ask, 'Are there any actions that can be taken to decrease the chance of post-traumatic seizures and epilepsy while minimizing potential short- and long-term effects of anticonvulsants?' While the answer is 'probably,' more evidence is needed to replace PHT with LEV on a permanent basis. Some have proposed studies to address this issue, while others look toward different

options, including other anticonvulsants (eg, perampanel or other AMPA antagonists), or less established treatments (eg, ketamine). In this review, we focus on a comparison of the use of PHT versus LEV in the acute TBI setting and summarize the clinical aspects of seizure prevention in humans with appropriate, but general, references to the animal literature.

PMCID: PMC4136984 **Free PMC Article**

PMID: 25143737 [PubMed]

[Related citations](#)



15. Int J Soc Psychiatry. 2014 Sep;60(6):615. doi: 10.1177/0020764014546444.

## [Corrigendum.](#)

[No authors listed]

### **Abstract**

Corrigendum to Personality disorders in a community sample in Turkey: Prevalence, associated risk factors, temperament and character dimensions published in International Journal of Social Psychiatry, Volume 60 Issue 2, March 2014, pages 139-147. On page 139 of this article "Participants with PD were more likely to have higher self-directedness and cooperativeness scores" should be "Participants with PD were more likely to have lower self-directedness and cooperativeness scores". On page 145-146 of this article "As indicated by large effect sizes, we observed a strong association for all three PD clusters with higher TCI self-directedness sub-scale (SD total) scores; for cluster A and B diagnoses with higher cooperativeness sub-scale (C total) scores; and for cluster B diagnoses with higher SD1 (responsibility vs blaming), SD2 (purposefulness vs lack of goal direction), C4 (compassion vs revengefulness) and C5 (fairness/principles vs self-serving opportunism) sub-scale scores." should be "As indicated by large effect sizes, we observed a strong association for all three PD clusters with lower TCI self-directedness sub-scale (SD total) scores; for cluster A and B diagnoses with lower cooperativeness sub-scale (C total) scores; and for cluster B diagnoses with lower SD1 (responsibility vs blaming), SD2 (purposefulness vs lack of goal direction), C4 (compassion vs revengefulness) and C5 (fairness/principles vs self-serving opportunism) sub-scale scores."

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PMID: 25143438 [PubMed - in process]

[Related citations](#)



16. World J Biol Psychiatry. 2014 Aug 20:1-7. [Epub ahead of print]

# Impact of lifetime psychiatric diagnosis on long-term retention and survival of former opiate addicts in methadone maintenance treatment.

Peles E<sup>1</sup>, [Schreiber S](#), [Domany Y](#), [Adelson M](#).

Author information:

<sup>1</sup>Dr. Miriam & Sheldon G. Adelson Clinic for Drug Abuse, Treatment & Research , Tel Aviv , Israel.

## **Abstract**

**Objectives.** To characterize lifetime psychiatric diagnosis groups among methadone maintenance treatment (MMT) patients and associations of diagnosis to long-term (up to 20 years) retention and survival either during treatment or post discontinuation. **Methods.** A total of 758 patients with available psychiatric diagnosis (98% of those ever admitted between June 1993 and June 2012) were followed-up until June 2013. Lifetime psychiatric diagnosis was assessed according to DSM-IV-TR (Axis I, II, I & II, or none). Observed urine samples at 1 and 13 months were positive for drugs if at least one was positive. Survival data were based on the Israel National Population Registry. Survival and retention in MMT were compared (Kaplan Meier) between groups. **Results.** The Axis II (personality disorders) group had the worst mean long-term retention (5.8 years, 95% Confidence Interval (CI) 5.0-6.5) compared with the Axis I, Axis I & II or no psychiatric diagnosis groups (9.6 years, 95% CI 8.8-10.4) ( $P < 0.0005$ ). Mean survival since admission (16.4 years, 95% CI 15.9-16.9) was similar for all groups. Axis II patients included more males, more drug injectors, were younger at initial opiate use and more likely left treatment before 1 year. **Conclusions.** Personality and coping mechanisms (Axis II) could be significant obstacles to the success of MMT, warranting special interventions to overcome them.

PMID: 25140586 [PubMed - as supplied by publisher]

[Related citations](#)



17. Soc Cogn Affect Neurosci. 2014 Aug 19. pii: nsu108. [Epub ahead of print]

# The association between the 5-HTTLPR and neural correlates of fear conditioning and connectivity.

[Klucken T](#)<sup>1</sup>, [Schweckendiek J](#)<sup>2</sup>, [Blecker C](#)<sup>3</sup>, [Walter B](#)<sup>3</sup>, [Kuepper Y](#)<sup>4</sup>, [Hennig J](#)<sup>4</sup>, [Stark R](#)<sup>5</sup>.

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<sup>2</sup>2 Bender Institute of Neuroimaging, Justus Liebig University Giessen.

## **Abstract**

Strong evidence links the 5-HTTLPR genotype to the modulation of amygdala reactivity, which is considered to convey the increased vulnerability for anxiety disorders in s-allele carriers. In addition to amygdala reactivity, the 5-HTTLPR has been shown to be related to alterations in structural and effective connectivity. The aim of this study was to investigate the effects of 5-HTTLPR genotype on amygdala reactivity and effective connectivity during fear conditioning, as well as structural connectivity (as measured by diffusion tensor imaging). In order to integrate different classification strategies, we used the bi-allelic (s-allele vs. l/l-allele group) as well as the tri-allelic (low-functioning vs. high-functioning) classification approach. S-allele carriers showed exaggerated amygdala reactivity and elevated amygdala-insula coupling during fear conditioning (CS+ > CS-) compared with the l/l-allele group. In addition, DTI analysis showed increased FA-values in s-allele carriers within the uncinate fasciculus. approach, increased amygdala reactivity and amygdala insula coupling were observed in the low-functioning compared the high-functioning group. No significant differences between the two groups were found in structural connectivity. The present results add to the current debate on the influence of the 5-HTTLPR on brain functioning. These differences between s-allele and l/l-allele carriers may CONTRIBUTE: to altered vulnerability for psychiatric disorders.

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PMID: 25140050 [PubMed - as supplied by publisher]

[Related citations](#)

18. Neuroimage. 2014 Aug 16. pii: S1053-8119(14)00679-X. doi:  
10.1016/j.neuroimage.2014.08.018. [Epub ahead of print]

## **Dopamine D1 receptor availability is related to social behavior: A positron emission tomography study.**

[Sigray PP](#)<sup>1</sup>, [Gustavsson P](#)<sup>2</sup>, [Farde L](#)<sup>2</sup>, [Borg J](#)<sup>2</sup>, [Stenkrona P](#)<sup>2</sup>, [Nyberg L](#)<sup>3</sup>, [Bäckman L](#)<sup>4</sup>, [Cervenka S](#)<sup>2</sup>.

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<sup>4</sup>Aging Research Center, Karolinska Institutet, Sweden.

### **Abstract**

Dysfunctional interpersonal behavior is thought to underlie a wide spectrum of psychiatric disorders; however, the neurobiological underpinnings of these behavioral disturbances are poorly understood. Previous molecular imaging studies have shown associations between striatal dopamine (DA) D2-receptor binding and interpersonal traits, such as social conformity. The objective of this study was to explore, for the first time, the role of DA D1-receptors (D1-Rs) in human interpersonal behavior. Twenty-three healthy subjects were examined using positron emission tomography and the radioligand [<sup>11</sup>C]SCH23390, yielding D1-R binding potential values. Striatal D1-R binding was related to personality scales selected to specifically assess one dimension of interpersonal behavior, namely a combination of affiliation and dominance (i.e., the Social Desirability, Verbal Trait Aggression and Physical Trait Aggression scales from Swedish Universities Scales of Personality). An exploratory analysis was also performed for extrastriatal brain regions. D1-R binding potential values in the limbic striatum ( $r=.52$ ;  $p=.015$ ), associative striatum ( $r=.55$ ;  $p=.009$ ), and sensorimotor striatum ( $r=.67$ ;  $p=.001$ ) were positively related to Social Desirability scores. D1-R binding potential in the limbic striatum ( $r=-.51$ ;  $p=.019$ ) was negatively associated with Physical Trait Aggression scores. For extrastriatal regions, Social Desirability scores showed positive correlations in the amygdala ( $r=.60$ ;  $p=.006$ ) and medial frontal cortex ( $r=.60$ ;  $p=.004$ ). This study provides further support for the role of DA function in the expression of disaffiliative and dominant traits. Specifically, D1-R availability may serve as a marker for interpersonal behavior in humans. Associations were

demonstrated for the same dimension of interpersonal behavior as for D2-R, but in the opposite direction, suggesting that the two receptor subtypes are involved in the same behavioral processes, but with different functional roles.

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PMID: 25134976 [PubMed - as supplied by publisher]

[Related citations](#)



19. Psychol Addict Behav. 2014 Aug 18. [Epub ahead of print]

## [Psychiatric Correlates of Injection Risk Behavior Among Young People Who Inject Drugs.](#)

[Mackesy-Amiti ME](#), [Donenberg GR](#), [Ouellet LJ](#).

### **Abstract**

People who inject drugs (PWID) and have mental health conditions, such as major depression, an anxiety disorder, or antisocial or borderline personality disorder, may have elevated risk for HIV and HCV infection. This study examined the associations between psychiatric disorders and risky injection behavior in an out-of-treatment sample of young PWID. We recruited participants through outreach and respondent-driven sampling (RDS). Participants completed a computer-assisted self-interview and a psychiatric interview. Interviews took place at a community-based field site of the Community Outreach Intervention Projects. Participants were 570 young adults (18 to 25 years) who injected drugs in the previous 30 days. Psychiatric diagnoses were based on interviews using the Psychiatric Research Interview for Substance and Mental Disorders (PRISM). Injection behavior was classified into 3 categories: receptive syringe sharing, other equipment sharing only, and no sharing. Associations between injection risk behavior and psychiatric diagnoses were tested using RDS-weighted multinomial regressions. Substance-induced lifetime and past-year major depression, and borderline personality disorder, were significantly associated with a greater likelihood of receptive syringe sharing ( $p < .001$ ). Substance-induced major depression in the past year was also associated with nonsyringe equipment sharing ( $p < .01$ ). Primary major depression, antisocial personality disorder, and anxiety disorders other than posttraumatic stress disorder were slightly more prevalent among injectors who shared syringes; however, the associations were not statistically significant. Substance-induced major depression and borderline personality disorder are common among young PWID and are associated with risky injection behavior. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 25134053 [PubMed - as supplied by publisher]

[Related citations](#)

20. Health Psychol. 2014 Aug 18. [Epub ahead of print]

## **Five-Factor Personality Traits and Sleep: Evidence From Two Population-Based Cohort Studies.**

[Hintsanen M](#), [Puttonen S](#), [Smith K](#), [Törnroos M](#), [Jokela M](#), [Pulkki-Råback L](#), [Hintsala T](#), [Merjonen P](#), [Dwyer T](#), [Raitakari OT](#), [Venn A](#), [Keltikangas-Järvinen L](#).

### **Abstract**

Objective: The current study examines associations between five factor personality traits and average sleep duration, sleep deficiency, and sleep problems. Method: The participants were from two population-based samples from Australia (n = 1,104, age range 31-41) and Finland (n = 1,623, age range 30-45). Self-reports of sleep behavior, sleep problems (Jenkin's scale), and five factor model personality traits (NEO-FFI) were collected. Associations between personality traits and sleep were analyzed with linear regressions. Results: The results showed that higher extraversion, agreeableness, and conscientiousness were, in general, associated with better sleep, whereas higher neuroticism was associated with sleeping less well. Openness was not associated with sleep. Most of the associations were replicable between the samples from the two countries, but personality traits explained only small part of the variance in sleep behavior. Conclusions: Increasing the knowledge on personality and sleep may benefit more personalized treatment of sleep disorders and help in personnel selection to jobs in which it is critical to stay alert. However, longitudinal research is needed to confirm the current findings. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 25133841 [PubMed - as supplied by publisher]

[Related citations](#)

21. World J Clin Cases. 2014 Aug 16;2(8):327-31. doi: 10.12998/wjcc.v2.i8.327.

## **Dissociative symptoms and dissociative disorders comorbidity in obsessive compulsive disorder: Symptom screening,**

# diagnostic tools and reflections on treatment.

[Belli H.](#)

Author information:

Hasan Belli, Department of Psychiatry, Bagcilar Education and Research Hospital, Bagcilar, Istanbul 34400, Turkey.

## **Abstract**

Borderline personality disorder, conversion disorder and obsessive compulsive disorder frequently have dissociative symptoms. The literature has demonstrated that the level of dissociation might be correlated with the severity of obsessive compulsive disorder (OCD) and that those not responding to treatment had high dissociative symptoms. The structured clinical interview for DSM-IV dissociative disorders, dissociation questionnaire, somatoform dissociation questionnaire and dissociative experiences scale can be used for screening dissociative symptoms and detecting dissociative disorders in patients with OCD. However, a history of neglect and abuse during childhood is linked to a risk factor in the pathogenesis of dissociative psychopathology in adults. The childhood trauma questionnaire-53 and childhood trauma questionnaire-40 can be used for this purpose. Clinicians should not fail to notice the hidden dissociative symptoms and childhood traumatic experiences in OCD cases with severe symptoms that are resistant to treatment. Symptom screening and diagnostic tools used for this purpose should be known. Knowing how to treat these pathologies in patients who are diagnosed with OCD can be crucial.

PMCID: PMC4133421 **Free PMC Article**

PMID: 25133142 [PubMed]

[Related citations](#)



22. Addict Behav. 2014 Aug 8;39(12):1839-1845. doi: 10.1016/j.addbeh.2014.07.031. [Epub ahead of print]

# Comorbidity of psychiatric disorders with Internet addiction in a clinical sample: The effect of personality, defense style and psychopathology.

[Floros G](#)<sup>1</sup>, [Siomos K](#)<sup>2</sup>, [Stogiannidou A](#)<sup>3</sup>, [Giouzevas I](#)<sup>4</sup>, [Garyfallos G](#)<sup>4</sup>.

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<sup>4</sup>2nd Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki, Greece.

## Abstract

This study aims to contribute to the understanding of underlying causes for the development of Internet Addiction Disorder (IAD) and assess comorbidity with other mental disorders through the analysis of data from a clinical sample of college students who presented for treatment of IAD. The clinical sample of our study has demonstrated a high percentage of comorbidity with Axis I and II disorders, while the temporal precedence of the establishment of those disorders cannot lead to specific conclusions. Half of the sample (25/50) presented with comorbidity of another Axis I disorder and 38% (19/50) with a concurrent Axis II personality disorder. The majority of Axis I disorders (51.85%) were reported before the onset of IAD, 33.3% after the onset while it was unclear in 14.81% of cases. The examination of a path model demonstrated that important contributions to the understanding of this disorder can be made through concepts from the neurobiological, trait personality paradigm, as well as from the psychodynamic defense style paradigm. Comorbid psychopathology can further exacerbate the presentation of IAD through a direct link, regardless of the underlying personality structure. The clinician treating IAD patients should complete a clinical evaluation for comorbid Axis I and II diagnoses since their presence may signify a more serious presentation.

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PMID: 25129172 [PubMed - as supplied by publisher]

[Related citations](#)



23. Harv Rev Psychiatry. 2014 Aug 14. [Epub ahead of print]

## [Malignant Self-Regard: A Self-Structure Enhancing the Understanding of](#)

# Masochistic, Depressive, and Vulnerably Narcissistic Personalities.

[Huprich SK.](#)

Author information:

From the Department of Psychology, Eastern Michigan University.

## **Abstract**

Several personality disorders have been prominent in the clinical literature but have been inadequately recognized in the diagnostic manuals. This group includes masochistic, self-defeating, depressive, and vulnerably narcissistic personality disorders. The theoretical and empirical relationship of these disorders is reviewed. It is proposed that the construct of malignant self-regard may account for the similarities among them. The construct describes these personality types as being fundamentally related through problematic manifestations of self-structure. The article discusses the diagnostic value of such a construct and the implications of a psychodynamically informed framework for classifying personality pathology.

PMID: 25126762 [PubMed - as supplied by publisher]

[Related citations](#)

24. Crim Behav Ment Health. 2014 Aug 14. doi: 10.1002/cbm.1926. [Epub ahead of print]

# Assessment of psychiatric disorders among sex offenders: Prevalence and associations with criminal history.

[Chen YY<sup>1</sup>](#), [Chen CY](#), [Hung DL](#).

Author information:

<sup>1</sup>Institute of Cognitive Neuroscience, National Central University, Jhongli City, Taoyuan County, 32001, Taiwan.

## **Abstract**

### **BACKGROUND:**

Much of the research on the prevalence of psychiatric disorders among sex offenders has been conducted in the USA or Europe. Less is known about it in other regions, particularly in Asia.

### **AIMS:**

The objective of this study is to determine the prevalence of psychiatric disorders among sex offenders in Taiwan and their associations with offender characteristics and criminal history.

### **METHODS:**

Participants were randomly selected from men serving sentences in Taiwan's prison for serious sex offenders. Consenting men were assessed using the structured clinical interviews for DSM-IV-TR Axis I and II disorders. Demographics and criminal history were also recorded.

### **RESULTS:**

Over two-thirds of the 68 participants met criteria for one or more lifetime Axis I disorders, and nearly 60% met criteria for one or more Axis II disorder. The higher the number of Axis I and cluster B personality disorders, the higher was the total number of convictions.

### **CONCLUSIONS:**

Our study adds to the literature that suggests that psychiatric assessment is likely to have an important role in the management and treatment of sex offenders. The finding that multiple disorders are common in this group and associated with more convictions for sex offences suggests that failure to include psychiatric assessment in planning the management of sex offenders may increase the risk of recidivism. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25125391 [PubMed - as supplied by publisher]

[Related citations](#)



25. Psychiatr Q. 2014 Aug 15. [Epub ahead of print]

## **Subtypes of Non-Suicidal Self-Injury Based on Childhood Adversity.**

[Vaughn MG<sup>1</sup>](#), [Salas-Wright CP](#), [Underwood S](#), [Gochez-Kerr T](#).

Author information:

<sup>1</sup>School of Social Work, College for Public Health and Social Justice, Saint Louis University, Tegeler Hall, 3550 Lindell Boulevard, St. Louis, MO, 63103, USA, mvaughn9@slu.edu.

## Abstract

The aim of this study was to examine the latent clusters in non-suicidal self-injury (NSSI) based on childhood adversity. Data were derived from Waves I (2001-2002) and II (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions, a nationally representative sample of U.S. adults. Individuals engaging in NSSI (N = 672) comprised the analytic sample. Latent class statistical analysis was undertaken to elucidate the latent structure of NSSI based on child experiences of physical and sexual abuse, neglect, and family violence. Four-classes of respondents were identified vis-à-vis childhood adversities. A low abuse/neglect class (35.7 % of respondents, 91.1 % male) demonstrated less mental health and substance use comorbidity and antisocial behavior. A sexual abuse class (43.1 % of respondents, 98.6 % female) evinced somewhat lower levels of antisocial behavior than the other classes but similarly high levels of mental health disorder and a non-sexual abuse/neglect class (8.3 % of respondents, 91.5 % male) characterized by varied and intensive forms of antisocial and externalizing behaviors. Finally, a severe high abuse/neglect/family violence class (12.95 % of respondents, 100 % female) demonstrated high levels of clinical psychiatric and personality disorders. The current project is a nationally representative study of NSSI latent clusters and extends and validates the existence of NSSI subtypes revealed by prior research.

PMID: 25124121 [PubMed - as supplied by publisher]

[Related citations](#)



26. *Neurosci Lett.* 2014 Aug 12;580C:137-141. doi: 10.1016/j.neulet.2014.08.007. [Epub ahead of print]

## [The free-exploratory paradigm as a model of trait anxiety in female rats: Test-retest reliability.](#)

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## Abstract

The free-exploratory paradigm has been proposed as a model of trait anxiety and as such has been proven stable over time, which is a sine qua non condition for any model proposing to evaluate a personality trait. However this stability has only been shown for male rats. Considering that anxiety disorders are most prevalent in women, it's crucial that females are tested in animal models. With this in mind, the stability over time of female rats in the free-exploratory paradigm was evaluated using a test-retest procedure. The behaviour of drug-naive, adult, female, Wistar rats was measured in the free-exploratory apparatus on two occasions two months apart. The following parameters were evaluated: percentage of distance travelled in the novel compartment; number of attempts to enter the novel compartment; percentage of time spent in the novel compartment; and percentage of time rearing in the novel compartment. Subsequently, the intraclass correlation coefficient (ICC) and the kappa index ( $\kappa$ ) were calculated for each of these parameters. The "percentage of time spent in the novel compartment" (ICC=0.727;  $\kappa$ =0.457), the "percentage of distance travelled in the novel compartment" (ICC=0.680;  $\kappa$ =0.370), and the "percentage of time rearing in the novel compartment" (ICC=0.648;  $\kappa$ =0.309) were found to be stable over time. Analysis of these parameters indicated fair to substantial reliability over time in two-month inter-trial interval. Therefore, our results support the idea of the free-exploratory paradigm as an animal model of trait anxiety for female rats.

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PMID: 25123445 [PubMed - as supplied by publisher]

[Related citations](#)



27. Personal Ment Health. 2014 Aug 13. doi: 10.1002/pmh.1271. [Epub ahead of print]

# [Lasting personality pathology following exposure to catastrophic trauma in adults: Systematic review.](#)

[Munjiza J<sup>1</sup>](#), [Law V](#), [Crawford MJ](#).

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## **Abstract**

### **BACKGROUND:**

By definition, personality disorders (PDs) are evident in late childhood and adolescence, but evidence for personality pathology occurring after adolescence is unclear.

### **AIM:**

We aimed to review extant literature on personality change following exposure to catastrophic trauma in adults in order to identify the prevalence and clinical features of any long-term personality pathology.

### **METHOD:**

Relevant studies were identified by searching three bibliographic databases (MEDLINE, EMBASE and PsychINFO) from inception to November 2011 using terms related to personality and trauma.

### **RESULTS:**

No prospective studies that investigated long-term personality change following exposure to trauma in adults were found. Two retrospective studies reported the prevalence of enduring personality change of 2.6% and 6% (weighted prevalence 4.6%, 95% confidence interval 3.4-6.3%), and one study reported 20% increase in adult-onset antisocial behaviour following exposure to trauma. Findings from cross-sectional studies that examined the prevalence of PDs in people exposed to catastrophic trauma reported that Cluster C and Cluster A were the most common with avoidant, paranoid and obsessive-compulsive PDs among those most frequently reported.

### **CONCLUSION:**

A minority of adults who are exposed to severe trauma appear to go on to develop significant personality pathology. The observed personality disturbance is multifarious and more extensive than the prototype described in ICD-10. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25123294 [PubMed - as supplied by publisher]

[Related citations](#)

28. J Immigr Minor Health. 2014 Aug 14. [Epub ahead of print]

## **Common Mental Disorders at the Time of Deportation: A Survey at the Mexico-United States Border.**

[Bojorquez I<sup>1</sup>](#), [Aguilera RM](#), [Ramírez J](#), [Cerecero D](#), [Mejía S](#).

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### **Abstract**

Deportations from the United States (US) to Mexico increased substantially during the last decade. Considering deportation as a stressful event with potential consequences on mental health, we aimed to (1) estimate the prevalence of common mental disorders (CMD) among deported migrants; and (2) explore the association between migratory experience, social support and psychological variables, and CMD in this group. In repatriation points along the border, a probability sample of deportees responded to the Self Reporting Questionnaire (SRQ). The prevalence of CMD was 16.0 % (95 % CI 12.3, 20.6). There was a U-shaped association between time in the US and SRQ score. Times returned to Mexico, having a spouse in the US, number of persons in household, less social support, anxiety as a personality trait, and avoidant coping style were directly associated with SRQ score. Public health policies should address the need for mental health care among deported migrants.

PMID: 25118675 [PubMed - as supplied by publisher]

[Related citations](#)



29. Bipolar Disord. 2014 Aug 13. doi: 10.1111/bdi.12242. [Epub ahead of print]

## **Bipolar disorder and its relation to major psychiatric disorders: a family-based study in the Swedish population.**

[Song J<sup>1</sup>](#), [Bergen SE](#), [Kuja-Halkola R](#), [Larsson H](#), [Landén M](#), [Lichtenstein P](#).

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<sup>1</sup>Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm.

## **Abstract**

### **OBJECTIVES:**

Bipolar disorder (BPD) shares genetic components with other psychiatric disorders; however, uncertainty remains about where in the psychiatric spectra BPD falls. To understand the etiology of BPD, we studied the familial aggregation of BPD and co-aggregation between BPD and schizophrenia, depression, anxiety disorders, attention-deficit hyperactivity disorder, drug abuse, personality disorders, and autism spectrum disorders.

### **METHODS:**

A population-based cohort was created by linking several Swedish national registers. A total of 54,723 individuals with BPD were identified among 8,141,033 offspring from 4,149,748 nuclear families. The relative risk of BPD in relatives and the co-occurrence of other psychiatric disorders in patients with BPD and their relatives were compared to those of matched-population controls. Structural equation modeling was used to estimate the heritability and tetrachoric correlation.

### **RESULTS:**

The familial risks for relatives of BPD probands were 5.8-7.9 in first-degree relatives, and decreased with genetic distance. Co-occurrence risks for other psychiatric disorders were 9.7-22.9 in individuals with BPD and 1.7-2.8 in full siblings of BPD probands. Heritability for BPD was estimated at 58%. The correlations between BPD and other psychiatric disorders were considerable (0.37-0.62) and primarily due to genetic effects. The correlation with depression was the highest (0.62), and was 0.44 for schizophrenia.

### **CONCLUSIONS:**

The high familial risks provide evidence that genetic factors play an important role in the etiology of BPD, and the shared genetic determinants suggest pleiotropic effects across different psychiatric disorders. Results also indicate that BPD is in both the mood and psychotic spectra, but possibly more closely related to mood disorders.

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PMID: 25118125 [PubMed - as supplied by publisher]

[Related citations](#)

# Comorbid Problem Gambling and Major Depression in a Community Sample.

[Quigley L<sup>1</sup>](#), [Yakovenko I](#), [Hodgins DC](#), [Dobson KS](#), [El-Guebaly N](#), [Casey DM](#), [Currie SR](#), [Smith GJ](#), [Williams RJ](#), [Schopflocher DP](#).

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## **Abstract**

Major depression is among the most common comorbid conditions in problem gambling. However, little is known about the effects of comorbid depression on problem gambling. The present study examined the prevalence of current major depression among problem gamblers (N = 105) identified from a community sample of men and women in Alberta, and examined group differences in gambling severity, escape motivation for gambling, family functioning, childhood trauma, and personality traits across problem gamblers with and without comorbid depression. The prevalence of major depression among the sample of problem gamblers was 32.4 %. Compared to problem gamblers without depression (n = 71), problem gamblers with comorbid depression (n = 34) reported more severe gambling problems, greater history of childhood abuse and neglect, poorer family functioning, higher levels of neuroticism, and lower levels of extraversion, agreeableness, and conscientiousness. Furthermore, the problem gamblers with comorbid depression had greater levels of childhood abuse and neglect, worse family functioning, higher neuroticism, and lower agreeableness and conscientiousness than a comparison sample of recreational gamblers with depression (n = 160). These findings underscore the need to address comorbid depression in assessment and treatment of problem gambling and for continued research on how problem gambling is related to frequently co-occurring disorders such as depression.

PMID: 25112217 [PubMed - as supplied by publisher]

[Related citations](#)



31. *Crim Behav Ment Health*. 2014 Aug 11. doi: 10.1002/cbm.1925. [Epub ahead of print]

# Single-Victim and Serial Sexual Homicide Offenders: Differences in Crime, Paraphilias and Personality Traits.

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## **Abstract**

### **BACKGROUND:**

Information on psychopathological characteristics of sexual homicide offenders is scarce.

### **AIMS:**

To investigate criminal, paraphilic and personality trait differences between serial and single-victim sexual homicide offenders.

### **METHODS:**

All 73 single-victim and 13 serial sexual homicide offenders presenting within a cohort of 671 men sentenced for sexual crimes between 1994 and 2005 and serving their sentence in one high-security Canadian prison and who consented to interview were assessed and compared on their offending patterns, personality pathology and paraphilic behaviours.

### **RESULTS:**

Serial sexual homicide offenders were more likely than the single offenders to report deviant sexual fantasies, having selected victims with distinctive characteristics, to have targeted strangers, structured premeditation and/or verbal humiliation of their victims during the offences. Personality pathology, defined by at least two Diagnostic and Statistical Manual of Mental Disorders IV criteria for personality disorder, was common in both groups, but the serial offenders were more likely to have narcissistic, schizoid and/or obsessive-compulsive traits; they were also more likely to engage in sexual masochism, partialism, homosexual paedophilia, exhibitionism and/or voyeurism.

### **IMPLICATIONS FOR PRACTICE:**

Samples of serial sexual homicide offenders will, fortunately, always be small, and it may be that more could be learned to assist in preventing such crimes if data from several studies or centres were pooled. Our findings suggest that an investigation of sexual homicide offenders should include strategies for evaluating premeditation as well as personality and paraphilic characteristics. Crime scene features that should alert investigators should include similar characteristics between victims and particular aspects of body exposure or organisation.

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PMID: 25111158 [PubMed - as supplied by publisher]

[Related citations](#)



32. J Abnorm Psychol. 2014 Aug 11. [Epub ahead of print]

## **Comparing Criterion- and Trait-Based Personality Disorder Diagnoses in DSM-5.**

[Yam WH](#), [Simms LJ](#).

### **Abstract**

In the recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the official personality disorder (PD) classification system remains unchanged. However, DSM-5 also includes an alternative hybrid categorical-dimensional PD system in Section III to spur additional research. One defining feature of the alternative system is the incorporation of a trait model with PD-specific trait configurations, but relatively little work has evaluated how these traits map onto official PD diagnoses or their implications for diagnosis rates. To that end, we compared official PD criteria to Section III PD traits in a sample of current or recent psychiatric patients. We (a) evaluated the extent to which PD traits predicted traditional PD criterion counts, and (b) computed trait-based diagnosis rates and compared them to those reported in several published outpatient and epidemiological samples. Overall, PD traits generally predicted PD criterion counts, but with less than ideal specificity. In addition, we identified differences in diagnosis rates across approaches. These results provide some support for the Section III approach, but they also identify important areas in need of refinement and future study before the field could reasonably switch to a hybrid PD classification approach like that in Section III. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 25111090 [PubMed - as supplied by publisher]

[Related citations](#)

33. Neuropsychologia. 2014 Aug 8;63C:26-33. doi: 10.1016/j.neuropsychologia.2014.07.035. [Epub ahead of print]

## **Synchronous activation within the default mode network correlates with perceived social support.**

[Che X](#)<sup>1</sup>, [Zhang Q](#)<sup>2</sup>, [Zhao J](#)<sup>3</sup>, [Wei D](#)<sup>1</sup>, [Li B](#)<sup>1</sup>, [Guo Y](#)<sup>1</sup>, [Qiu J](#)<sup>4</sup>, [Liu Y](#)<sup>1</sup>.

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## Abstract

Perceived social support emphasizes subjective feeling of provisions offered by family, friends and significant others. In consideration of the great significance of perceived social support to health outcomes, attempt to reveal the neural substrates of perceived social support will facilitate its application in a series of mental disorders. Perceived social support potentially relies on healthy interpersonal relationships calling for cognitive processes like perspective taking, empathy and theory of mind. Interestingly, functional activations and connectivity within the default mode network (DMN) are extensively involved in these interpersonal skills. As a result, it is proposed that synchronous activities among brain regions within the DMN will correlate with self-report of perceived social support. In the present study, we tried to investigate the associations between coherence among the DMN regions and perceived social support at resting state. A total of 333 (145 men) participants were directed to fulfill the Multidimensional Scale of Perceived Social Support (MSPSS) after a 484-s functional magnetic resonance imaging (fMRI) scanning without any task. As a result, seed-based functional connectivity and power spectrum analyses revealed that heightened synchronicity among the DMN regions was associated with better performance on perceived social support. Moreover, results in the present study were independent of different methods, structural changes, and general cognitive performance.

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PMID: 25111033 [PubMed - as supplied by publisher]

[Related citations](#)



34. Logoped Phoniatr Vocol. 2014 Aug 11:1-6. [Epub ahead of print]

# Reflections on clinical expertise and silent know-how in voice therapy.

[Iwarsson J.](#)

Author information:

Audiologopedics, Department of Scandinavian studies and Linguistics, University of Copenhagen , Denmark.

## **Abstract**

The concept of 'clinical expertise' is described as a part of evidence-based practice (EBP) together with 'external scientific evidence' and 'patient values and perspectives'. However, clinical expertise in the management of voice disorders has not been described or discussed in much detail. The expertise seems to consist partly of silent know-how that, from the outside, may seem improperly related to the personality of the speech-language pathologist or exclusively dependent on the number of years in the field. In this paper, it is suggested that clinical expertise in voice therapy consists of specific skills that can be explicitly described and trained. These skills are discussed together with educational aspects that contribute to the development of clinical expertise. The skills are also discussed from the perspectives of the past, present, and future.

PMID: 25110954 [PubMed - as supplied by publisher]

[Related citations](#)



35.J Pers. 2014 Aug 11. doi: 10.1111/jopy.12119. [Epub ahead of print]

# Triarchic Model of Psychopathy: Origins, Operationalizations, and Observed Linkages with Personality and General Psychopathology.

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<sup>1</sup>Department of Psychology, Florida State University, Tallahassee, FL 32306.

## Abstract

The Triarchic model (Patrick, Fowles, & Krueger, 2009) was formulated to reconcile contrasting conceptions of psychopathy reflected in historic writings and contemporary assessment instruments, and to address persisting unresolved issues in the field. The model conceives of psychopathy as encompassing three distinct but interrelated phenotypic dispositions—disinhibition, boldness, and meanness—with biological referents. These dispositional constructs can be viewed as building blocks for alternative conceptions of psychopathy, and various existing psychopathy measures are presumed to index these constructs to differing degrees. This article summarizes the bases of the Triarchic model in the conceptual and empirical literatures on psychopathy, and describes linkages between the constructs of the model and established structural frameworks for personality and psychological disorders. Alternative methods for indexing the constructs of the model are described and evidence regarding their interrelations and criterion-related validity is reviewed. Promising aspects of the model for ongoing research on psychopathy are discussed, along with current gaps in knowledge/methods and recommended avenues for future research.

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PMID: 25109906 [PubMed - as supplied by publisher]

[Related citations](#)

36. Schizophr Res. 2014 Aug 5. pii: S0920-9964(14)00368-5. doi: 10.1016/j.schres.2014.07.011. [Epub ahead of print]

## **Prevalence and impact of childhood abuse in people with a psychotic illness. Data from the second Australian national survey of psychosis.**

[Shah S](#)<sup>1</sup>, [Mackinnon A](#)<sup>2</sup>, [Galletly C](#)<sup>3</sup>, [Carr V](#)<sup>4</sup>, [McGrath JJ](#)<sup>5</sup>, [Stain HJ](#)<sup>6</sup>, [Castle D](#)<sup>7</sup>, [Harvey C](#)<sup>8</sup>, [Sweeney S](#)<sup>9</sup>, [Morgan VA](#)<sup>10</sup>.

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## Abstract

Child abuse has been associated with risk of mental illness, including schizophrenia and other psychotic disorders and, among those with mental illness, with a more severe clinical profile. Using an extensively characterised and epidemiologically representative sample of 1825 Australians with a psychotic illness aged 18-64 years and in contact with mental health services, we estimated the proportion of individuals with psychotic disorders who self-reported child abuse and examined its relationship with clinical and other characteristics. The prevalence of child abuse in this nationally representative sample of people with psychotic illness was 30.6%. Women were almost three times more likely to report child abuse compared to males (OR, 2.8, 95% CI 2.3-3.4). When adjusted for age at interview and socio-economic status, there was no significant relationship between self-reported child abuse and type of psychosis or course of illness. Participants with child abuse were significantly more likely to have subjective thought disorder, lifetime suicide attempt and premorbid personality disorder (females only) and anxiety (males only). Our findings demonstrate that child abuse is relatively common across the range of psychotic disorders, with an elevated risk for women in particular, compounding the already high burden associated with psychotic illness. Clinicians need to inquire routinely about child abuse in order to develop appropriate treatment plans tailored to individual needs.

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PMID: 25107848 [PubMed - as supplied by publisher]

[Related citations](#)



# Prescription opioid misuse and mental health among young injection drug users.

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<sup>1</sup>Community Outreach Intervention Projects, Division of Epidemiology and Biostatistics, School of Public Health, University of Illinois at Chicago , Chicago, IL , USA.

## **Abstract**

Abstract Background: Prescription opioid (PO) misuse is a significant concern in the United States. Objectives: This study describes the prevalence and timing of PO misuse, diagnoses of opiate abuse and dependence, and their associations with psychiatric disorders in a sample of young people who inject drugs (PWID). Methods: Participants were 570 young (18-25 years) PWID, primarily heroin users, recruited through outreach and respondent-driven sampling. Trained interviewers administered a semi-structured psychiatric interview. Diagnoses of substance use and mental disorders were based on DSM-IV diagnostic criteria. Results: Estimated rates of lifetime PO abuse and dependence were 19% and 17%, respectively. Past year PO misuse was significantly associated with anti-social personality disorder (ASPD, OR = 2.15, 95% CI 1.43-3.24), past year substance-induced major depression (SIMD, OR = 1.81, 95% CI 1.16-2.83), and prior post-traumatic stress disorder (PTSD, OR = 2.45, 95% CI 1.31-4.60). Among male PO users, PTSD was a significant predictor of PO abuse (prior, OR = 7.62, 95% CI 2.16-26.88; past year, OR = 21.67 95% CI 2.46-190.75), and dependence (prior, OR = 4.82, 95% CI 1.48-15.67; past year, OR = 9.65, 95% CI 1.75-53.32). Conclusion: Among young PWID, PTSD is a significant risk factor for PO misuse for both men and women, and men with PTSD are in addition at increased risk for PO abuse and dependence. These findings have implications for harm reduction and substance abuse prevention efforts.

PMID: 25105884 [PubMed - as supplied by publisher]

[Related citations](#)



38. Br J Psychiatry. 2014 Aug 7. pii: bjp.bp.113.137547. [Epub ahead of print]

# Pathways of care of women in secure hospitals: which women go where and why.

[Bartlett A](#), [Somers N](#), [Fiander M](#), [Harty MA](#).

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Annie Bartlett, MRCPsych, PhD, Nadia Somers, MSc, Matthew Fiander, PhD, Department of Population, Health Sciences and Education, St George's, University of London, London; Mari Anne Harty, FRCPsych, PhD, Shaftesbury Clinic, Springfield University Hospital, London, UK.

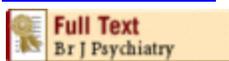
## Abstract

**Background** Care pathways for women needing expensive, secure hospital care are poorly understood. **Aims** To characterise women in low and medium security hospitals in England and Wales and to compare populations by security and service provider type. **Method** Census data from all specialist commissioning areas. Sociodemographic, clinical, medico-legal, criminological and placement needs data were requested on all women in low and medium secure hospital beds. Parametric tests were used for continuous data and chi-square or Fisher's exact tests for categorical data. Thematic analysis was used for free text data. **Results** The independent sector is the main service provider. A third of all women (n = 1149) were placed outside their home region despite spare local National Health Service (NHS) capacity. The independent sector provides for women with relatively rare disorders, including intellectual disability. The NHS admits most serious offenders. One in 20 are detained because of self-harm alone. **Conclusions** Patient-specific factors (notably the diagnosis of personality disorder) and organisational inadequacy (commissioner and service provider) contribute to placements that compromise rehabilitation. Responses should include local solutions for women whose main risk is self-harm and a national approach to women with highly specialist needs.

Royal College of Psychiatrists.

PMID: 25104832 [PubMed - as supplied by publisher]

[Related citations](#)



39.J Pers Disord. 2014 Aug 7:1-16. [Epub ahead of print]

# [Relationship Between Transitional Objects and Personality Disorders in Female Psychiatric Inpatients: A Prospective Study.](#)

[Schönfeldt-Lecuona C](#), [Keller F](#), [Kiefer M](#), [Gahr M](#), [Plener PL](#), [Spitzer M](#), [Gunst IM](#), [Fischer T](#), [Connemann BJ](#), [Schmid MM](#).

**Abstract**

Patients often bring transitional objects (TO) to inpatient units. The authors quantified the frequency of TO possession in an inpatient psychiatric setting and assessed whether TO use is specific to a personality disorder (PD) diagnosis, focusing on borderline PD (BPD). TO possession was assessed using the Transitional Objects Questionnaire, and PD diagnosis was established using standard DSM-IV clinical interviews. Of the 104 female patients assessed, 57.7% showed TO use; 84% of BPD patients, 71% of BPD-trait patients, 65% of patients with PD traits (other than BPD), and 56% of PD patients (other than BPD) displayed TO use, whereas 30.6% of patients without PD showed TO use. Patients with TOs were significantly younger and had significantly longer hospital stays. The specificity and sensitivity for TO use in the BPD group were 0.506 and 0.84, respectively. The authors conclude that TO use is closely related to PD diagnosis, but is not specific to BPD.

PMID: 25102087 [PubMed - as supplied by publisher]

[Related citations](#)



40. PLoS One. 2014 Aug 7;9(8):e104534. doi: 10.1371/journal.pone.0104534. eCollection 2014.

## [Moderate-Vigorous Physical Activity across Body Mass Index in Females: Moderating Effect of Endocannabinoids and Temperament.](#)

[Fernández-Aranda F](#)<sup>1</sup>, [Sauchelli S](#)<sup>2</sup>, [Pastor A](#)<sup>3</sup>, [Gonzalez ML](#)<sup>4</sup>, [de la Torre R](#)<sup>5</sup>, [Granero R](#)<sup>6</sup>, [Jiménez-Murcia S](#)<sup>1</sup>, [Baños R](#)<sup>7</sup>, [Botella C](#)<sup>8</sup>, [Fernández-Real JM](#)<sup>9</sup>, [Fernández-García JC](#)<sup>10</sup>, [Frühbeck G](#)<sup>11</sup>, [Gómez-Ambrosi J](#)<sup>11</sup>, [Rodríguez R](#)<sup>9</sup>, [Tinahones FJ](#)<sup>10</sup>, [Arcelus J](#)<sup>12</sup>, [Fagundo AB](#)<sup>13</sup>, [Agüera Z](#)<sup>13</sup>, [Miró J](#)<sup>14</sup>, [Casanueva FF](#)<sup>15</sup>.

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## **Abstract**

### **BACKGROUND:**

Endocannabinoids and temperament traits have been linked to both physical activity and body mass index (BMI) however no study has explored how these factors interact in females. The aims of this cross-sectional study were to 1) examine differences among distinct BMI groups on daytime physical activity and time spent in moderate-vigorous physical activity (MVPA), temperament traits and plasma endocannabinoid concentrations; and 2) explore the association and interaction between MVPA, temperament, endocannabinoids and BMI.

### **METHODS:**

Physical activity was measured with the wrist-worn accelerometer Actiwatch AW7, in a sample of 189 female participants (43 morbid obese, 30 obese, and 116 healthy-weight

controls). The Temperament and Character Inventory-Revised questionnaire was used to assess personality traits. BMI was calculated by bioelectrical impedance analysis via the TANITA digital scale. Blood analyses were conducted to measure levels of endocannabinoids and endocannabinoid-related compounds. Path-analysis was performed to examine the association between predictive variables and MVPA.

## RESULTS:

Obese groups showed lower MVPA and dysfunctional temperament traits compared to healthy-weight controls. Plasma concentrations of 2-arachidonoylglycerol (2-AG) were greater in obese groups. Path-analysis identified a direct effect between greater MVPA and low BMI ( $b=-0.13$ ,  $p=.039$ ) and high MVPA levels were associated with elevated anandamide (AEA) levels ( $b=0.16$ ,  $p=.049$ ) and N-oleylethanolamide (OEA) levels ( $b=0.22$ ,  $p=.004$ ), as well as high Novelty seeking ( $b=0.18$ ,  $p<.001$ ) and low Harm avoidance ( $b=-0.16$ ,  $p<.001$ ).

## CONCLUSIONS:

Obese individuals showed a distinct temperament profile and circulating endocannabinoids compared to controls. Temperament and endocannabinoids may act as moderators of the low MVPA in obesity.

PMCID: PMC4125187 **Free PMC Article**

PMID: 25101961 [PubMed - in process]

[Related citations](#)



41. Perspect Psychiatr Care. 2014 Aug 4. doi: 10.1111/ppc.12079. [Epub ahead of print]

# [Collaborative Care for Patients With Severe Personality Disorders: Preliminary Results and Active Ingredients From a Pilot Study \(Part I\).](#)

[Stringer B](#)<sup>1</sup>, [van Meijel B](#), [Karman P](#), [Koekkoek B](#), [Hoogendoorn AW](#), [Kerkhof AJ](#), [Beekman AT](#).

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Research Group Mental Health Nursing/Cluster Nursing, Inholland University of Applied Sciences, Amsterdam, The Netherlands.

## **Abstract**

### **PURPOSE:**

To test if a collaborative care program (CCP) with nurses in a coordinating position is beneficial for patients with severe personality disorders.

### **DESIGN AND METHODS:**

A pilot study with a comparative multiple case study design using mixed methods investigating active ingredients and preliminary results.

### **FINDINGS:**

Most patients, their informal caregivers, and nurses value (parts of) the CCP positively; preliminary results show a significant decrease in severity of borderline symptoms.

### **PRACTICE IMPLICATIONS:**

With the CCP, we may expand the supply of available treatments for patients with (severe) personality disorders, but a larger randomized controlled trial is warranted to confirm our preliminary results.

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PMID: 25088207 [PubMed - as supplied by publisher]

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1. J Affect Disord. 2014 Aug 13;169C:105-111. doi: 10.1016/j.jad.2014.08.002. [Epub ahead of print]

## Thalamocortical abnormalities in auditory brainstem response patterns distinguish DSM-IV bipolar disorder type I from schizophrenia.

[Sköld M](#)<sup>1</sup>, [Källstrand J](#)<sup>1</sup>, [Nehlstedt S](#)<sup>1</sup>, [Nordin A](#)<sup>2</sup>, [Nielzén S](#)<sup>1</sup>, [Holmberg J](#)<sup>1</sup>, [Adolfsson R](#)<sup>3</sup>.

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### **Abstract**

#### **BACKGROUND:**

Bipolar disorder type I (BP-I) belongs to a spectrum of affective disorders that are expressed in many different ways and therefore can be difficult to distinguish from other conditions, especially unipolar depression, schizoaffective disorder, schizophrenia (SZ), but also anxiety and personality disorders. Since early diagnosis and treatment have shown to improve the long-term prognosis, complementary specific biomarkers are of great value. The auditory brainstem response (ABR) has previously been applied successfully to identify specific abnormal ABR patterns in SZ and Asperger syndrome.

#### **METHODS:**

The current study investigated the early auditory processing of complex sound stimuli e.g. forward masking, in BP-I compared to SZ patients. The ABR curves of BP-I patients (n=23) and SZ patients (n=20) were analyzed in terms of peak amplitudes and correlation with an ABR norm curve based on a non-psychiatric control group (n=20).

#### **RESULTS:**

BP-I patients had significantly higher wave III ( $p=0.0062$ ) and wave VII ( $p=0.0472$ ) amplitudes compared with SZ patients. Furthermore, BP-I patients, and to a lesser extent SZ patients, showed low correlation with the norm ABR curve in the part of the curve comprising waves VI-VII.

#### **LIMITATIONS:**

Sample size was relatively small and study groups were not matched for age and gender.

#### **CONCLUSIONS:**

BP-I patients showed specific aberrances, specifically in the latter part of the ABR curve, implicating abnormalities in thalamocortical circuitry. The abnormal ABR wave patterns significantly separated BP-I patients from SZ patients suggesting that ABR might serve as a biomarker for BP-I.

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PMID: 25173433 [PubMed - as supplied by publisher]

2. Behav Brain Res. 2014 Aug 26. pii: S0166-4328(14)00553-1. doi: 10.1016/j.bbr.2014.08.041. [Epub ahead of print]

## **Gender-specific neuroanatomical basis of behavioral inhibition/approach systems (BIS/BAS) in a large sample of young adults: a voxel-based morphometric investigation.**

[Li Y](#)<sup>1</sup>, [Qiao L](#)<sup>1</sup>, [Shi H](#)<sup>1</sup>, [Sun J](#)<sup>2</sup>, [Wei D](#)<sup>1</sup>, [Li W](#)<sup>1</sup>, [Qiu J](#)<sup>3</sup>, [Zhang Q](#)<sup>1</sup>.

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## Abstract

The behavioral inhibition system (BIS) and the behavioral activation system (BAS) are two fundamental motivational systems which are not only responsible for affective states, behavior and personality, but also related to predispositions for various forms of psychopathology. A wide range of previous studies revealed sex differences in both BIS/BAS and affective disorders (e.g., anxiety disorder) and externalizing disorders (e.g., addictive and impulsive behaviors), and a close link might exist between them. It remains to be clarified, however, whether the relationships between neuroanatomical characteristics and BIS/BAS exhibit sex differences. To investigate, voxel-based morphometry (VBM) was used to examine sex differences in the correlations between regional gray matter volume (rGMV) and scores on the Behavioral Inhibition System/Behavioral Activation System (BIS/BAS) scale in a large sample of healthy young adults (n=353). Results showed that females displayed a negative correlation between BIS sensitivity and rGMV in the parahippocampal gyrus (PHG), as well as positive correlations between BAS sensitivity and rGMV in the ventromedial prefrontal cortex (vmPFC) and inferior parietal lobule (IPL), whereas males showed the opposite pattern. These findings suggest that the brain regions associated with processing of negative emotions (PHG) and reward-related information (vmPFC and IPL) may contribute to sex-related differences in rGMV correlates of BIS and BAS, respectively. The present findings demonstrated the evidence of sex-linked neuroanatomical background of BIS and BAS among non-clinical subjects and might encourage future research into the gender-specific relationships between BIS/BAS and related affective disorders and externalizing disorders.

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PMID: 25172180 [PubMed - as supplied by publisher]

[Related citations](#)

3. Schizophr Res. 2014 Aug 26. pii: S0920-9964(14)00403-4. doi: 10.1016/j.schres.2014.07.046. [Epub ahead of print]

## **Psychosis risk screening in clinical high-risk adolescents: A longitudinal investigation using the Child Behavior Checklist.**

[Simeonova DI](#)<sup>1</sup>, [Nguyen T](#)<sup>2</sup>, [Walker EF](#)<sup>3</sup>.

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<sup>2</sup>Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine,

Atlanta, GA, United States.

<sup>3</sup>Department of Psychology, Emory University, Atlanta, GA, United States.

## Abstract

This is the first study to investigate whether parent-reported social and behavioral problems on the Child Behavior Checklist (CBCL) can be used for psychosis risk screening and the identification of at-risk youth in the general population. This longitudinal investigation assessed 122 adolescent participants from three groups (at-risk, other personality disorders, non-psychiatric controls) at baseline and one year follow-up. The findings indicate that two individual CBCL rating scales, Withdrawn/Depressed and Thought Problems, have clinical and diagnostic utility as an adjunctive risk screening measure to aid in early detection of at-risk youth likely to develop psychosis. Furthermore, the findings shows that a cost-effective, general screening tool with a widespread use in community and pediatric healthcare settings has a promise to serve as a first step in a multi-stage risk screening process. This can potentially facilitate increased screening precision and reduction of high rate of false-positives in clinical high-risk individuals who present with elevated scores on psychosis-risk measures, but ultimately do not go on to develop psychosis. The findings of the present study also have significant clinical and research implications for the development of a broad-based psychosis risk screening strategy, and novel prevention and early intervention approaches in at-risk populations for the emergence of severe mental illness.

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PMID: 25171857 [PubMed - as supplied by publisher]

[Related citations](#)

4. Brain Connect. 2014 Aug 27. [Epub ahead of print]

## [Behavioral relevance of the dynamics of functional brain connectome.](#)

[Jia H<sup>1</sup>](#), [Hu X](#), [Deshpande G](#).

Author information:

<sup>1</sup>Auburn University, AU MRI Research Center, Department of Electrical and Computer Engineering, Auburn, Alabama, United States ; [hj0010@auburn.edu](mailto:hj0010@auburn.edu).

## Abstract

While many previous studies assumed the functional connectivity (FC) between brain regions to be stationary, recent studies have demonstrated that FC dynamically varies across time. However, two challenges have limited the interpretability of dynamic FC information. First, a principled framework for selecting the temporal extent of the window used to examine the

dynamics is lacking and this has resulted in ad-hoc selections of window lengths and subsequent divergent results. Second, it is unclear whether there is any behavioral relevance to the dynamics of the functional connectome in addition to that obtained from conventional static FC. In this work, we address these challenges by first proposing a principled framework for selecting the extent of the temporal windows in a dynamic and data-driven fashion based on statistical tests of the stationarity of time series. Further, we propose a method involving three levels of clustering - across space, time and subjects - which allow for group-level inferences of the dynamics. Next, using a large resting state fMRI and behavioral dataset from the Human Connectome Project, we demonstrate that metrics derived from dynamic FC can explain more than twice the variance in 75 behaviors across different domains (alertness, cognition, emotion and personality traits) as compared to static FC in healthy individuals. Further, we found that individuals with brain networks exhibiting greater dynamics performed more favorably in behavioral tasks. This indicates that the ease with which brain regions engage or disengage may provide potential biomarkers for disorders involving altered neural circuitry.

PMID: 25163490 [PubMed - as supplied by publisher]

[Related citations](#)

5. J Burn Care Res. 2014 Aug 26. [Epub ahead of print]

## **Prevalence and Prediction of Prolonged Pruritus After Severe Burns.**

[Gauffin E](#)<sup>1</sup>, [Oster C](#), [Gerdin B](#), [Ekselius L](#).

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†Department of Surgical Sciences, Plastic Surgery, Uppsala University, University Hospital, Sweden.

### **Abstract**

Years after injury, pruritus is a common and severe problem for many burn patients. However, its characteristics and consequences are often only partially described. The authors therefore performed a prospective detailed examination of burn- and individual-related factors and considered those in relation to pruritus severity. Sixty-seven consecutive burn patients were assessed during acute care, and at 3 and 12 months postburn regarding preburn psychiatric disorders, health-related quality of life, post traumatic stress disorder, and personality traits. Postburn pruritus was subsequently assessed 2 to 7 years postburn using the Questionnaire for Pruritus Assessment. Fifty-one individuals, 76% of the participants, reported burn pruritus any time after the burn. Thirty-three individuals, 49% of the participants, reported ongoing pruritus the last 2 months. Information on the characteristics of pruritus was obtained from 32 of these individuals. Most perceived pruritus as bothersome or annoying and as present every

day, 16 (50 %) were considered to have severe pruritus, and 11 (34 %) scratched themselves to the point of bleeding. In logistic regressions, this was independently related to TBSA full-thickness burn and health-related quality of life at 3 months, and to TBSA full thickness burn and the personality trait impulsiveness, respectively. About half of the previous burn patients experienced ongoing pruritus on an average of 4.5 years after injury, and half of them had severe pruritus. Scratching oneself to the point of bleeding is linked both to a certain personality and to pruritus. It is suspected that many patients are left without access to the best available treatment.

PMID: 25162945 [PubMed - as supplied by publisher]

[Related citations](#)



6. Eur Arch Psychiatry Clin Neurosci. 2014 Aug 26. [Epub ahead of print]

## **DSM-5 reviewed from different angles: goal attainment, rationality, use of evidence, consequences-part 2: bipolar disorders, schizophrenia spectrum disorders, anxiety disorders, obsessive-compulsive disorders, trauma- and stressor-related disorders, personality disorders, substance-related and addictive disorders, neurocognitive disorders.**

[Möller HJ](#)<sup>1</sup>, [Bandelow B](#), [Bauer M](#), [Hampel H](#), [Herpertz SC](#), [Soyka M](#), [Barnikol UB](#), [Lista S](#), [Severus E](#), [Maier W](#).

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### **Abstract**

Part 1 of this paper discussed several more general aspects of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and offered a detailed, paradigmatic analysis of changes made to the chapter on depressive disorders. This second part focusses on several

other disorders, including bipolar and schizophrenia spectrum disorders. The respective changes and their possible consequences are discussed under consideration of traditional psychiatric classification, particularly from the perspective of European traditions and on the basis of a PubMed search and review papers. The general conclusion is that even seemingly small changes such as the introduction of the mixed feature specifier can have far-reaching consequences. Contrary to the original plans, DSM-5 has not radically changed to become a primarily dimensional diagnostic system but has preserved the categorical system for most disorders. The ambivalence of the respective decision-making becomes apparent from the last minute decision to change the classification of personality disorders from dimensional back to categorical. The advantages and disadvantages of the different approaches are discussed in this context. In DSM-5, only the chapter on addictive disorders has a somewhat dimensional structure. Also in contrast to the original intentions, DSM-5 has not used a more neurobiological approach to disorders by including biological markers to increase the objectivity of psychiatric diagnoses. Even in the most advanced field in terms of biomarkers, the neurocognitive disorders, the primarily symptom-based, descriptive approach has been preserved and the well-known amyloid-related and other biomarkers are not included. This is because, even after so many years of biomarker research, the results are still not considered to be robust enough to use in clinical practice.

PMID: 25155875 [PubMed - as supplied by publisher]

[Related citations](#)



7. *Neuropsychologia*. 2014 Aug 21. pii: S0028-3932(14)00276-0. doi: 10.1016/j.neuropsychologia.2014.08.013. [Epub ahead of print]

## [The amygdala as a Hub in brain networks that support social life.](#)

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<sup>3</sup>Psychiatric Neuroimaging Research Program and Martinos Center for Biomedical Imaging, Northeastern University; Department of Psychology, Northeastern University.

### **Abstract**

A growing body of evidence suggests that the amygdala is central to handling the demands of complex social life in primates. In this paper, we synthesize extant anatomical and functional

data from rodents, monkeys, and humans to describe the topography of three partially distinct large-scale brain networks anchored in the amygdala that each support unique functions for effectively managing social interactions and maintaining social relationships. These findings provide a powerful componential framework for parsing social behavior into partially distinct neural underpinnings that differ among healthy people and disintegrate or fail to develop in neuropsychiatric populations marked by social impairment, such as autism, antisocial personality disorder, and frontotemporal dementia.

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PMID: 25152530 [PubMed - as supplied by publisher]

[Related citations](#)



8. J Psychopharmacol. 2014 Aug 22. pii: 0269881114541016. [Epub ahead of print]

## **Fixed dose-combination products in psychiatry: Systematic review and meta-analysis.**

[Farooq S<sup>1</sup>](#), [Singh SP<sup>2</sup>](#).

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<sup>1</sup>Department of Psychiatry, Post Graduate Medical Institute, Peshawar, Pakistan Staffordshire University, Stoke on Trent, UK [sfarooqlrh@yahoo.com](mailto:sfarooqlrh@yahoo.com).

<sup>2</sup>Black Country Partnership, National Health Service (NHS) Foundation Trust, University of Wolverhampton, Wolverhampton, UK.

### **Abstract**

Despite highly prevalent use of drug combinations in psychiatry, combination products are not commonly available. We aimed to systematically review the evidence for the use and efficacy of combination products in the practice of psychiatry. Systematic search of major data bases yielded nine double-blind randomized controlled trials, which generated 15 comparisons of combination products against a single therapeutic agent, that included a placebo. All these studies included 2827 participants: 976 in their combination products arms and 1851 patients in the comparator arms. The number of combination products were identified, but all except two studies tested only one combination drug (e.g. olanzapine and fluoxetine (OFC)). All combined formulations were significantly superior to a single agent, with standardized mean distance (SMD) of - 0.29 (confidence interval (CI) = - 0.43, - 0.14;  $p < 0.001$ ) in improving depression. In the subgroup analysis, the OFC combination was significantly superior to a single therapeutic agent for bipolar depression (SMD = - 0.32; CI = - 0.45, - 0.19;  $p < 0.001$ ) and for treatment-resistant depression (SMD = - 0.29; CI = - 0.49, - 0.08;  $p < 0.005$ ), but not

for borderline personality nor major depressive disorder (MDD). The evidence in general medicine suggests that combination products can offer significant advantage in improving efficacy and treatment adherence; but in psychiatry, research and development in fixed-dose combinations has been limited.

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PMID: 25151108 [PubMed - as supplied by publisher]

[Related citations](#)



9. Psychiatry Res. 2014 Aug 8. pii: S0165-1781(14)00659-3. doi: 10.1016/j.psychres.2014.07.080. [Epub ahead of print]

## **Differential predictive validity of HCR-20 for inpatient aggression.**

[O'Shea LE](#)<sup>1</sup>, [Picchioni MM](#)<sup>1</sup>, [Mason FL](#)<sup>1</sup>, [Sugarman PA](#)<sup>1</sup>, [Dickens GL](#)<sup>2</sup>.

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### **Abstract**

The HCR-20 may be a better predictor of inpatient aggression for selected demographic and clinical groups but homogeneity of study samples has prevented definitive conclusions. The aim of this study, therefore, was to test the predictive validity of the HCR-20 as a function of gender, diagnosis, age, and ethnicity while controlling for potential covariates. A pseudo-prospective cohort study (n=505) was conducted in a UK secure/forensic mental health setting using routinely collected data. The HCR-20 predicted aggression better for women than men, and for people with schizophrenia and/or personality disorder than for other diagnostic groups. In women, the presence of the risk management items (R5) was important while men's aggression was best predicted solely by current clinical features from the C5 scale. R5 items were better than C5 items for predicting aggression in people with organic and developmental diagnoses. Our data provide additional information on which HCR-20 raters can formulate overall summary judgements about risk for inpatient aggression based on important demographic and clinical characteristics.

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PMID: 25150922 [PubMed - as supplied by publisher]

[Related citations](#)



10. Personal Disord. 2014 Aug 25. [Epub ahead of print]

## [Illusory Superiority and Schizotypal Personality: Explaining the Discrepancy Between Subjective/Objective Psychopathology.](#)

[Cohen AS](#), [Auster TL](#), [MacAulay RK](#), [McGovern JE](#).

### **Abstract**

An interesting paradox has emerged from the literature regarding schizotypy-defined as the personality organization reflecting a putative liability for schizophrenia-spectrum disorders. Across certain cognitive, emotional, quality of life, and other functional variables, individuals with schizotypy report experiencing relatively severe levels of pathology. However, on objective tests of these same variables, individuals with schizotypy perform largely in the healthy range. These subjective impairments are paradoxical in that individuals with schizotypy, typically recruited from undergraduate college populations, should be healthier in virtually every conceivable measure compared to chronic, older outpatients with severe mental illness. The present study evaluated the idea that the subjective deficits associated with schizotypy largely reflect a lack of illusory superiority bias-a normally occurring bias associated with an overestimation of self-reported positive qualities and underestimation of negative qualities compared to others. In the present study, both state-measured using laboratory emotion-induction methods-and trait positive and negative emotion was assessed across self (e.g., how do you feel at this moment?) and other (e.g., how do most people feel at this moment?) domains in 39 individuals with self-reported schizotypy and 39 matched controls. Controls demonstrated an illusory superiority effect across both state and trait measures whereas individuals with schizotypy did not. These results were not explained by severity of mental health symptoms. These results suggest that a cognitive bias, or lack thereof, is a marker of schizotypy and a potential target for further research and therapy. (PsycINFO Database Record (c) 2014 APA, all rights reserved). PMID: 25150366 [PubMed - as supplied by publisher]

[Related citations](#)

11. Front Psychiatry. 2014 Aug 6;5:91. doi: 10.3389/fpsy.2014.00091. eCollection 2014.

# Neurological abnormalities in recent-onset schizophrenia and asperger-syndrome.

[Hirjak D](#)<sup>1</sup>, [Wolf RC](#)<sup>2</sup>, [Koch SC](#)<sup>3</sup>, [Mehl L](#)<sup>1</sup>, [Kelbel JK](#)<sup>1</sup>, [Kubera KM](#)<sup>1</sup>, [Traeger T](#)<sup>4</sup>, [Fuchs T](#)<sup>1</sup>, [Thomann PA](#)<sup>1</sup>.

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<sup>4</sup>Personality, Psychological Assessment, and Psychological Methods, Department of Psychology, University of Koblenz Landau , Landau , Germany.

## **Abstract**

### **BACKGROUND:**

Neurological abnormalities including a variety of subtle deficits such as discrete impairments in sensory integration, motor coordination (MOCO), and sequencing of complex motor acts are frequently found in patients with schizophrenia (SZ) and commonly referred to as neurological soft signs (NSS). Asperger-syndrome (AS) is characterized by sensory-motor difficulties as well. However, the question whether the two disorders share a common or a disease-specific pattern of NSS remains unresolved.

### **METHOD:**

A total of 78 age- and education-matched participants [26 patients with recent-onset SZ, 26 individuals with AS, and 26 healthy controls (HC)] were recruited for the study. Analyses of covariance (ANCOVAs), with age, years of education, and medication included as covariates, were used to examine group differences on total NSS and the five subscale scores. Discriminant analyses were employed to identify the NSS subscales that maximally discriminate between the three groups.

### **RESULTS:**

Significant differences among the three groups were found in NSS total score and on the five NSS subscales. The clinical groups differed significantly in the NSS subscale MOCO. The correct discriminant rate between patients with SZ and individuals with AS was 61.5%. The

correct discriminant rate was 92.3% between individuals with AS and HC, and 80.8% between SZ patients and HC, respectively.

## CONCLUSION:

Our findings provide new evidence for the presence of NSS in AS and lend further support to previously reported difficulties in movement control in this disorder. According to the present results, SZ and AS seem to be characterized by both quantitative and qualitative NSS expression.

PMCID: PMC4123603 **Free PMC Article**

PMID: 25147527 [PubMed]

[Related citations](#)



12. J Headache Pain. 2014 Aug 21;15(1):52. doi: 10.1186/1129-2377-15-52.

# [Estimating the prevalence and burden of major disorders of the brain in Nepal: methodology of a nationwide population-based study.](#)

[Manandhar K](#), [Risal A](#), [Steiner TJ](#), [Holen A](#), [Koju R](#), [Linde M](#)<sup>1</sup>.

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## Abstract

### BACKGROUND:

The major disorders of the brain (MDBs), in terms of their prevalence and the burdens of ill health, disability and financial cost that they impose on individuals and society, are headache, depression and anxiety. No population-based studies have been conducted in Nepal.

### AIM:

Our purpose was to assess the prevalence and burden attributable to MDBs in Nepal in order to inform health policy. Here we report the methodology.

## **METHODS:**

The unusual sociocultural diversity and extreme geographical variation of the country required adaptation of standard methodology. We ran pre-pilot and pilot studies before embarking on the main study. The study design was cross-sectional. The population of interest were adults aged 18-65 years who were Nepali speaking and living in Nepal. We selected, employed and trained groups of interviewers to visit randomly selected households by cold-calling. Households were selected from 15 representative districts out of 75 in the country through multistage cluster sampling. One participant was selected randomly from each household. We used structured questionnaires (the HARSHIP questionnaire, Hospital Anxiety and Depression Scale, and Eysenck Personality Questionnaire -Neuroticism), culturally adapted and translated into Nepali. We recorded blood pressure, weight, height and waist circumference, and altitude of each household. We implemented various quality-assurances measures.

## **RESULTS:**

We completed the survey in one month, prior to onset of the monsoon. Among 2,210 selected households, all were contacted, 2,109 were eligible for the study and, from these, 2,100 adults participated. The participation rate was 99.6%.

## **CONCLUSION:**

Standard methodology was successfully applied in Nepal, with some adaptations. The sociocultural and extraordinary geographic diversity were challenging, but did not require us to compromise the scientific quality of the study.

PMCID: PMC4144696 **Free Article**

PMID: 25146939 [PubMed - in process]

[Related citations](#)



13. Br J Clin Psychol. 2014 Aug 22. doi: 10.1111/bjc.12064. [Epub ahead of print]

# **Do personality traits predict outcome of psychodynamically oriented psychosomatic**

# inpatient treatment beyond initial symptoms?

[Steinert C](#)<sup>1</sup>, [Klein S](#), [Leweke F](#), [Leichsenring F](#).

Author information:

<sup>1</sup>Clinic for Psychosomatic Medicine and Psychotherapy, University of Giessen, Germany.

## **Abstract**

### **OBJECTIVES:**

Whether personality characteristics have an impact on treatment outcome is an important question in psychotherapy research. One of the most common approaches for the description of personality is the five-factor model of personality. Only few studies investigated whether patient personality as measured with the NEO-Five-Factor Inventory (NEO-FFI, Costa & McCrae [1992b]. Revised NEO-PI-R and NEO-FFI. Professional manual. Odessa, FL: Psychological Assessment Resources) predicts outcome. Results were inconsistent. Studies reporting personality to be predictive of outcome did not control for baseline symptoms, while studies controlling initial symptoms could not support these findings. We hypothesized that after taking into account baseline symptoms, the NEO-FFI would not predict outcome and tested this in a large sample of inpatients at a psychosomatic clinic.

### **DESIGN:**

Naturalistic, non-controlled study using patients' data for multiple regression analysis to identify predictors of outcome.

### **METHODS:**

Data of 254 inpatients suffering primarily from depressive, anxiety, stress, and somatoform disorders were analysed. Personality was assessed at the beginning of therapy. For psychotherapy outcome, changes in anxiety and depression (Hospital Anxiety and Depression Scale; HADS), overall psychopathology (Symptom Checklist-90-R Global Severity Index [GSI]), and interpersonal problems (Inventory of Interpersonal Problems; IIP) were measured.

### **RESULTS:**

The treatment resulted in significant decreases on all outcome measures corresponding to moderate to large effect sizes (HADS:  $d = 1.03$ ; GSI:  $d = 0.90$ ; IIP:  $d = 0.38$ ). Consistent with our hypothesis, none of the personality domains predicted outcome when baseline symptoms were controlled for.

## CONCLUSIONS:

Personality assessment at baseline does not seem to have an added value in the prediction of inpatient psychotherapy outcome beyond initial symptoms.

## PRACTITIONER POINTS:

Clinical implications Personality dimensions overlap with symptomatic distress. Rather than serve as predictors of outcome, the domains tapped by the NEO-FFI reflect current psychological symptomatology in inpatients with depressive, anxiety, stress or somatoform disorders. From a clinician's point of view monitoring individual progress by using actuarial measures is more valuable than trying to predict who will benefit from treatment using personality assessments. Limitations of the study Diagnostic assessment was solely based on clinical evaluation rather than structured interviews. Twenty-five per cent of the original sample had to be excluded due to missing data. There was a focus on only one set of client characteristics (i.e., five-factor model personality traits). Assessment of personality domains in the acute phase of a mental disorder may be problematic and could have influenced findings.

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PMID: 25145630 [PubMed - as supplied by publisher]

[Related citations](#)

14. Neuropsychiatr Dis Treat. 2014 Aug 11;10:1469-77. doi: 10.2147/NDT.S50421. eCollection 2014.

## [Post-traumatic epilepsy: current and emerging treatment options.](#)

[Szaflarski JP](#)<sup>1</sup>, [Nazzal Y](#)<sup>1</sup>, [Dreer LE](#)<sup>2</sup>.

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<sup>2</sup>Department of Ophthalmology, University of Alabama at Birmingham, Birmingham, AL, USA.

## Abstract

Traumatic brain injury (TBI) leads to many undesired problems and complications, including immediate and long-term seizures/epilepsy, changes in mood, behavioral, and personality problems, cognitive and motor deficits, movement disorders, and sleep problems. Clinicians involved in the treatment of patients with acute TBI need to be aware of a number of issues,

including the incidence and prevalence of early seizures and post-traumatic epilepsy (PTE), comorbidities associated with seizures and anticonvulsant therapies, and factors that can contribute to their emergence. While strong scientific evidence for early seizure prevention in TBI is available for phenytoin (PHT), other antiepileptic medications, eg, levetiracetam (LEV), are also being utilized in clinical settings. The use of PHT has its drawbacks, including cognitive side effects and effects on function recovery. Rates of recovery after TBI are expected to plateau after a certain period of time. Nevertheless, some patients continue to improve while others deteriorate without any clear contributing factors. Thus, one must ask, 'Are there any actions that can be taken to decrease the chance of post-traumatic seizures and epilepsy while minimizing potential short- and long-term effects of anticonvulsants?' While the answer is 'probably,' more evidence is needed to replace PHT with LEV on a permanent basis. Some have proposed studies to address this issue, while others look toward different options, including other anticonvulsants (eg, perampanel or other AMPA antagonists), or less established treatments (eg, ketamine). In this review, we focus on a comparison of the use of PHT versus LEV in the acute TBI setting and summarize the clinical aspects of seizure prevention in humans with appropriate, but general, references to the animal literature.

PMCID: PMC4136984 **Free PMC Article**

PMID: 25143737 [PubMed]

[Related citations](#)



15. Int J Soc Psychiatry. 2014 Sep;60(6):615. doi: 10.1177/0020764014546444.

## [Corrigendum.](#)

[No authors listed]

### **Abstract**

Corrigendum to Personality disorders in a community sample in Turkey: Prevalence, associated risk factors, temperament and character dimensions published in International Journal of Social Psychiatry, Volume 60 Issue 2, March 2014, pages 139-147. On page 139 of this article "Participants with PD were more likely to have higher self-directedness and cooperativeness scores" should be "Participants with PD were more likely to have lower self-directedness and cooperativeness scores". On page 145-146 of this article "As indicated by large effect sizes, we observed a strong association for all three PD clusters with higher TCI self-directedness sub-scale (SD total) scores; for cluster A and B diagnoses with higher cooperativeness sub-scale (C total) scores; and for cluster B diagnoses with higher SD1 (responsibility vs blaming), SD2 (purposefulness vs lack of goal direction), C4 (compassion vs revengefulness) and C5 (fairness/principles vs self-serving opportunism) sub-scale scores." should be "As indicated by large effect sizes, we observed a strong association for all three PD clusters with lower TCI self-directedness sub-scale (SD total) scores; for cluster

A and B diagnoses with lower cooperativeness sub-scale (C total) scores; and for cluster B diagnoses with lower SD1 (responsibility vs blaming), SD2 (purposefulness vs lack of goal direction), C4 (compassion vs revengefulness) and C5 (fairness/principles vs self-serving opportunism) sub-scale scores."

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PMID: 25143438 [PubMed - in process]

[Related citations](#)



16. World J Biol Psychiatry. 2014 Aug 20:1-7. [Epub ahead of print]

## [Impact of lifetime psychiatric diagnosis on long-term retention and survival of former opiate addicts in methadone maintenance treatment.](#)

[Peles E](#)<sup>1</sup>, [Schreiber S](#), [Domany Y](#), [Adelson M](#).

Author information:

<sup>1</sup>Dr. Miriam & Sheldon G. Adelson Clinic for Drug Abuse, Treatment & Research , Tel Aviv , Israel.

### **Abstract**

**Objectives.** To characterize lifetime psychiatric diagnosis groups among methadone maintenance treatment (MMT) patients and associations of diagnosis to long-term (up to 20 years) retention and survival either during treatment or post discontinuation. **Methods.** A total of 758 patients with available psychiatric diagnosis (98% of those ever admitted between June 1993 and June 2012) were followed-up until June 2013. Lifetime psychiatric diagnosis was assessed according to DSM-IV-TR (Axis I, II, I & II, or none). Observed urine samples at 1 and 13 months were positive for drugs if at least one was positive. Survival data were based on the Israel National Population Registry. Survival and retention in MMT were compared (Kaplan Meier) between groups. **Results.** The Axis II (personality disorders) group had the worst mean long-term retention (5.8 years, 95% Confidence Interval (CI) 5.0-6.5) compared with the Axis I, Axis I & II or no psychiatric diagnosis groups (9.6 years, 95% CI 8.8-10.4) ( $P < 0.0005$ ). Mean survival since admission (16.4 years, 95% CI 15.9-16.9) was similar for all groups. Axis II patients included more males, more drug injectors, were younger at initial opiate use and more likely left treatment before 1 year. **Conclusions.** Personality and coping mechanisms (Axis II) could be significant obstacles to the success of MMT, warranting special interventions to overcome them.

PMID: 25140586 [PubMed - as supplied by publisher]

[Related citations](#)



17. Soc Cogn Affect Neurosci. 2014 Aug 19. pii: nsu108. [Epub ahead of print]

## [The association between the 5-HTTLPR and neural correlates of fear conditioning and connectivity.](#)

[Klucken T](#)<sup>1</sup>, [Schweckendiek J](#)<sup>2</sup>, [Blecker C](#)<sup>3</sup>, [Walter B](#)<sup>3</sup>, [Kuepper Y](#)<sup>4</sup>, [Hennig J](#)<sup>4</sup>, [Stark R](#)<sup>5</sup>.

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<sup>2</sup>2 Bender Institute of Neuroimaging, Justus Liebig University Giessen.

### **Abstract**

Strong evidence links the 5-HTTLPR genotype to the modulation of amygdala reactivity, which is considered to convey the increased vulnerability for anxiety disorders in s-allele carriers. In addition to amygdala reactivity, the 5-HTTLPR has been shown to be related to alterations in structural and effective connectivity. The aim of this study was to investigate the effects of 5-HTTLPR genotype on amygdala reactivity and effective connectivity during fear conditioning, as well as structural connectivity (as measured by diffusion tensor imaging). In order to integrate different classification strategies, we used the bi-allelic (s-allele vs. l/l-allele group) as well as the tri-allelic (low-functioning vs. high-functioning) classification approach. S-allele carriers showed exaggerated amygdala reactivity and elevated amygdala-insula coupling during fear conditioning (CS+ > CS-) compared with the l/l-allele group. In addition, DTI analysis showed increased FA-values in s-allele carriers within the uncinate fasciculus. approach, increased amygdala reactivity and amygdala insula coupling were observed in the low-functioning compared the high-functioning group. No significant differences between the two groups were found in structural connectivity. The present results add to the current debate on the influence of the 5-HTTLPR on brain

functioning. These differences between s-allele and l/l-allele carriers may CONTRIBUTE: to altered vulnerability for psychiatric disorders.

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PMID: 25140050 [PubMed - as supplied by publisher]

[Related citations](#)



18. Neuroimage. 2014 Aug 16. pii: S1053-8119(14)00679-X. doi: 10.1016/j.neuroimage.2014.08.018. [Epub ahead of print]

## [Dopamine D1 receptor availability is related to social behavior: A positron emission tomography study.](#)

[Sigray PP](#)<sup>1</sup>, [Gustavsson P](#)<sup>2</sup>, [Farde L](#)<sup>2</sup>, [Borg J](#)<sup>2</sup>, [Stenkrona P](#)<sup>2</sup>, [Nyberg L](#)<sup>3</sup>, [Bäckman L](#)<sup>4</sup>, [Cervenka S](#)<sup>2</sup>.

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<sup>4</sup>Aging Research Center, Karolinska Institutet, Sweden.

### **Abstract**

Dysfunctional interpersonal behavior is thought to underlie a wide spectrum of psychiatric disorders; however, the neurobiological underpinnings of these behavioral disturbances are poorly understood. Previous molecular imaging studies have shown associations between striatal dopamine (DA) D2-receptor binding and interpersonal traits, such as social conformity. The objective of this study was to explore, for the first time, the role of DA D1-receptors (D1-Rs) in human interpersonal behavior. Twenty-three healthy subjects were examined using positron emission tomography and the radioligand [<sup>11</sup>C]SCH23390, yielding D1-R binding potential values. Striatal D1-R binding was related to personality scales selected to specifically assess one dimension of interpersonal behavior, namely a combination of affiliation and dominance (i.e., the Social Desirability, Verbal Trait Aggression and Physical Trait Aggression scales from Swedish Universities Scales of Personality). An exploratory analysis was also performed for extrastriatal brain regions. D1-

R binding potential values in the limbic striatum ( $r=.52$ ;  $p=.015$ ), associative striatum ( $r=.55$ ;  $p=.009$ ), and sensorimotor striatum ( $r=.67$ ;  $p=.001$ ) were positively related to Social Desirability scores. D1-R binding potential in the limbic striatum ( $r=-.51$ ;  $p=.019$ ) was negatively associated with Physical Trait Aggression scores. For extrastriatal regions, Social Desirability scores showed positive correlations in the amygdala ( $r=.60$ ;  $p=.006$ ) and medial frontal cortex ( $r=.60$ ;  $p=.004$ ). This study provides further support for the role of DA function in the expression of disaffiliative and dominant traits. Specifically, D1-R availability may serve as a marker for interpersonal behavior in humans. Associations were demonstrated for the same dimension of interpersonal behavior as for D2-R, but in the opposite direction, suggesting that the two receptor subtypes are involved in the same behavioral processes, but with different functional roles.

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PMID: 25134976 [PubMed - as supplied by publisher]

[Related citations](#)



19. Psychol Addict Behav. 2014 Aug 18. [Epub ahead of print]

## [Psychiatric Correlates of Injection Risk Behavior Among Young People Who Inject Drugs.](#)

[Mackesy-Amiti ME](#), [Donenberg GR](#), [Ouellet LJ](#).

### **Abstract**

People who inject drugs (PWID) and have mental health conditions, such as major depression, an anxiety disorder, or antisocial or borderline personality disorder, may have elevated risk for HIV and HCV infection. This study examined the associations between psychiatric disorders and risky injection behavior in an out-of-treatment sample of young PWID. We recruited participants through outreach and respondent-driven sampling (RDS). Participants completed a computer-assisted self-interview and a psychiatric interview. Interviews took place at a community-based field site of the Community Outreach Intervention Projects. Participants were 570 young adults (18 to 25 years) who injected drugs in the previous 30 days. Psychiatric diagnoses were based on interviews using the Psychiatric Research Interview for Substance and Mental Disorders (PRISM). Injection behavior was classified into 3 categories: receptive syringe sharing, other equipment sharing only, and no sharing. Associations between injection risk behavior and psychiatric diagnoses were tested using RDS-weighted multinomial regressions. Substance-induced lifetime and past-year major depression, and borderline personality disorder, were significantly associated with a greater likelihood of receptive syringe sharing ( $p < .001$ ). Substance-induced major

depression in the past year was also associated with nonsyringe equipment sharing ( $p < .01$ ). Primary major depression, antisocial personality disorder, and anxiety disorders other than posttraumatic stress disorder were slightly more prevalent among injectors who shared syringes; however, the associations were not statistically significant. Substance-induced major depression and borderline personality disorder are common among young PWID and are associated with risky injection behavior. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 25134053 [PubMed - as supplied by publisher]

[Related citations](#)

20. Health Psychol. 2014 Aug 18. [Epub ahead of print]

## **Five-Factor Personality Traits and Sleep: Evidence From Two Population-Based Cohort Studies.**

[Hintsanen M](#), [Puttonen S](#), [Smith K](#), [Törnroos M](#), [Jokela M](#), [Pulkki-Råback L](#), [Hintsala T](#), [Merjonen P](#), [Dwyer T](#), [Raitakari OT](#), [Venn A](#), [Keltikangas-Järvinen L](#).

### **Abstract**

Objective: The current study examines associations between five factor personality traits and average sleep duration, sleep deficiency, and sleep problems. Method: The participants were from two population-based samples from Australia ( $n = 1,104$ , age range 31-41) and Finland ( $n = 1,623$ , age range 30-45). Self-reports of sleep behavior, sleep problems (Jenkin's scale), and five factor model personality traits (NEO-FFI) were collected. Associations between personality traits and sleep were analyzed with linear regressions. Results: The results showed that higher extraversion, agreeableness, and conscientiousness were, in general, associated with better sleep, whereas higher neuroticism was associated with sleeping less well. Openness was not associated with sleep. Most of the associations were replicable between the samples from the two countries, but personality traits explained only small part of the variance in sleep behavior. Conclusions: Increasing the knowledge on personality and sleep may benefit more personalized treatment of sleep disorders and help in personnel selection to jobs in which it is critical to stay alert. However, longitudinal research is needed to confirm the current findings. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 25133841 [PubMed - as supplied by publisher]

[Related citations](#)

21. World J Clin Cases. 2014 Aug 16;2(8):327-31. doi: 10.12998/wjcc.v2.i8.327.

# Dissociative symptoms and dissociative disorders comorbidity in obsessive compulsive disorder: Symptom screening, diagnostic tools and reflections on treatment.

[Belli H.](#)

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## **Abstract**

Borderline personality disorder, conversion disorder and obsessive compulsive disorder frequently have dissociative symptoms. The literature has demonstrated that the level of dissociation might be correlated with the severity of obsessive compulsive disorder (OCD) and that those not responding to treatment had high dissociative symptoms. The structured clinical interview for DSM-IV dissociative disorders, dissociation questionnaire, somatoform dissociation questionnaire and dissociative experiences scale can be used for screening dissociative symptoms and detecting dissociative disorders in patients with OCD. However, a history of neglect and abuse during childhood is linked to a risk factor in the pathogenesis of dissociative psychopathology in adults. The childhood trauma questionnaire-53 and childhood trauma questionnaire-40 can be used for this purpose. Clinicians should not fail to notice the hidden dissociative symptoms and childhood traumatic experiences in OCD cases with severe symptoms that are resistant to treatment. Symptom screening and diagnostic tools used for this purpose should be known. Knowing how to treat these pathologies in patients who are diagnosed with OCD can be crucial.

PMCID: PMC4133421 **Free PMC Article**

PMID: 25133142 [PubMed]

[Related citations](#)



22. Addict Behav. 2014 Aug 8;39(12):1839-1845. doi: 10.1016/j.addbeh.2014.07.031. [Epub ahead of print]

# Comorbidity of psychiatric disorders with Internet addiction in a clinical sample: The effect of personality, defense style and psychopathology.

[Floros G](#)<sup>1</sup>, [Siomos K](#)<sup>2</sup>, [Stogiannidou A](#)<sup>3</sup>, [Giouzevas I](#)<sup>4</sup>, [Garyfallos G](#)<sup>4</sup>.

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<sup>4</sup>2nd Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki, Greece.

## **Abstract**

This study aims to contribute to the understanding of underlying causes for the development of Internet Addiction Disorder (IAD) and assess comorbidity with other mental disorders through the analysis of data from a clinical sample of college students who presented for treatment of IAD. The clinical sample of our study has demonstrated a high percentage of comorbidity with Axis I and II disorders, while the temporal precedence of the establishment of those disorders cannot lead to specific conclusions. Half of the sample (25/50) presented with comorbidity of another Axis I disorder and 38% (19/50) with a concurrent Axis II personality disorder. The majority of Axis I disorders (51.85%) were reported before the onset of IAD, 33.3% after the onset while it was unclear in 14.81% of cases. The examination of a path model demonstrated that important contributions to the understanding of this disorder can be made through concepts from the neurobiological, trait personality paradigm, as well as from the psychodynamic defense style paradigm. Comorbid psychopathology can further exacerbate the presentation of IAD through a direct link, regardless of the underlying personality structure. The clinician treating IAD patients should complete a clinical evaluation for comorbid Axis I and II diagnoses since their presence may signify a more serious presentation.

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PMID: 25129172 [PubMed - as supplied by publisher]

[Related citations](#)

23. Harv Rev Psychiatry. 2014 Aug 14. [Epub ahead of print]

## **Malignant Self-Regard: A Self-Structure Enhancing the Understanding of Masochistic, Depressive, and Vulnerably Narcissistic Personalities.**

[Huprich SK.](#)

Author information:

From the Department of Psychology, Eastern Michigan University.

### **Abstract**

Several personality disorders have been prominent in the clinical literature but have been inadequately recognized in the diagnostic manuals. This group includes masochistic, self-defeating, depressive, and vulnerably narcissistic personality disorders. The theoretical and empirical relationship of these disorders is reviewed. It is proposed that the construct of malignant self-regard may account for the similarities among them. The construct describes these personality types as being fundamentally related through problematic manifestations of self-structure. The article discusses the diagnostic value of such a construct and the implications of a psychodynamically informed framework for classifying personality pathology.

PMID: 25126762 [PubMed - as supplied by publisher]

[Related citations](#)

24. Crim Behav Ment Health. 2014 Aug 14. doi: 10.1002/cbm.1926. [Epub ahead of print]

## **Assessment of psychiatric disorders among sex offenders: Prevalence and associations with criminal history.**

[Chen YY<sup>1</sup>](#), [Chen CY](#), [Hung DL](#).

Author information:

<sup>1</sup>Institute of Cognitive Neuroscience, National Central University, Jhongli City, Taoyuan County, 32001, Taiwan.

## **Abstract**

### **BACKGROUND:**

Much of the research on the prevalence of psychiatric disorders among sex offenders has been conducted in the USA or Europe. Less is known about it in other regions, particularly in Asia.

### **AIMS:**

The objective of this study is to determine the prevalence of psychiatric disorders among sex offenders in Taiwan and their associations with offender characteristics and criminal history.

### **METHODS:**

Participants were randomly selected from men serving sentences in Taiwan's prison for serious sex offenders. Consenting men were assessed using the structured clinical interviews for DSM-IV-TR Axis I and II disorders. Demographics and criminal history were also recorded.

### **RESULTS:**

Over two-thirds of the 68 participants met criteria for one or more lifetime Axis I disorders, and nearly 60% met criteria for one or more Axis II disorder. The higher the number of Axis I and cluster B personality disorders, the higher was the total number of convictions.

### **CONCLUSIONS:**

Our study adds to the literature that suggests that psychiatric assessment is likely to have an important role in the management and treatment of sex offenders. The finding that multiple disorders are common in this group and associated with more convictions for sex offences suggests that failure to include psychiatric assessment in planning the management of sex offenders may increase the risk of recidivism. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25125391 [PubMed - as supplied by publisher]

[Related citations](#)



# Subtypes of Non-Suicidal Self-Injury Based on Childhood Adversity.

[Vaughn MG](#)<sup>1</sup>, [Salas-Wright CP](#), [Underwood S](#), [Gochez-Kerr T](#).

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## **Abstract**

The aim of this study was to examine the latent clusters in non-suicidal self-injury (NSSI) based on childhood adversity. Data were derived from Waves I (2001-2002) and II (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions, a nationally representative sample of U.S. adults. Individuals engaging in NSSI (N = 672) comprised the analytic sample. Latent class statistical analysis was undertaken to elucidate the latent structure of NSSI based on child experiences of physical and sexual abuse, neglect, and family violence. Four-classes of respondents were identified vis-à-vis childhood adversities. A low abuse/neglect class (35.7 % of respondents, 91.1 % male) demonstrated less mental health and substance use comorbidity and antisocial behavior. A sexual abuse class (43.1 % of respondents, 98.6 % female) evinced somewhat lower levels of antisocial behavior than the other classes but similarly high levels of mental health disorder and a non-sexual abuse/neglect class (8.3 % of respondents, 91.5 % male) characterized by varied and intensive forms of antisocial and externalizing behaviors. Finally, a severe high abuse/neglect/family violence class (12.95 % of respondents, 100 % female) demonstrated high levels of clinical psychiatric and personality disorders. The current project is a nationally representative study of NSSI latent clusters and extends and validates the existence of NSSI subtypes revealed by prior research.

PMID: 25124121 [PubMed - as supplied by publisher]

[Related citations](#)



26. *Neurosci Lett*. 2014 Aug 12;580C:137-141. doi: 10.1016/j.neulet.2014.08.007. [Epub ahead of print]

# The free-exploratory paradigm as a model of trait anxiety in female rats: Test-retest reliability.

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## **Abstract**

The free-exploratory paradigm has been proposed as a model of trait anxiety and as such has been proven stable over time, which is a sine qua non condition for any model proposing to evaluate a personality trait. However this stability has only been shown for male rats. Considering that anxiety disorders are most prevalent in women, it's crucial that females are tested in animal models. With this in mind, the stability over time of female rats in the free-exploratory paradigm was evaluated using a test-retest procedure. The behaviour of drug-naive, adult, female, Wistar rats was measured in the free-exploratory apparatus on two occasions two months apart. The following parameters were evaluated: percentage of distance travelled in the novel compartment; number of attempts to enter the novel compartment; percentage of time spent in the novel compartment; and percentage of time rearing in the novel compartment. Subsequently, the intraclass correlation coefficient (ICC) and the kappa index ( $\kappa$ ) were calculated for each of these parameters. The "percentage of time spent in the novel compartment" (ICC=0.727;  $\kappa$ =0.457), the "percentage of distance travelled in the novel compartment" (ICC=0.680;  $\kappa$ =0.370), and the "percentage of time rearing in the novel compartment" (ICC=0.648;  $\kappa$ =0.309) were found to be stable over time. Analysis of these parameters indicated fair to substantial reliability over time in two-month inter-trial interval. Therefore, our results support the idea of the free-exploratory paradigm as an animal model of trait anxiety for female rats.

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PMID: 25123445 [PubMed - as supplied by publisher]

[Related citations](#)

# Lasting personality pathology following exposure to catastrophic trauma in adults: Systematic review.

[Munjiza J<sup>1</sup>](#), [Law V](#), [Crawford MJ](#).

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## **Abstract**

### **BACKGROUND:**

By definition, personality disorders (PDs) are evident in late childhood and adolescence, but evidence for personality pathology occurring after adolescence is unclear.

### **AIM:**

We aimed to review extant literature on personality change following exposure to catastrophic trauma in adults in order to identify the prevalence and clinical features of any long-term personality pathology.

### **METHOD:**

Relevant studies were identified by searching three bibliographic databases (MEDLINE, EMBASE and PsychINFO) from inception to November 2011 using terms related to personality and trauma.

### **RESULTS:**

No prospective studies that investigated long-term personality change following exposure to trauma in adults were found. Two retrospective studies reported the prevalence of enduring personality change of 2.6% and 6% (weighted prevalence 4.6%, 95% confidence interval 3.4-6.3%), and one study reported 20% increase in adult-onset antisocial behaviour following exposure to trauma. Findings from cross-sectional studies that examined the prevalence of PDs in people exposed to catastrophic trauma reported that Cluster C and Cluster A were the most common with avoidant, paranoid and obsessive-compulsive PDs among those most frequently reported.

## CONCLUSION:

A minority of adults who are exposed to severe trauma appear to go on to develop significant personality pathology. The observed personality disturbance is multifarious and more extensive than the prototype described in ICD-10. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25123294 [PubMed - as supplied by publisher]

[Related citations](#)

28. J Immigr Minor Health. 2014 Aug 14. [Epub ahead of print]

## Common Mental Disorders at the Time of Deportation: A Survey at the Mexico-United States Border.

[Bojorquez I<sup>1</sup>](#), [Aguilera RM](#), [Ramírez J](#), [Cerecero D](#), [Mejía S](#).

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### Abstract

Deportations from the United States (US) to Mexico increased substantially during the last decade. Considering deportation as a stressful event with potential consequences on mental health, we aimed to (1) estimate the prevalence of common mental disorders (CMD) among deported migrants; and (2) explore the association between migratory experience, social support and psychological variables, and CMD in this group. In repatriation points along the border, a probability sample of deportees responded to the Self Reporting Questionnaire (SRQ). The prevalence of CMD was 16.0 % (95 % CI 12.3, 20.6). There was a U-shaped association between time in the US and SRQ score. Times returned to Mexico, having a spouse in the US, number of persons in household, less social support, anxiety as a personality trait, and avoidant coping style were directly associated with SRQ score. Public health policies should address the need for mental health care among deported migrants.

PMID: 25118675 [PubMed - as supplied by publisher]

[Related citations](#)



29. Bipolar Disord. 2014 Aug 13. doi: 10.1111/bdi.12242. [Epub ahead of print]

# **Bipolar disorder and its relation to major psychiatric disorders: a family-based study in the Swedish population.**

[Song J<sup>1</sup>](#), [Bergen SE](#), [Kuja-Halkola R](#), [Larsson H](#), [Landén M](#), [Lichtenstein P](#).

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<sup>1</sup>Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm.

## **Abstract**

### **OBJECTIVES:**

Bipolar disorder (BPD) shares genetic components with other psychiatric disorders; however, uncertainty remains about where in the psychiatric spectra BPD falls. To understand the etiology of BPD, we studied the familial aggregation of BPD and co-aggregation between BPD and schizophrenia, depression, anxiety disorders, attention-deficit hyperactivity disorder, drug abuse, personality disorders, and autism spectrum disorders.

### **METHODS:**

A population-based cohort was created by linking several Swedish national registers. A total of 54,723 individuals with BPD were identified among 8,141,033 offspring from 4,149,748 nuclear families. The relative risk of BPD in relatives and the co-occurrence of other psychiatric disorders in patients with BPD and their relatives were compared to those of matched-population controls. Structural equation modeling was used to estimate the heritability and tetrachoric correlation.

### **RESULTS:**

The familial risks for relatives of BPD probands were 5.8-7.9 in first-degree relatives, and decreased with genetic distance. Co-occurrence risks for other psychiatric disorders were 9.7-22.9 in individuals with BPD and 1.7-2.8 in full siblings of BPD probands. Heritability for BPD was estimated at 58%. The correlations between BPD and other psychiatric disorders were considerable (0.37-0.62) and primarily due to genetic effects. The correlation with depression was the highest (0.62), and was 0.44 for schizophrenia.

### **CONCLUSIONS:**

The high familial risks provide evidence that genetic factors play an important role in the etiology of BPD, and the shared genetic determinants suggest pleiotropic effects across

different psychiatric disorders. Results also indicate that BPD is in both the mood and psychotic spectra, but possibly more closely related to mood disorders.

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PMID: 25118125 [PubMed - as supplied by publisher]

[Related citations](#)

30. J Gambl Stud. 2014 Aug 12. [Epub ahead of print]

## **Comorbid Problem Gambling and Major Depression in a Community Sample.**

[Quigley L<sup>1</sup>](#), [Yakovenko I](#), [Hodgins DC](#), [Dobson KS](#), [El-Guebaly N](#), [Casey DM](#), [Currie SR](#), [Smith GJ](#), [Williams RJ](#), [Schopflocher DP](#).

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### **Abstract**

Major depression is among the most common comorbid conditions in problem gambling. However, little is known about the effects of comorbid depression on problem gambling. The present study examined the prevalence of current major depression among problem gamblers (N = 105) identified from a community sample of men and women in Alberta, and examined group differences in gambling severity, escape motivation for gambling, family functioning, childhood trauma, and personality traits across problem gamblers with and without comorbid depression. The prevalence of major depression among the sample of problem gamblers was 32.4 %. Compared to problem gamblers without depression (n = 71), problem gamblers with comorbid depression (n = 34) reported more severe gambling problems, greater history of childhood abuse and neglect, poorer family functioning, higher levels of neuroticism, and lower levels of extraversion, agreeableness, and conscientiousness. Furthermore, the problem gamblers with comorbid depression had greater levels of childhood abuse and neglect, worse family functioning, higher neuroticism, and lower agreeableness and conscientiousness than a comparison sample of recreational gamblers with depression (n = 160). These findings underscore the need to address comorbid depression in assessment and treatment of problem gambling and for continued research on how problem gambling is related to frequently co-occurring disorders such as depression.

PMID: 25112217 [PubMed - as supplied by publisher]

[Related citations](#)



# **Single-Victim and Serial Sexual Homicide Offenders: Differences in Crime, Paraphilias and Personality Traits.**

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## **Abstract**

### **BACKGROUND:**

Information on psychopathological characteristics of sexual homicide offenders is scarce.

### **AIMS:**

To investigate criminal, paraphilic and personality trait differences between serial and single-victim sexual homicide offenders.

### **METHODS:**

All 73 single-victim and 13 serial sexual homicide offenders presenting within a cohort of 671 men sentenced for sexual crimes between 1994 and 2005 and serving their sentence in one high-security Canadian prison and who consented to interview were assessed and compared on their offending patterns, personality pathology and paraphilic behaviours.

### **RESULTS:**

Serial sexual homicide offenders were more likely than the single offenders to report deviant sexual fantasies, having selected victims with distinctive characteristics, to have targeted strangers, structured premeditation and/or verbal humiliation of their victims during the offences. Personality pathology, defined by at least two Diagnostic and Statistical Manual of Mental Disorders IV criteria for personality disorder, was common in both groups, but the serial offenders were more likely to have narcissistic, schizoid and/or obsessive-compulsive traits; they were also more likely to engage in sexual masochism, partialism, homosexual paedophilia, exhibitionism and/or voyeurism.

### **IMPLICATIONS FOR PRACTICE:**

Samples of serial sexual homicide offenders will, fortunately, always be small, and it may be that more could be learned to assist in preventing such crimes if data from several studies or centres were pooled. Our findings suggest that an investigation of sexual homicide offenders should include strategies for evaluating premeditation as well as personality and paraphilic characteristics. Crime scene features that should alert investigators should include similar characteristics between victims and particular aspects of body exposure or organisation. Copyright © 2014 John Wiley & Sons, Ltd.

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PMID: 25111158 [PubMed - as supplied by publisher]

[Related citations](#)



32.J Abnorm Psychol. 2014 Aug 11. [Epub ahead of print]

## [Comparing Criterion- and Trait-Based Personality Disorder Diagnoses in DSM-5.](#)

[Yam WH](#), [Simms LJ](#).

### **Abstract**

In the recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the official personality disorder (PD) classification system remains unchanged. However, DSM-5 also includes an alternative hybrid categorical-dimensional PD system in Section III to spur additional research. One defining feature of the alternative system is the incorporation of a trait model with PD-specific trait configurations, but relatively little work has evaluated how these traits map onto official PD diagnoses or their implications for diagnosis rates. To that end, we compared official PD criteria to Section III PD traits in a sample of current or recent psychiatric patients. We (a) evaluated the extent to which PD traits predicted traditional PD criterion counts, and (b) computed trait-based diagnosis rates and compared them to those reported in several published outpatient and epidemiological samples. Overall, PD traits generally predicted PD criterion counts, but with less than ideal specificity. In addition, we identified differences in diagnosis rates across approaches. These results provide some support for the Section III approach, but they also identify important areas in need of refinement and future study before the field could reasonably switch to a hybrid PD classification approach like that in Section III. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

PMID: 25111090 [PubMed - as supplied by publisher]

[Related citations](#)

33. *Neuropsychologia*. 2014 Aug 8;63C:26-33. doi: 10.1016/j.neuropsychologia.2014.07.035.  
[Epub ahead of print]

## **Synchronous activation within the default mode network correlates with perceived social support.**

[Che X](#)<sup>1</sup>, [Zhang Q](#)<sup>2</sup>, [Zhao J](#)<sup>3</sup>, [Wei D](#)<sup>1</sup>, [Li B](#)<sup>1</sup>, [Guo Y](#)<sup>1</sup>, [Qiu J](#)<sup>4</sup>, [Liu Y](#)<sup>1</sup>.

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### **Abstract**

Perceived social support emphasizes subjective feeling of provisions offered by family, friends and significant others. In consideration of the great significance of perceived social support to health outcomes, attempt to reveal the neural substrates of perceived social support will facilitate its application in a series of mental disorders. Perceived social support potentially relies on healthy interpersonal relationships calling for cognitive processes like perspective taking, empathy and theory of mind. Interestingly, functional activations and connectivity within the default mode network (DMN) are extensively involved in these interpersonal skills. As a result, it is proposed that synchronous activities among brain regions within the DMN will correlate with self-report of perceived social support. In the present study, we tried to investigate the associations between coherence among the DMN regions and perceived social support at resting state. A total of 333 (145 men) participants were directed to fulfill the Multidimensional Scale of Perceived Social Support (MSPSS) after a 484-s functional magnetic resonance imaging (fMRI) scanning without any task. As a result, seed-based functional connectivity and power spectrum analyses revealed that heightened synchronicity among the DMN regions was associated with better performance on perceived social support. Moreover, results in the present study were independent of different methods, structural changes, and general cognitive performance.

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PMID: 25111033 [PubMed - as supplied by publisher]

[Related citations](#)



34. Logoped Phoniatr Vocol. 2014 Aug 11:1-6. [Epub ahead of print]

## **Reflections on clinical expertise and silent know-how in voice therapy.**

[Iwarsson J.](#)

Author information:

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### **Abstract**

The concept of 'clinical expertise' is described as a part of evidence-based practice (EBP) together with 'external scientific evidence' and 'patient values and perspectives'. However, clinical expertise in the management of voice disorders has not been described or discussed in much detail. The expertise seems to consist partly of silent know-how that, from the outside, may seem improperly related to the personality of the speech-language pathologist or exclusively dependent on the number of years in the field. In this paper, it is suggested that clinical expertise in voice therapy consists of specific skills that can be explicitly described and trained. These skills are discussed together with educational aspects that contribute to the development of clinical expertise. The skills are also discussed from the perspectives of the past, present, and future.

PMID: 25110954 [PubMed - as supplied by publisher]

[Related citations](#)



35. J Pers. 2014 Aug 11. doi: 10.1111/jopy.12119. [Epub ahead of print]

## **Triarchic Model of Psychopathy: Origins, Operationalizations, and Observed Linkages with Personality and General Psychopathology.**

[Patrick CJ](#)<sup>1</sup>, [Drislane LE](#); [Florida State University](#).

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<sup>1</sup>Department of Psychology, Florida State University, Tallahassee, FL 32306.

## **Abstract**

The Triarchic model (Patrick, Fowles, & Krueger, 2009) was formulated to reconcile contrasting conceptions of psychopathy reflected in historic writings and contemporary assessment instruments, and to address persisting unresolved issues in the field. The model conceives of psychopathy as encompassing three distinct but interrelated phenotypic dispositions-disinhibition, boldness, and meanness-with biological referents. These dispositional constructs can be viewed as building blocks for alternative conceptions of psychopathy, and various existing psychopathy measures are presumed to index these constructs to differing degrees. This article summarizes the bases of the Triarchic model in the conceptual and empirical literatures on psychopathy, and describes linkages between the constructs of the model and established structural frameworks for personality and psychological disorders. Alternative methods for indexing the constructs of the model are described and evidence regarding their interrelations and criterion-related validity is reviewed. Promising aspects of the model for ongoing research on psychopathy are discussed, along with current gaps in knowledge/methods and recommended avenues for future research.

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PMID: 25109906 [PubMed - as supplied by publisher]

[Related citations](#)

36. Schizophr Res. 2014 Aug 5. pii: S0920-9964(14)00368-5. doi: 10.1016/j.schres.2014.07.011. [Epub ahead of print]

## **Prevalence and impact of childhood abuse in people with a psychotic illness. Data from the second Australian national survey of psychosis.**

[Shah S](#)<sup>1</sup>, [Mackinnon A](#)<sup>2</sup>, [Galletly C](#)<sup>3</sup>, [Carr V](#)<sup>4</sup>, [McGrath JJ](#)<sup>5</sup>, [Stain HJ](#)<sup>6</sup>, [Castle D](#)<sup>7</sup>, [Harvey C](#)<sup>8</sup>, [Sweeney S](#)<sup>9</sup>, [Morgan VA](#)<sup>10</sup>.

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## **Abstract**

Child abuse has been associated with risk of mental illness, including schizophrenia and other psychotic disorders and, among those with mental illness, with a more severe clinical profile. Using an extensively characterised and epidemiologically representative sample of 1825 Australians with a psychotic illness aged 18-64 years and in contact with mental health services, we estimated the proportion of individuals with psychotic disorders who self-reported child abuse and examined its relationship with clinical and other characteristics. The prevalence of child abuse in this nationally representative sample of people with psychotic illness was 30.6%. Women were almost three times more likely to report child abuse compared to males (OR, 2.8, 95% CI 2.3-3.4). When adjusted for age at interview and socio-economic status, there was no significant relationship between self-reported child abuse and type of psychosis or course of illness. Participants with child abuse were significantly more likely to have subjective thought disorder, lifetime suicide attempt and premorbid personality disorder (females only) and anxiety (males only). Our findings demonstrate that child abuse is relatively common across the range of psychotic disorders, with an elevated risk for women in particular, compounding the already high burden associated with psychotic illness. Clinicians need to inquire routinely about child abuse in order to develop appropriate treatment plans tailored to individual needs.

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PMID: 25107848 [PubMed - as supplied by publisher]

[Related citations](#)

37. Am J Drug Alcohol Abuse. 2014 Aug 8:1-7. [Epub ahead of print]

## Prescription opioid misuse and mental health among young injection drug users.

[Mackesy-Amiti ME](#)<sup>1</sup>, [Donenberg GR](#), [Ouellet LJ](#).

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### Abstract

**Abstract Background:** Prescription opioid (PO) misuse is a significant concern in the United States. **Objectives:** This study describes the prevalence and timing of PO misuse, diagnoses of opiate abuse and dependence, and their associations with psychiatric disorders in a sample of young people who inject drugs (PWID). **Methods:** Participants were 570 young (18-25 years) PWID, primarily heroin users, recruited through outreach and respondent-driven sampling. Trained interviewers administered a semi-structured psychiatric interview. Diagnoses of substance use and mental disorders were based on DSM-IV diagnostic criteria. **Results:** Estimated rates of lifetime PO abuse and dependence were 19% and 17%, respectively. Past year PO misuse was significantly associated with anti-social personality disorder (ASPD, OR = 2.15, 95% CI 1.43-3.24), past year substance-induced major depression (SIMD, OR = 1.81, 95% CI 1.16-2.83), and prior post-traumatic stress disorder (PTSD, OR = 2.45, 95% CI 1.31-4.60). Among male PO users, PTSD was a significant predictor of PO abuse (prior, OR = 7.62, 95% CI 2.16-26.88; past year, OR = 21.67 95% CI 2.46-190.75), and dependence (prior, OR = 4.82, 95% CI 1.48-15.67; past year, OR = 9.65, 95% CI 1.75-53.32). **Conclusion:** Among young PWID, PTSD is a significant risk factor for PO misuse for both men and women, and men with PTSD are in addition at increased risk for PO abuse and dependence. These findings have implications for harm reduction and substance abuse prevention efforts.

PMID: 25105884 [PubMed - as supplied by publisher]

[Related citations](#)



38. Br J Psychiatry. 2014 Aug 7. pii: bjp.bp.113.137547. [Epub ahead of print]

# [Pathways of care of women in secure hospitals: which women go where and why.](#)

[Bartlett A](#), [Somers N](#), [Fiander M](#), [Harty MA](#).

## Author information:

Annie Bartlett, MRCPsych, PhD, Nadia Somers, MSc, Matthew Fiander, PhD, Department of Population, Health Sciences and Education, St George's, University of London, London; Mari Anne Harty, FRCPsych, PhD, Shaftesbury Clinic, Springfield University Hospital, London, UK.

## Abstract

**Background** Care pathways for women needing expensive, secure hospital care are poorly understood. **Aims** To characterise women in low and medium security hospitals in England and Wales and to compare populations by security and service provider type. **Method** Census data from all specialist commissioning areas. Sociodemographic, clinical, medico-legal, criminological and placement needs data were requested on all women in low and medium secure hospital beds. Parametric tests were used for continuous data and chi-square or Fisher's exact tests for categorical data. Thematic analysis was used for free text data. **Results** The independent sector is the main service provider. A third of all women (n = 1149) were placed outside their home region despite spare local National Health Service (NHS) capacity. The independent sector provides for women with relatively rare disorders, including intellectual disability. The NHS admits most serious offenders. One in 20 are detained because of self-harm alone. **Conclusions** Patient-specific factors (notably the diagnosis of personality disorder) and organisational inadequacy (commissioner and service provider) contribute to placements that compromise rehabilitation. Responses should include local solutions for women whose main risk is self-harm and a national approach to women with highly specialist needs.

Royal College of Psychiatrists.

PMID: 25104832 [PubMed - as supplied by publisher]

[Related citations](#)



39. J Pers Disord. 2014 Aug 7:1-16. [Epub ahead of print]

# Relationship Between Transitional Objects and Personality Disorders in Female Psychiatric Inpatients: A Prospective Study.

[Schönfeldt-Lecuona C](#), [Keller F](#), [Kiefer M](#), [Gahr M](#), [Plener PL](#), [Spitzer M](#), [Gunst IM](#), [Fischer T](#), [Connemann BJ](#), [Schmid MM](#).

## **Abstract**

Patients often bring transitional objects (TO) to inpatient units. The authors quantified the frequency of TO possession in an inpatient psychiatric setting and assessed whether TO use is specific to a personality disorder (PD) diagnosis, focusing on borderline PD (BPD). TO possession was assessed using the Transitional Objects Questionnaire, and PD diagnosis was established using standard DSM-IV clinical interviews. Of the 104 female patients assessed, 57.7% showed TO use; 84% of BPD patients, 71% of BPD-trait patients, 65% of patients with PD traits (other than BPD), and 56% of PD patients (other than BPD) displayed TO use, whereas 30.6% of patients without PD showed TO use. Patients with TOs were significantly younger and had significantly longer hospital stays. The specificity and sensitivity for TO use in the BPD group were 0.506 and 0.84, respectively. The authors conclude that TO use is closely related to PD diagnosis, but is not specific to BPD.

PMID: 25102087 [PubMed - as supplied by publisher]

[Related citations](#)



40. PLoS One. 2014 Aug 7;9(8):e104534. doi: 10.1371/journal.pone.0104534. eCollection 2014.

# Moderate-Vigorous Physical Activity across Body Mass Index in Females: Moderating Effect of Endocannabinoids and Temperament.

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## Abstract

### BACKGROUND:

Endocannabinoids and temperament traits have been linked to both physical activity and body mass index (BMI) however no study has explored how these factors interact in females. The aims of this cross-sectional study were to 1) examine differences among distinct BMI groups on daytime physical activity and time spent in moderate-vigorous physical activity (MVPA), temperament traits and plasma endocannabinoid concentrations; and 2) explore the association and interaction between MVPA, temperament, endocannabinoids and BMI.

### METHODS:

Physical activity was measured with the wrist-worn accelerometer Actiwatch AW7, in a sample of 189 female participants (43 morbid obese, 30 obese, and 116 healthy-weight controls). The Temperament and Character Inventory-Revised questionnaire was used to assess personality traits. BMI was calculated by bioelectrical impedance analysis via the TANITA digital scale. Blood analyses were conducted to measure levels of endocannabinoids and endocannabinoid-related compounds. Path-analysis was performed to examine the association between predictive variables and MVPA.

### RESULTS:

Obese groups showed lower MVPA and dysfunctional temperament traits compared to healthy-weight controls. Plasma concentrations of 2-arachidonoylglycerol (2-AG) were greater in obese groups. Path-analysis identified a direct effect between greater MVPA and low BMI ( $b=-0.13$ ,  $p=.039$ ) and high MVPA levels were associated with elevated anandamide (AEA) levels ( $b=0.16$ ,  $p=.049$ ) and N-oleylethanolamide (OEA) levels ( $b=0.22$ ,  $p=.004$ ), as well as high Novelty seeking ( $b=0.18$ ,  $p<.001$ ) and low Harm avoidance ( $b=-0.16$ ,  $p<.001$ ).

### CONCLUSIONS:

Obese individuals showed a distinct temperament profile and circulating endocannabinoids compared to controls. Temperament and endocannabinoids may act as moderators of the low MVPA in obesity.

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# Collaborative Care for Patients With Severe Personality Disorders: Preliminary Results and Active Ingredients From a Pilot Study (Part I).

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## **Abstract**

### **PURPOSE:**

To test if a collaborative care program (CCP) with nurses in a coordinating position is beneficial for patients with severe personality disorders.

### **DESIGN AND METHODS:**

A pilot study with a comparative multiple case study design using mixed methods investigating active ingredients and preliminary results.

### **FINDINGS:**

Most patients, their informal caregivers, and nurses value (parts of) the CCP positively; preliminary results show a significant decrease in severity of borderline symptoms.

### **PRACTICE IMPLICATIONS:**

With the CCP, we may expand the supply of available treatments for patients with (severe) personality disorders, but a larger randomized controlled trial is warranted to confirm our preliminary results.

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