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Readiness to change and therapy outcomes of an innovative psychotherapy program for surgical patients: results from a randomized controlled trial.

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SOSTANA GmbH, Berlin, Germany.

Abstract

BACKGROUND:

Readiness to change is a pivotal construct for psychotherapy research and a major target of motivational interventions. Our primary objective was to examine whether pre-treatment readiness to change moderated therapy effects of Bridging Intervention in Anesthesiology (BRIA), an innovative psychotherapy approach for surgical patients. This stepped care program aims at motivating and supporting surgical patients with mental disorders to engage in psychosocial mental health care.

METHODS:

The major steps of BRIA are two motivational interventions with different intensity. The first step of the program consists of preoperative computer-assisted psychosocial self-assessment including screening for psychological distress and automatically composed computerized brief written advice (BWA). In the second step, patients participate in postoperative psychotherapy sessions combining motivational interviewing with cognitive behavioural therapy (BRIA psychotherapy sessions). We performed regression-based moderator analyses on data from a recent randomized controlled trial published by our research group. The sample comprised 220 surgical patients with diverse comorbid mental disorders according to ICD-10. The most frequent disorders were mood, anxiety, substance use and adjustment disorders. The patients had a mean age of 43.31 years, and 60.90% were women. In a regression model adjusted for pre-treatment psychological distress, we investigated whether readiness to change moderated outcome differences between (1) the BRIA psychotherapy sessions and (2) no psychotherapy / BWA only.

RESULTS:

Multiple regression analyses showed that readiness to change moderated treatment effects regarding the primary outcomes "Participation in psychosocial mental health care options at month 6" ($p = 0.03$) and "Having approached psychosocial mental health care options at month 6" ($p = 0.048$) but not regarding the secondary outcome "Change of general psychological distress between baseline assessment and month 6" ($p = 0.329$). Probing the

moderation effect with the Johnson-Neyman technique revealed that BRIA psychotherapy sessions were superior to BWA in patients with low to moderate readiness, but not in those with high readiness.

CONCLUSIONS:

Readiness to change may act as moderator of the efficacy of psychosocial therapy. Combinations of motivational interviewing and cognitive behavioural therapy may be effective particularly in patients with a variety of mental disorders and low readiness to change.

TRIAL REGISTRATION:

Similar articles

Psychosocial determinants of disease acceptance in selected mental disorders.

Bogusz R[1], Humeniuk E[2].

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Abstract

INTRODUCTION AND OBJECTIVE:

Every mental disorder may cause a number of negative consequences in the personal lives of the patients and their families as well as in their social relations. Acceptance of the disease is a crucial factor in the process of coping with the problems resulting from it. Acceptance of the disease may significantly influence the reduction of negative emotional reactions it causes. Consequently, it may contribute to better adaptation of the patients and hence may facilitate

the process of recovery. The study attempts to define the socio-psychological conditioning of the degree of disease acceptance among patients treated for psychical disorders.

MATERIAL AND METHODS:

Opinion surveys were carried out in 2013 among a group of 240 patients treated in Mental Health Clinic in Chełm, eastern Poland. The study applied Acceptance Illness Scale - AIS B. Felton, T. A. Revenson, G.A. Hinrichsen, adapted in Poland by Z. Juczyński, as well as a socio-demographic questionnaire.

RESULTS:

The analysis of the obtained results revealed a similar level of acceptance of such diseases as anxiety disorders (24.41±8.52), depression (22.80±7.51) and personality disorders (23.89±7.89). The medical records of all patients fitted among the low average.

CONCLUSIONS:

The greatest problem in the researched group related to the social consequences of the psychical disorders. Those questioned were afraid of the negative reactions of others and of being a burden to their families. The level of acceptance was not correlated with independent variables (age, gender, education, place of residence, general well-being).
PMID: 29284241
Similar articles

3. J Addict Med. 2017 Dec 27. doi: 10.1097/ADM.0000000000000378. [Epub ahead of print]

Examining the Association Between Psychiatric Disorders and Cocaine Binges: Results From the COSMO Study.

Juteau LC[1], Roy É, Berbiche D, Arruda N, Bruneau J, Jutras-Aswad D.

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Psychiatry, Université de Montréal, succursale Centre-ville, Montreal, QC, Canada (DJ-A).

Abstract

OBJECTIVES:

Although cocaine binges and mental health problems have both been identified as significant risk factors for different health hazards, little is known about the relationship between mental health and cocaine binging. Hence, the aim of this study is to examine the association between psychiatric disorders and cocaine binge.

METHODS:

Participants were part of a prospective cohort study of individuals who either smoke or inject cocaine. The dependent variable, namely a cocaine binge within the past month, was defined as the repetitive use of large quantities of cocaine until the individual was unable to access more of the drug or was physically unable to keep using. Psychiatric disorders were assessed using the Composite International Diagnostic Interview and the Diagnostic Interview Schedule questionnaires. Logistic regression models were performed to examine the association between cocaine binging and psychiatric disorders, adjusting for potential confounders.

RESULTS:

Of the 492 participants, 24.4% reported at least 1 cocaine binging episode during the prior month. Among the study population, 48.0% met the criteria for antisocial personality disorder (ASPD), 45.5% for anxiety disorders, and 28.2% for mood disorders. Participants with ASPD were more likely to binge (adjusted odds ratio 1.73, 95% confidence interval 1.10-2.73), whereas those with a mood disorder were not. The association between anxiety disorders and cocaine binging was significant only in univariate analyses.

CONCLUSION:

ASPD increased the odds of reporting cocaine binge in our study population. These results highlight the need for a better understanding of the specific dimensions of ASPD that contribute to the increased risk of unsafe drug use behaviors.
PMID: 29283956
Similar articles

4. Clin Gerontol. 2017 Dec 8:1-14. doi: 10.1080/07317115.2017.1407981. [Epub ahead of print]

Personality and its Relationship to Depression and Cognition in Older Adults: Implications for Practice.

Sadeq NA[1], Molinari V[1].

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Abstract

OBJECTIVES:

Personality is an important contributor to an individual's mental health and is consistently linked to the two most prevalent mental health conditions among older adults: dementia and depression. This review summarizes the current findings on personality and its association with cognitive decline and depression, as well as treatment outcomes and possible intervention strategies.

METHODS:

Literature searches were conducted in Web of Science, PubMed, and PsycINFO. Search terms included 'personality traits,' 'depression,' 'treatment,' and 'older adults.'

RESULTS:

Cognitive decline and depressive disorders are both associated with a common personality profile: high neuroticism, and low conscientiousness, extraversion, openness, and agreeableness. Across studies, the most consistent predictor of late-life depression, its course, and treatment outcomes is higher neuroticism.

CONCLUSIONS:

Personality traits are associated with cognitive decline, as well as the diagnosis and course of late-life depression in older adults. However, formal personality assessment is not typically incorporated in clients' treatment plans, even though personality traits may influence treatment efficacy and outcomes.

CLINICAL IMPLICATIONS:

Formal assessment of personality traits may be beneficial in terms of treatment adherence and outcomes for older adults. Tailored interventions that specifically target the client's strengths are likely to be well received by both clients and clinicians.

PMID: 29279022

Similar articles

5. Brain Behav Immun. 2017 Dec 23. pii: S0889-1591(17)30553-6. doi: 10.1016/j.bbi.2017.12.012. [Epub ahead of print]

Correlation between gut microbiota and personality in adults: a cross-sectional study.

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Abstract

Personality affects fundamental behavior patterns and has been related with health outcomes and mental disorders. Recent evidence has emerged supporting a relationship between the microbiota and behavior, referred to as brain-gut relationships. Here, we first report correlations between personality traits and gut microbiota. This research was performed using the Revised NEO Personality Inventory and the sequencing data of the 16S rRNA gene in 672 adults. The diversity and the composition of the human gut microbiota exhibited significant difference when stratified by personality traits. We found that personality traits were significantly correlated with diversity of gut microbiota, while their differences were extremely subtle. High neuroticism and low conscientiousness groups were correlated with high abundance of Gammaproteobacteria and Proteobacteria, respectively when covariates, including age, sex, BMI and nutrient intake, were controlled. Additionally, high conscientiousness group also showed increased abundance of some universal butyrate-producing bacteria including Lachnospiraceae. This study was of observational and cross-sectional design and our findings must be further validated through metagenomic or metatranscriptomic methodologies, or metabolomics-based analyses. Our findings will contribute to elucidating potential links between the gut microbiota and personality, and provide useful insights toward developing and testing personality- and microbiota-based interventions for promoting health.
PMID: 29278751
Similar articles

6. Early Interv Psychiatry. 2017 Dec 26. doi: 10.1111/eip.12515. [Epub ahead of print]

Subjective quality of life in recent onset of psychosis patients and its association with sociodemographic variables, psychotic symptoms and clinical personality traits.

Sevilla-Llewellyn-Jones J[1,2,3], Cano-Domínguez P[1], de-Luis-Matilla A[1], Espina-Eizaguirre A[1], Moreno-Kustner B[2], Ochoa S[4].

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Research Unit of Parc Sanitari Sant Joan de Deu, Institut de Recerca Sant Joan de Deu, CIBERSAM.

Abstract

AIM:

There is lack of research on the study of clinical personality traits in recent onset of psychosis (ROP) patients. The aims of this research were to study the relations among psychosocial, personality and clinical characteristics in ROP patients and also the effect that significant variables had on the different domains of Quality of Life (QoL).

METHODS:

Data for these analyses were obtained from 81 ROP patients. The Millon Clinical Multiaxial Inventory, the Positive and Negative Syndrome Scale and the World Health Organization Quality of Life Brief Scale were used to assess personality, symptoms and QoL.

RESULTS:

Correlations between the negative symptoms and the physical, psychological and social domains of QoL, and the disorganized symptoms and physical domain, were found. Furthermore, the physical, psychological and social relationship domains of QoL were lower in patients with schizoid traits and the psychological domain was lower in patients with depressive traits. In contrast, the psychological and social domains were higher in patients with histrionic traits, while the physical domain was higher for patients with narcissistic traits. Multiple linear regressions demonstrated that negative symptoms and narcissistic and depressive traits explained 16.9% of the physical domain. Narcissistic and depressive traits explained 15% of the psychological domain. Finally, the negative symptoms and histrionic traits explained 13.7% of the social domain.

CONCLUSIONS:

QoL seems to be better explained by negative psychotic symptoms and some clinical personality traits. Our results support the importance of integrated intervention approaches that consider personality.

Similar articles

7. Child Abuse Negl. 2017 Dec 22;76:488-501. doi: 10.1016/j.chiabu.2017.12.009. [Epub ahead of print]

Child abuse and neglect in institutional settings, cumulative lifetime traumatization, and psychopathological long-term correlates in adult survivors: The Vienna Institutional Abuse Study.

Lueger-Schuster B[1], Knefel M[2], Glück TM[3], Jagsch R[4], Kantor V[5], Weindl D[6].

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Abstract

Child maltreatment (CM) in foster care settings (i.e., institutional abuse, IA) is known to have negative effects on adult survivor's mental health. This study examines and compares the extent of CM (physical, emotional, and sexual abuse; physical and emotional neglect) and lifetime traumatization with regard to current adult mental health in a group of survivors of IA and a comparison group from the community. Participants in the foster care group (n = 220) were adult survivors of IA in Viennese foster care institutions, the comparison group (n = 234) consisted of persons from the Viennese population. The comparison group included persons who were exposed to CM within their families. Participants completed the Childhood Trauma Questionnaire, the Life Events Checklist for DSM-5, the PTSD Checklist for DSM-5, the

International Trauma Questionnaire for ICD-11, and the Brief Symptom Inventory-18 and completed a structured clinical interview. Participants in the foster care group showed higher scores in all types of CM than the comparison group and 57.7% reported exposure to all types of CM. The foster care group had significantly higher prevalence rates in almost all mental disorders including personality disorders and suffered from higher symptom distress in all dimensional measures of psychopathology including depression, anxiety, somatization, dissociation, and the symptom dimensions of PTSD. In both groups, adult life events and some but not all forms of CM predicted PTSD and adult life events partly mediated the association of PTSD and CM. Explanations for the severe consequences of CM and IA are discussed.

Similar articles

Associations Between Personality Disorder Characteristics, Psychological Symptoms, and Sexual Functioning in Young Women.

Grauvogl A[1], Pelzer B[2], Radder V[2], van Lankveld J[3].

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    Faculty of Psychology and Educational Sciences, Open University of the Netherlands, Heerlen, the Netherlands. Electronic address: Andrea.Grauvogl@ou.nl.
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Abstract

BACKGROUND:

Recently, the etiology of sexual dysfunctions in women has been approached from different angles. In clinical practice and in previous studies, it has been observed that women with sexual problems experience anxiety problems and express more rigid and perfectionistic personality traits than women without these problems.

AIM:

To investigate whether personality disorder characteristics according to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR) and psychological symptoms are associated with sexual problems in women.

METHODS:

188 women 18 to 25 years old participated in this cross-sectional study. Questionnaires measuring sexual functioning (Female Sexual Function Index), personality disorder characteristics (Assessment of DSM-IV-TR Personality Disorders Questionnaire), and psychological symptoms (Brief Symptom Inventory and Center for Epidemiological Studies Depression Scale) were used.

OUTCOME:

The main outcome measure used was sexual functioning assessed by self-report.

RESULTS:

Results, using analysis of variance, indicated that women with sexual problems report significantly more cluster A (specifically schizoid) and C (specifically avoidant and obsessive-compulsive) personality disorder characteristics than women without sexual problems. Furthermore, using multiple regression analyses, higher cluster A (specifically schizoid) and lower cluster B (specifically borderline and antisocial) personality disorder characteristics indicated lower levels of sexual functioning. Psychological symptoms partly mediated the effect of cluster A personality disorder characteristics on sexual functioning.

CLINICAL IMPLICATIONS:

The results of this study indicate that clinical practice should extend its scope by focusing more on improving adaptive personality characteristics, such as extraversion and individualism seen in cluster B personality characteristics, and decreasing the perfectionistic, introvert, and self-doubting characteristics seen in cluster C personality characteristics.

STRENGTHS AND LIMITATIONS:

Because of the correlational design and use of self-report measures, causal relations cannot be established between personality disorder characteristics and sexual functioning.

CONCLUSION:

Overall, the results indicate that personality disorder characteristics can play an important associative role in the development and maintenance of sexual functioning problems in women. Grauvogl A, Pelzer B, Radder V, van Lankveld J. Associations Between Personality

Disorder Characteristics, Psychological Symptoms, and Sexual Functioning in Young Women. J Sex Med 2017;XX:XXX-XXX.

Similar articles

9.

Issues on the diagnosis and etiopathogenesis of mood disorders: reconsidering DSM-5.

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Abstract

The authors present a narrative review from the diagnostic and nosologic viewpoints of mood disorders (bipolar and depressive ones) by revisiting the revision from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, Text Revision to DSM-5, including the following: the separation of the bipolar and depressive sections; the addition of increased energy and continuation of symptoms to the hypo/manic criteria; the elimination of mixed episodes; the creation of new categories and specifiers ("other specified bipolar and related disorder", "disruptive mood dysregulation disorder", "with anxious distress", "with mixed features", "with peripartum onset"); the categorization of hypo/manic episodes during antidepressant treatment into bipolar disorder; the elimination of the "bereavement exclusion"; the ambiguous separation between bipolar I and II; the insufficient distinction between "other specified bipolar and related disorders" and major depressive disorder; the differentiation regarding borderline personality disorder; agitation; premenstrual dysphoric disorder; and society and psychiatry. Through this analysis, we point out both the achievements and limitations of DSM-5. In addition, to examine the future direction of psychiatry, we introduce our cohort study regarding maternal depression and an outline of the National Institute of

Mental Health's Research Domain Criteria project in the US. Finally, we advocate the importance of elucidating etiopathogeneses by starting from or going beyond the DSM operational diagnostic system, which has shown great efficacy.

PMID: 29275445

The association between pain and suicidal behavior in an English national sample: The role of psychopathology.

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Abstract

Pain has been linked with an increased risk of engaging in suicidal behavior. However, the role of common mental disorders (CMDs) and borderline personality disorder (BPD) traits in this association is largely unknown. This study was based on data from the 2007 Adult Psychiatric Morbidity Survey (N = 7403). Suicidal behavior referred to past 12-month suicidal ideation and suicide attempt. Pain was assessed in terms of the level of its interference with work activity in the past four weeks. BPD traits were assessed with the structured interview for DSM disorders questionnaire, and CMDs with the Clinical Interview Schedule Revised (CIS-R). Multivariate logistic regression and mediation analyses were conducted to analyze the association between pain and suicidal behavior, and the role of CMDs and BPD traits in this association. The prevalence of past 12-month suicidal ideation and suicide attempt increased from 2.7% to 11.5% and 0.2% to 2.4%, respectively, between no pain and extreme pain. Pain was found to be significantly associated with suicidal ideation (ORs = 1.61-2.92) and suicide attempt (ORs = 2.95-6.70). CMDs were significant mediators in the pain-suicidal behavior relationship but did not fully explain the association. BPD had little influence in this association. Assessing suicide risk in individuals with pain

may be important for suicide prevention. Treating CMDs may reduce risk for suicide in these individuals but other factors leading to higher risk for suicidal behavior should also be investigated in future studies.

PMID: 29274531

Exploring the Neural Bases of Primary Muscle Tension Dysphonia: A Case Study Using Functional Magnetic Resonance Imaging.

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Abstract

Primary muscle tension dysphonia (pMTD) is a voice disorder that occurs in the absence of laryngeal pathology. Dysregulated activity of the paralaryngeal muscles is considered the proximal cause; however, the central origin of this aberrant laryngeal muscle activation is unclear. The Trait Theory (Roy and Bless, 2000a,b) proposed that specific personality traits can predispose one to laryngeal motor inhibition and pMTD, and this inhibition is mediated by a hyperactive "behavioral inhibition system (BIS)" composed of limbic system structures (and associated prefrontal connections). This case study used functional magnetic resonance

imaging to detect brain activation changes associated with successful management of pMTD, thereby evaluating possible neural correlates of this poorly understood disorder.

METHOD:

A 61-year-old woman with moderate-to-severe pMTD underwent functional magnetic resonance imaging scans before and immediately after successful treatment using manual circumlaryngeal techniques. Experimental stimuli were blocks of repeated vowel production and overt sentence reading.

RESULTS:

Significantly greater activation was observed pre- versus posttreatment in all regions of interest during sentence production, that is, periaqueductal gray, amygdala, hypothalamus, anterior cingulate cortex, hippocampus, dorsolateral prefrontal cortex, Brodmann area 10, and premotor and inferior sensorimotor cortex.

CONCLUSIONS:

Our findings are compatible with overactivation of neural regions associated with the BIS (cingulate cortex, amygdala, hypothalamus, periaqueductal gray) and motor inhibition networks (eg, [pre-]supplementary motor area) along with the dorsolateral prefrontal cortex and medial prefrontal cortex. Heightened input from limbic regions combined with dysfunctional prefrontal regulation may interfere with laryngeal motor preparation, initiation, and execution thereby contributing to disordered voice in pMTD.

Similar articles
12.

Schema modes and dissociation in borderline personality disorder/traits in adolescents or young adults.

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 Child and Adolescent Stream, Early in Life Mental Health Service, Monash Health and Department of Psychiatry, School of Clinical Sciences at Monash Health, Monash University, Melbourne, Australia.

Abstract

Dramatic mental shifts in young patients with borderline personality disorder (BPD) can be understood to occur via dissociative processes found in immature schema modes. A schema mode is an organized pattern of thought, affect and behaviour based on a set of core beliefs. These maladaptive modes are not integrated into a united personality structure and can function in a dissociated form. The aim of this study was to empirically assess the relationship between dysfunctional schema modes and dissociation in BPD. Forty-two young patients with BPD confirmed by the structured clinical interview for DSM-IV Axis-II personality disorders (SCID-II) were further assessed by the Psychiatric Diagnostic Screening Questionnaire (PDSQ), DSM-IV/ICD-10 Personality Questionnaire (DIP-Q), Schema Mode Inventory (SMI) and Wessex Dissociation Scale (WDS). Pearson correlations assessed associations and stepwise regression explored the extent of these associations. The strongest correlations were found between dissociation and the following modes: Detached Protector, Angry Child, Impulsive Child, Punitive Parent, Demanding Parent, and Vulnerable Child. Stepwise regression analysis indicated that schema modes explained 58% of the variance in dissociation. The schema modes that significantly predicted dissociation were the Detached Protector and Impulsive Child modes. Key therapeutic targets in treating adolescents with BPD include detachment and impulsivity.
PMID: 29272751
Similar articles

Sleep deprivation affects fear memory consolidation: Bi-stable amygdala connectivity with insula and ventromedial prefrontal cortex.

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Abstract

Sleep plays an important role for successful fear memory consolidation. Growing evidence suggests that sleep disturbances might contribute to the development and the maintenance of posttraumatic stress disorder (PTSD), a disorders characterized by dysregulations in fear learning mechanisms, as well as exaggerated arousal and salience processing. Against this background, the present study examined the effects of sleep deprivation (SD) on the acquisition of fear and the subsequent neural consolidation. To this end, the present study assessed fear acquisition and associated changes in fMRI-based amygdala-functional connectivity following 24h of SD. Relative to non-sleep deprived controls, SD subjects demonstrated increased fear ratings and skin conductance responses (SCR) during fear acquisition. During fear consolidation SD inhibited increased amygdala-ventromendial prefrontal cortex (vmPFC) connectivity and concomitantly increased changes in amygdala-insula connectivity. Importantly, whereas in controls fear indices during acquisition were negatively associated with amygdala-vmPFC connectivity during consolidation, fear indices were positively associated with amygdala-insula coupling following SD. Together the findings suggest that SD may interfere with vmPFC control of the amygdala and increase bottom-up arousal signaling in the amygdala-insula pathway during fear consolidation, which might mediate the negative impact of sleep disturbances on PSTD symptomatology.
PMID: 29272546
Similar articles

Assessing alliance ruptures and resolutions: Reliability and validity of the Collaborative Interactions Scale-revised version.

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

Abstract

OBJECTIVE:

This study presents the revised version of the Collaborative Interactions Scale (CIS) [Colli, A., & Lingiardi, V. (2009). The Collaborative Interactions Scale: A new transcript-based method for the assessment of therapeutic alliance ruptures and resolutions in psychotherapy. Psychotherapy Research, 19(6), 718-734.], an observer-rated measure for the assessment of therapeutic-alliance ruptures and resolutions. Intensive use of the previous scale resulted in three criticisms: (i) excessive time required to perform evaluations, (ii) the low occurrence of some items, and (iii) the scale's low capacity to capture some patient-therapist interactions in fine detail. In this study, we aimed to describe the scale revision process and evaluate interrater reliability and scale validity by comparing sessions of patients with and without personality disorders (PDs).

METHOD:

Three raters conducted a blind evaluation of a sample of 60 sessions (180 segments; 3607 narrative units) with 30 patients (15 had a PD diagnosis and 15 had a DSM-5 clinical syndrome diagnosis without a PD).

RESULTS:

Interrater reliability results ranged from acceptable to excellent and were comparable to those of the former version. Patients with PDs showed a greater number of alliance ruptures and a smaller number of collaborative processes than patients without PDs. Moreover, therapists presented more negative interventions with the PD sample than with the non-PD sample.

CONCLUSIONS:

The results indicate that the revised CIS is a reliable rating system that is useful for both empirical research and clinical assessments. Clinical or methodological significance of this article: The CIS-R is a reliable rating system that is suitable for both empirical research and clinical assessment. It is useful for recognizing rupture and resolution processes, both in clinical everyday practice and in psychotherapists' training. Application of the CIS-R promotes clinical reflection on the therapeutic action used to manage ruptures in a session.
PMID: 29271303
Similar articles

15. Prim Health Care Res Dev. 2017 Dec 22:1-6. doi: 10.1017/S1463423617000871. [Epub ahead of print]

Prevalence of personality disorders in patients with fibromyalgia: a brief review.

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Abstract

Fibromyalgia (FM) is a complex musculoskeletal pain disorder characterized by widespread pain, fatigue, and other functional symptoms. Patients with FM are frequently affected by psychiatric disorders. Clinicians typically observe certain personality characteristics or traits associated with FM, but there is still a lack of studies about personality disorders (PDs) in patients with FM. Aim of our brief review is to summarize the literature to date on prevalence of PDs in FM. We searched the PubMed electronic database for all articles up to 1 February 2017, and identified a number of reports about prevalence of PDs in patients with FM. Most of studies show that the proportion of PDs diagnosed in patients with FM appears far greater than that found in the general population. We suggest that is very useful to evaluate PDs in patients with FM systematically, in order to improve the understanding, assessment, and treatment of this clinical condition.
Similar articles

Variables related to suicide attempt in a Spanish province over a three-year period (2009-2011).

[Article in English, Spanish; Abstract available in Spanish from the publisher]
Sánchez-Teruel D[1], Muela-Martínez JA[2], González-Cabrera M[3], Herrera MFY[3], García-León A[2].

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Hospital General San Agustín de Linares. Jaén Andaluzia Espanha.

Abstract

The aim was to identify and describe socio demographic and clinical variables in individuals who have made a suicide attempt. An analysis of electronically stored records on persons admitted to the emergency departments of a northern health district during the period 2009-2011 for mental disorders was conducted. The records of 826 patients (30.1% of the total), where 485 (58.7%) were female, aged between 14 and 94 years (M = 49.3; SD = 12.7), were selected. This amounted to 412 individuals (49.9%) who had made a suicide attempt, and were compared with others without prior suicide attempt. A binary logistic regression analysis was performed to examine the strongest predictors of suicide attempt. The results show that the risk of making a suicide attempt increases with age, those most at risk being aged 34 to 53 years (p < 0.01; OR = 6.99), female (p < 0.05; OR = 2.70) and unemployed (p < 0.05; OR = 4.98). The most predictive psychopathological diagnoses for suicide attempt were anxiety disorders (p < 0.01; OR = 3.95) and impulse control disorders/addictions (p < 0.01; OR = 3.76). The importance of creating specific risk and protection profiles when implementing contextualized health policies on suicide attempt prevention is discussed.
PMID: 29267831
Similar articles

17. J Clin Psychol. 2017 Dec 20. doi: 10.1002/jclp.22572. [Epub ahead of print]

The relationship between personality disorder traits, emotional intelligence, and college adjustment.

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Fairleigh Dickinson University.

Abstract

OBJECTIVE:

The current study examined the relationship between emotional intelligence, personality disorder traits, and college adjustment.

METHOD:

A sample of 246 first-semester, first-time freshmen (73.6% female, age mean = 18.7, standard deviation = 2.0) at a large university in the Eastern United States completed the Trait Emotional Intelligence Questionnaire (Petrides, 2009), the Schedule for Nonadaptive and Adaptive Personality-2 (Clark, Simms, Wu, & Casillas, 2014), and the Student Adaptation to College Questionnaire (Baker & Siryk, 1998).

RESULTS:

As predicted, personality disorder symptoms and emotional intelligence were generally related, and both were related to adjustment. Unique patterns of association between traits reflecting personality disorder clusters and emotional intelligence deficits also emerged. Contrary to expectation, however, emotional intelligence did not moderate the relationship between personality disorders and adjustment.

CONCLUSION:

The results suggest an alternative model implicating emotional intelligence as a mediator of the relationship between personality difficulties and college adjustment.

18.

Gender differences in psychiatric comorbidity: a population-based study of 40 000 adults with attention deficit hyperactivity disorder.

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Abstract

OBJECTIVE:

We aimed at determining whether gender modified associations between ADHD and psychiatric comorbidities in adults.

METHOD:

We identified adults with ADHD by linking Norwegian national registries and compared them with the remaining adult population (born 1967-1997, ADHD and bipolar during 2004-2015, other psychiatric disorders 2008-2015). Prevalence differences (PDs) and prevalence ratios (PRs) of psychiatric disorders were determined by Poisson regression. Interaction by gender was evaluated on additive (PDs) and multiplicative (PRs) scales. Proportions of psychiatric disorders attributable to ADHD were calculated.

RESULTS:

We identified 40 103 adults with ADHD (44% women) and 1 661 103 adults (49% women) in the remaining population. PDs associated with ADHD were significantly larger in women than in men for anxiety, depression, bipolar and personality disorders, for example depression in women: 24.4 (95% CI, 23.8-24.9) vs. in men: 13.1 (12.8-13.4). PDs were significantly larger in men for schizophrenia and substance use disorder (SUD), for example SUD in men: 23.0 (22.5-23.5) vs. in women: 13.7 (13.3-14.0). Between 5.6 and 16.5% of psychiatric disorders in the population were attributable to ADHD.

CONCLUSION:

The association between ADHD and psychiatric comorbidities differed significantly among men and women. Clinicians treating adults with ADHD should be aware of these frequent and gender-specific comorbidities, such that early treatment can be offered.

Similar articles

19.

Network analysis of multiple risk factors for mental health in young Colombian adults.

Pereira-Morales AJ[1], Adan A[2,3], Forero DA[1].

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Abstract

BACKGROUND:

A considerable proportion of young adults are affected by psychological distress at any time and an important fraction of them may develop mental disorders. Use of novel approaches for the analysis of data from multiple psychological scales might facilitate the identification of key indicators of mental health.

AIMS:

The aim of current study was to examine the relationship between multiple risk factors for mental illness, using a network analysis perspective.

METHODS:

A sample of 334 young Colombian adults (mean age = 21.7) were evaluated with validated scales measuring several psychosocial factors previously associated with mental health (e.g. worry, sleep problems, suicidal ideation, childhood abuse, alcohol related-problems and personality traits). A total of 24 nodes were included in the network analysis and topology, centrality, and stability of the networks were studied.

RESULTS:

Specific nodes that occupied critical positions in the network were identified, with worry, perceived distress and low energy being the most central nodes.

CONCLUSIONS:

Our explorative findings suggest that a network analysis might identify risk factors that have a central role in the multiple dimensions of emotional health in young adults. These novel analyses could have important applications for the understanding of the psychological functioning affecting mental health.
PMID: 29265896

20.

Self-Reported Cognitive Biases Are Equally Present in Patients Diagnosed With Psychotic Versus Nonpsychotic Disorders.

Bastiaens T, Claes L, Smits D, Vanwalleghem D, De Hert M.

Abstract

We investigated the relation between subjective cognitive biases measured with the Dutch Davos Assessment of Cognitive Biases (DACOBS-NL) and (1) the presence of a psychotic versus nonpsychotic psychiatric disorder, (2) the current dose of antipsychotic medication and current psychotic symptoms, and (3) the Personality Inventory for the DSM-5 (PID-5) Psychoticism personality trait. Results showed that DACOBS-NL subjective cognitive biases (1) were equally present in patients diagnosed with nonpsychotic disorders compared with patients with a psychotic disorder, (2) could not be explained by the current dose of antipsychotic medication, nor by current psychotic symptoms, and (3) significantly correlated with all PID-5 Personality domains. Moreover, in predicting membership of the psychotic versus nonpsychotic psychiatric disorder group, the addition of the PID-5 domains

in step 2 rendered the contribution of the DACOBS-NL subjective cognitive biases in step 1 nonsignificant. Further research is needed to clarify the interplay between cognitive biases and aberrant salience in the prediction of psychotic disorders.
PMID: 29256979

A new look at the schema therapy model: organization and role of early maladaptive schemas.

Bach B[1], Lockwood G[2], Young JE[3].

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Abstract

This study reexamined the organization of Young's 18 early maladaptive schemas and their hypothesized associations with experiences of need-thwarting parental experiences in childhood and the "vulnerable child" mode of emotional distress in adulthood. A large Danish sample (N = 1054) of 658 clinical- and 391 nonclinical adults completed measures of early maladaptive schemas, parenting styles, and the vulnerable child mode. We identified four higher-order schema domains as most appropriate in terms of interpretability and empirical indices ("Disconnection & Rejection", "Impaired Autonomy & Performance", "Excessive Responsibility & Standards", and "Impaired Limits"). All four schema domains were differentially associated with conceptually relevant need-thwarting parental experiences. Apart from "Impaired Limits", the schema domains meaningfully accounted for the association between need-thwarting parental experiences in childhood and emotional states of feeling like a "vulnerable child" in adulthood. We conclude that four domains of early maladaptive schemas are empirically and conceptually consistent with Young's schema therapy model of personality pathology and longstanding emotional disorders. Findings

warrant replication using different populations and if possible a prospective multi-method design. A scoring key for computing the four schema domains is provided.
PMID: 29256336
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22.

Levels of Social Sharing and Clinical Implications for Severe Social Withdrawal in Patients with Personality Disorders.

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Abstract

Social sharing capacities have attracted attention from a number of fields of social cognition and have been variously defined and analyzed in numerous studies. Social sharing consists in the subjective awareness that aspects of the self's experience are held in common with other individuals. The definition of social sharing must take a variety of elements into consideration: the motivational element, the contents of the social sharing experience, the emotional responses it evokes, the behavioral outcomes, and finally, the circumstances and the skills which enable social sharing. The primary objective of this study is to explore some of the diverse forms of human social sharing and to classify them according to levels of complexity. We identify four different types of social sharing, categorized according to the nature of the content being shared and the complexity of the mindreading skills required. The second objective of this study is to consider possible applications of this graded model of social sharing experience in clinical settings. Specifically, this model may support the development of graded, focused clinical interventions for patients with personality disorders characterized by severe social withdrawal.

Problem gambling and substance use in patients attending community mental health services.

Manning V[1,2], Dowling NA[3,4], Lee S[5], Rodda S[1,3, 6], Garfield JBB[1,2], Volberg R[7], Kulkarni J[5], Lubman DI[1,2].

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Abstract

Background and aims Relatively little is known about co-occurring gambling problems and their overlap with other addictive behaviors among individuals attending mental health services. We aimed to determine rates of gambling and substance use problems in patients accessing mental health services in Victoria, Australia. Methods A total of 837 adult patients were surveyed about their gambling and administered standardized screening tools for problem gambling and harmful tobacco, alcohol, and drug use. Prevalence of gambling problems was estimated and regression models used to determine predictors of problem gambling. Results The gambling participation rate was 41.6% [95% CI = 38.2-44.9]. The

Problem Gambling Severity Index identified 19.7% [CI = 17.0-22.4] as "non-problem gamblers," 7.2% [CI = 5.4-8.9] as "low-risk" gamblers, 8.4% [CI = 6.5-10.2] as "moderate-risk" gamblers, and 6.3% [CI = 4.7-8.0] as "problem gamblers." One-fifth (21.9%) of the sample and 52.6% of all gamblers were identified as either low-risk, moderate-risk, or problem gamblers (PGs). Patients classified as problem and moderate-risk gamblers had significantly elevated rates of nicotine and illicit drug dependence (p < .001) according to short screening tools. Current diagnosis of drug use (OR = 4.31 [CI = 1.98-9.37]), borderline personality (OR = 2.59 [CI = 1.13-5.94]), bipolar affective (OR = 2.01 [CI = 1.07-3.80]), and psychotic (OR = 1.83 [CI = 1.03-3.25]) disorders were significant predictors of problem gambling. Discussion and conclusions Patients were less likely to gamble, but eight times as likely to be classified as PG, relative to Victoria's adult general population. Elevated rates of harmful substance use among moderate-risk and PG suggest overlapping vulnerability to addictive behaviors. These findings suggest mental health services should embed routine screening into clinical practice, and train clinicians in the management of problem gambling. PMID: 29254361

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FULL TEXT ON JOURNAL WEBSITE

Premature Termination of Psychotherapy in Patients With Borderline Personality Disorder: A Cluster-Analytic Study.

Gamache D, Savard C, Lemelin S, Côté A, Villeneuve É.

Abstract

The goal of the present study was to establish profiles of patients with borderline personality disorder (BPD) who dropped out early from an outpatient psychotherapy program. From a sample of 56 BPD patients who dropped out after the first of a three-year program, a TwoStep cluster analysis procedure was performed, using the five factors of the Treatment Attrition-Retention Scale for Personality Disorders (Gamache et al., J Pers Disord 1-21, 2017) and the Global Assessment of Functioning score (Spitzer et al., Global Assessment of Functioning [GAF] Scale. In Sederer LI, Dickey B [Eds], Outcomes assessment in clinical practice [pp 76-78]. Baltimore, MD: Walter and Williams) as clustering variables. Four clusters emerged: Higher-functioning, Narcissistic features/entitlement, Pseudo-normality, and Highly dysfunctional. Differences between the clusters were found on sex, occupational status, and presence of antisocial features. These findings could help both identify BPD patients at potential risk of dropping out of psychotherapy and adjust interventions accordingly to reduce premature termination.

Inhibitors and facilitators of compassion-focused imagery in personality disorder.

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Abstract

BACKGROUND:

Compassion-focused therapy (CFT) has potential to benefit clients with a personality disorder (PD), given the inflated levels of shame and self-criticism in this population. However, clinical observation indicates that clients with PD may find techniques from this approach challenging.

AIMS:

The aim of this study is to trial one aspect of CFT, compassion-focused imagery (CFI), with this population, and identify factors that predict clients' ability to generate CFI and experience self-compassion during the task, including type of CFI exercise and, second, to establish whether CFI outcomes increase with practice.

METHOD:

In Study 1, 53 participants with a diagnosis of PD completed measures of self-compassion, self-reassurance, shame, self-criticism, fear of self-compassion, affect, anxious and avoidant attachment, and mental imagery abilities. Participants were assigned to trial CFI from memory (n = 25) or from imagination (n = 28), then rated their image's vividness, its compassionate traits, and ease of experiencing compassion. A negative mood manipulation

was carried out, and CFI tasks and outcome measures were repeated. For Study 2, self-compassion and self-criticism were measured before and after 1 week of daily CFI practice.

RESULTS:

Study 1 found that negative mood and low mental imagery ability are significant inhibitors to generating compassionate images and affect. The 2 CFI exercises were equally effective. Study 2 suffered from high attrition, but regular practice was associated with significant improvement in self-compassion (though not self-criticism).

CONCLUSIONS:

CFI appears to be effective in improving self-compassion for some clients. However, it is less effective in the presence of negative affect. Clients with low mental imagery ability may benefit more from alternative CFT techniques.

Similar articles

26.

Physical neglect during childhood alters white matter connectivity in healthy young males.

Tendolkar I[1,2], Mårtensson J[3], Kühn S[4,5], Klumpers F[2, 6], Fernández G[2].

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Abstract

BACKGROUND:

Childhood adversity (CA) leads to greater vulnerability for psychopathology by causing structural as well as functional brain abnormalities. Recent findings on gray matter effects point towards the importance of identifying CA outcome as a function of different CA types, varying in the dimensions of threat and deprivation. Using diffusion tensor imaging, we investigate whether different forms of CA impact differently on white matter connectivity in a healthy cohort not confounded by other aspects of disease.

METHODS:

In 120 healthy young males, we assessed different forms of maltreatment during childhood with the Childhood Trauma Questionnaire (CTQ). Fractional anisotropy (FA) and mean diffusivity (MD) images were generated and projected onto a white matter skeleton using tract-based spatial statistics. Correlational analysis between FA, MD, and CTQ subscores was then performed using voxelwise statistics.

RESULTS:

Of all CTQ-subscores, only physical neglect (PN) predicted a decrease of FA but not MD in the bilateral anterior thalamic radiation around the middle frontal gyrus and the right inferior fronto-occipital fasciculus, the inferior longitudinal fasciculus, the cingulum and precuneus. Reduced FA in the posterior cingulum was related to the effects of PN during childhood on anxiety levels at trend level.

CONCLUSIONS:

PN may have severe consequences and should be considered equally important to more active forms of abuse. FA changes, particularly in the cingulum, actually appear to a functional consequence and are linked to trait anxiety, a personality dimension that is suggested to be a transdiagnostic risk factor of affective disorders. Potentially this reveals a mechanistic chain that forms one pathyway from CA to disease.

Similar articles

Facial first impressions and partner preference models: Comparable or distinct underlying structures?

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Abstract

Given the frequency of relationships nowadays initiated online, where impressions from face photographs may influence relationship initiation, it is important to understand how facial first impressions might be used in such contexts. We therefore examined the applicability of a leading model of verbally expressed partner preferences to impressions derived from real face images and investigated how the factor structure of first impressions based on potential partner preference-related traits might relate to a more general model of facial first impressions. Participants rated 1,000 everyday face photographs on 12 traits selected to represent (Fletcher, et al. 1999, Journal of Personality and Social Psychology, 76, 72) verbal model of partner preferences. Facial trait judgements showed an underlying structure that largely paralleled the tripartite structure of Fletcher et al.'s verbal preference model, regardless of either face gender or participant gender. Furthermore, there was close correspondence between the verbal partner preference model and a more general tripartite model of facial first impressions derived from a different literature (Sutherland et al., 2013, Cognition, 127, 105), suggesting an underlying correspondence between verbal conceptual models of romantic preferences and more general models of facial first impressions.

PMID: 29250774

Similar articles

[Distinct pathological profiles of inmates showcasing cluster B personality traits, mental disorders and substance use regarding violent behaviors.](#)

[Dellazizzo L](#)[1], [Dugré JR](#)[2], [Berwald M](#)[1], [Stafford MC](#)[3], [Côté G](#)[4], [Potvin S](#)[1], [Dumais A](#)[5].

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Abstract

High rates of violence are found amid offenders with severe mental illnesses (SMI), substance use disorders (SUDs) and Cluster B personality disorders. Elevated rates of comorbidity lead to inconsistencies when it comes to this relationship. Furthermore, overlapping Cluster B personality traits have been associated with violence. Using multiple correspondence analysis and cluster analysis, this study was designed to differentiate profiles of 728 male inmates from penitentiary and psychiatric settings marked by personality traits, SMI and SUDs following different violent patterns. Six significantly differing clusters emerged. Cluster 1, "Sensation seekers", presented recklessness with SUDs and low

prevalence's of SMI and auto-aggression. Two clusters committed more sexual offenses. While Cluster 2, "Opportunistic-sexual offenders", had more antisocial lifestyles and SUDs, Cluster 6, "Emotional-sexual offenders", displayed more emotional disturbances with SMI and violence. Clusters 3 and 4, representing "Life-course-persistent offenders", shared early signs of persistent antisocial conduct and severe violence. Cluster 3, "Early-onset violent delinquents", emerged as more severely antisocial with SUDs. Cluster 4, "Early-onset unstable-mentally ill delinquents", were more emotionally driven, with SMI and auto-aggression. Cluster 5, "Late-start offenders", was less severely violent, and emotionally driven with antisocial behavior beginning later. This study suggests the presence of specific psychopathological organizations in violent inmates.

PMID: 29247923

Similar articles

Therapists' self-reported drift from dialectical behavior therapy techniques for eating disorders.

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Abstract

OBJECTIVE:

Research has shown that clinicians underuse or omit techniques that constitute an essential part of evidence-based therapies. However, it is not known whether this is the case in DBT

for eating disorders. The aims of this study were; 1) exploring the extent to which DBT techniques were used by self-identified DBT clinicians treating eating disorders; 2) determining whether therapists fell into distinct groups, based on their usage of DBT techniques; and 3) examining whether clinician characteristics were related to the use of such techniques.

METHOD:

Seventy-three clinicians offering DBT for eating disorders completed an online survey about their use of specific DBT techniques. They also completed measures of personality and intolerance of uncertainty.

RESULTS:

In relation to the first aim, the pattern of use of DBT techniques showed a bimodal distribution - most were used either a lot or a little. Considering the second aim, clinicians fell into two groups according to the techniques that they delivered - one characterized by a higher use of DBT techniques and the other by a higher use of techniques that were specific to the treatment of eating disorders, rather than DBT methods. Finally, more experienced clinicians were more likely to be in the 'DBT technique-focused' group.

DISCUSSION:

DBT clinicians are encouraged to implement both sets of techniques (DBT techniques and standard techniques for the treatment of eating disorders) in an integrated way. Training, supervision and the use of manuals are recommended to decrease therapist drift in DBT.

PMID: 29247895
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FULL-TEXT ARTICLE

Personality Traits and Anxiety and Depressive Disorders in Patients With Medication-Overuse Headache Versus Episodic Migraine.

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Abstract

Objective:

An episodic migraine (EM) may lead to medication-overuse headache (MOH), an abnormal
behavioral pattern of noncompliance. Anxiety disorders, mood disorders, and disorders
caused by psychoactive substances other than analgesics all have been reported with MOH at
higher rates than with EM. The objective of this study was to evaluate the relationships
between personality traits and anxiety and depressive disorders and headache type.

Methods:

In this cross-sectional study, 55 patients with EM and 50 patients with MOH were recruited
from were recruited from 2 university hospital clinics in Tehran, Iran, from January 2013 to
November 2015. Personality traits were assessed with the Temperament and Character
Inventory (TCI-125). Patients were assessed for depression with the 9-item Patient Health
Questionnaire (PHQ-9) and anxiety with the 7-item Generalized Anxiety Disorder scale
(GAD-7).

Results:

There was no significant difference between the 2 groups regarding sex, age, or educational
level. The TCI-125 analysis between the 2 groups showed a significant mean $\pm$ SD
difference in reward dependence (EM: 9.77 ± 2.06, MOH: 8.69 ± 2.15, P = .01) and self-
transcendence (EM: 8.42 ± 2.45, MOH: 6.83 ± 3.90, P = .03). The GAD-7 and PHQ-9
analyses demonstrated no significant difference between the 2 groups.

Conclusions:

Reward-dependence and self-transcendence scores were significantly lower in patients with MOH than in those with EM. These results suggest that people with lower reward-dependence and self-transcendence scores may not adequately respond to prescribed medications, leading them to the frequent use of multiple drugs at higher doses. A multidisciplinary approach to management may be suggested for migraine patients, and it is reasonable to consider behavioral therapy in conjunction with pharmacotherapy to ameliorate comorbid conditions.

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PRIMARY CARE COMPANION

Increasing risk of psychiatric morbidity after childhood onset type 1 diabetes: a population-based cohort study.

Dybdal D[1,2], Tolstrup JS[2], Sildorf SM[3], Boisen KA[4], Svensson J[3], Skovgaard AM[2,5], Teilmann GK[6].

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Abstract

AIMS/HYPOTHESIS:

The aim of this study was to investigate psychiatric morbidity following childhood onset of type 1 diabetes.

METHODS:

In a matched, population-based cohort study based on Danish national registers, we identified children and adolescents who had been diagnosed as an in- or outpatient with type 1 diabetes before the age of 18, and afterwards diagnosed with a psychiatric disorder (n = 5084). Control individuals were matched according to sex and date of birth (n = 35,588). The Cox proportional hazards model was used to assess associations between type 1 diabetes and the incidence of psychiatric disorders as well as the effects of age at onset and duration of type 1 diabetes on the risk of subsequently developing psychiatric morbidities.

RESULTS:

An increased risk of being diagnosed with mood disorders and anxiety, dissociative, eating, stress-related and somatoform disorders was observed in both sexes in the years following type 1 diabetes onset, with the highest risk observed five years or more after onset (HR 1.55 [95% CI 1.38, 1.74]). The risk of psychoactive substance-misuse disorders increased significantly only in boys, and the risk of personality disorders increased only in girls.

CONCLUSIONS/INTERPRETATION:

In the years following type 1 diabetes onset, an increased risk of eating disorders, anxiety and mood disorders, substance misuse, and personality disorders was found. These findings highlight a clinical need to monitor the mental health of children and adolescents in the years following type 1 diabetes onset to identify and treat psychiatric problems associated with type 1 diabetes.
PMID: 29242985
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32. Personal Disord. 2017 Dec 14. doi: 10.1037/per0000277. [Epub ahead of print]

Psychopathy in Detained Boys: The Search for Primary and Secondary Variants in a Clinical Setting.

Colins OF, Fanti KA, Salekin RT, Mulder E, Andershed H.

Abstract

This study investigates whether primary and secondary variants of psychopathy can be identified in an applied, forensic setting based on self-reports of psychopathy and anxiety. Data were available for two samples of detained boys (Sample A: N = 847, Sample B: N = 749). Using three psychopathy dimensions and anxiety as clustering variables, latent profile analysis arrived at 4 latent classes (LCs) that were tentatively labeled as control (LC1), high anxiety (LC2), moderate psychopathy (LC3), and high psychopathy (LC4). Boys in LC4 engaged in higher levels of alcohol/drug use, conduct problems, reactive and proactive aggression than their counterparts in LC1 and in higher levels of conduct problems, alcohol/drug use, and proactive aggression than boys in LC3. Findings further indicated that the risk for future nonviolent arrests was the highest in LC4 as compared with LC2 and LC3, though no class differences in risk for future violent arrests emerged. Overall, these findings were well replicated in Sample B. Exploratory analyses included additional measures of negative affect (depressed feeling and anger-irritability), maltreatment, and/or number of past arrests (as proxy of a 4th psychopathy dimension) as clustering variables and identified all but 1 (LC3) of the 4 aforementioned LCs. Notwithstanding that our findings challenge the expected relevance of differentiating primary and secondary variants of youth psychopathy, they do suggest that it is possible to identify detained boys with high levels of psychopathic traits who display features associated with adult psychopathy. Implications for theory, research, and practice are discussed. (PsycINFO Database Record.
PMID: 29239628
Similar articles

33. Personal Disord. 2017 Dec 14. doi: 10.1037/per0000276. [Epub ahead of print]

Clinical Severity as a Moderator of Outcome in Psychodynamic and Dialectical Behavior Therapies for Borderline Personality Disorder.

Sahin Z, Vinnars B, Gorman BS, Wilczek A, Åsberg M, Barber JP.

Abstract

The aim of the present study was to assess the effect of initial level of psychiatric severity on treatment outcome in psychodynamic therapy and dialectical behavior therapy (DBT) for borderline personality disorder (BPD). It was hypothesized that DBT would lead to better outcome for patients with high psychiatric severity, whereas dynamic treatment would lead to better outcome for patients with lower psychiatric severity. Data from the 5th-year follow-up of the Stockholm City Council's and the Karolinska Institute's Psychotherapy Project were used in the present study. A total of 106 female patients diagnosed with BPD with at least 2 past suicide attempts were randomized into object-relational psychotherapy (ORP; based on transference-focused psychotherapy), DBT, and treatment as usual. Patients' baseline global severity index was used as a moderator. Global Assessment of Functioning (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [American Psychiatric Association, 1994]) was used to examine outcome. There was a significant 3-way interaction of Time × Treatment × Severity. Post hoc analyses suggested that patients with lower levels of severity had significantly better outcomes in object-relational psychotherapy. For patients with higher severity, the 3 treatments resulted in similar outcomes in terms of level of functioning. Outcome of treatment for BPD might differ significantly for patients depending on their initial levels of overall psychiatric severity. If our findings are replicated for patients with low severity and supported for a high-severity sample, psychiatric severity can be used as a low-cost and effective tool to match patients with BPD to optimal treatments. (PsycINFO Database Record.
Similar articles

34. Personal Disord. 2017 Dec 14. doi: 10.1037/per0000269. [Epub ahead of print]

Maternal Psychological Control, Maternal Borderline Personality Disorder, and Adolescent Borderline Features.

Mahan RM, Kors SB, Simmons ML, Macfie J.

Abstract

Linehan (1993) theorized that the experience of invalidating parenting interacts with emotional vulnerability in the development of borderline personality disorder (BPD). Parental psychological control is a type of invalidating parenting, defined as manipulation by parents of their offspring's psychological and emotional expression and experience (Barber, 1996). In a normative sample of adolescent females, adolescent-reported maternal psychological control was related to maternal borderline symptoms (Zalewski et al., 2014). The current study expanded on these findings to sample mothers with a diagnosis of BPD (n

= 28) and normative comparisons (n = 28) with male and female adolescents aged 14-18. We assessed maternal and adolescent self-reported borderline features (affective instability, negative relationships, identity disturbance, and self-harm) and coded maternal psychological control from filmed problem-solving interactions. Controlling for current major depressive disorder and family income, mothers with BPD used more total psychological control with their adolescents in comparison with normative mothers. Further, maternal psychological control was positively associated with all mothers' borderline features and with adolescent affective instability. Finally, we found a significant indirect effect for maternal affective instability between maternal total psychological control and adolescent affective instability. We discuss adolescents' risk of developing BPD themselves and prevention and treatment implications. (PsycINFO Database Record.
PMID: 29239626
Similar articles

35. Curr Opin Psychol. 2017 Dec 6;21:111-116. doi: 10.1016/j.copsyc.2017.11.010. [Epub ahead of print]

Personality pathology grows up: adolescence as a sensitive period.

Sharp C[1], Wall K[2].

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Abstract

There is mounting evidence that personality pathology, in particular, borderline pathology is a valid and reliable construct in adolescence, with prevalence, phenomenology, stability and risk factors similar to that of adult borderline personality disorder. Scientific evidence also delineates a marked separation of course and outcome of adolescent borderline personality disorder from other disorders and supports the efficacy of disorder-specific treatment. The current article addresses recent findings in these areas which point to adolescence as a sensitive period for the development for personality pathology. A conceptual model of psychopathology is presented wherein personality pathology is described as a qualitatively different level of psychopathology in the form of maladaptive self-other relatedness that is developmentally tied to identity formation in adolescence.
PMID: 29227834
Similar articles

Children born by women with rheumatoid arthritis have increased susceptibility for selected chronic diseases - a nationwide cohort study.

Jølving LR[1,2], Nielsen J[1,2], Kesmodel US[3,4], Nielsen RG[5], Beck-Nielsen SS[6,7], Nørgård BM[1,2].

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Abstract

OBJECTIVE:

Fetal exposure to maternal rheumatoid arthritis (RA) might impact the long-term risk of disease in the offspring. We examined a possible association between maternal RA and 15 selected groups of chronic diseases in the offspring.

METHODS:

This nationwide cohort study was based on the Danish health registries and included data on all children born alive in Denmark from January 1st 1989 to December 31st 2013. The cohort comprised 2106 children born by women with RA (exposed), and 1 378 539 children born by women without RA (unexposed). Cox proportional hazard regression models were used, taking a large range of confounders into consideration, computing the Hazard Ratios (HR) of child- and adolescence diseases.

RESULTS:

In children being exposed to maternal RA in utero, the HR's of thyroid diseases was 2.19 (95% CI, 1.14 - 4.21), epilepsy 1.61 (95% CI, 1.16 - 2.25), and RA 2.89 (95% CI, 2.06 - 4.05). The HR's for anxiety and personality disorders and chronic lung disease including asthma were in the range of 1.15 - 1.16, but these were not statistically significant.

CONCLUSIONS:

Our results suggest that in utero exposure to maternal RA is associated with an increased risk of thyroid disease and epilepsy in childhood and adolescence, and in particular an increased risk of RA, compared to children born by mothers without RA. These important findings should encourage pediatricians and general practitioners to an increased awareness of certain chronic diseases in children being exposed to RA in utero. This article is protected by copyright. All rights reserved.

PMID: 29226569
Similar articles

37. Borderline Personal Disord Emot Dysregul. 2017 Dec 7;4:25. doi: 10.1186/s40479-017-0076-2. eCollection 2017.

A prospective, longitudinal, study of men with borderline personality disorder with and without comorbid antisocial personality disorder.

Robitaille MP[1,2,3], Checknita D[4], Vitaro F[1,5], Tremblay RE[1,6,7], Paris J[8,9], Hodgins S[1,2,3].

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Abstract

Background:

Some evidence suggests that the prevalence of Borderline Personality Disorder (BPD) is elevated among male criminal offenders. It is not presently known whether offending, and violent offending, are limited to those presenting comorbid Antisocial Personality Disorder (ASPD) who have a childhood history of conduct problems and whether offending is linked to psychopathic traits.

Methods:

A community sample of 311 males followed from age 6 to 33 years, one third of whom had a criminal charge between ages 18 and 24, completed diagnostic interviews and the Psychopathy Checklist-Revised interview. Information on childhood included parent-reported family characteristics and teacher-rated of hurtful and uncaring behaviours, conduct problems, hyperactivity and inattention, and anxiety at age 6, 10, and 12 years. Health files were obtained as were records of criminal convictions from age 12 to 33.

Results:

At age 33, 4% of the men presented BPD and not ASPD, 16% ASPD and not BPD, 8% BPD + ASPD, and 72% neither disorder (ND). Comorbid disorders were common: BPD were distinguished by high levels of anxiety disorders, BPD and BPD + ASPD by depression disorders, and BPD, BPD + ASPD, and ASPD by substance dependence. Official files indicated use of health services by all participants. One-third of participants with BPD and BPD + ASPD acquired a diagnosis of a personality disorder. More than one-third of participants with BPD + ASPD obtained scores indicative of the syndrome of psychopathy. Convictions for violent crimes varied across groups: In adolescence, BPD none, BPD + ASPD 16%, ASPD 16%, and ND 3.6%; from age 18 to 33, BPD 18%, ASPD 19%, BPD + ASPD 52%, and ND 4.4%. Offenders with BPD + ASPD were convicted, on average, for four times more violent crimes than offenders with ASPD and seven times more than ND offenders. In childhood, men with BPD + ASPD and with ASPD had obtained similarly elevated ratings for disruptive behaviours as compared to ND.

Conclusion:

BPD comorbid with ASPD was associated with violent criminal offending in adolescence and most strongly in adulthood, elevated levels of psychopathic traits, and childhood disruptive behaviour. BPD showed similar characteristics but to a much less degree.

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Heart rate variability in bipolar disorder and borderline personality disorder: a clinical review.

Carr O[1], de Vos M[1], Saunders KEA[2,3].

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      Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford, UK.

Abstract

Heart rate variability (HRV) in psychiatric disorders has become an increasing area of interest in recent years following technological advances that enable non-invasive monitoring of autonomic nervous system regulation. However, the clinical interpretation of HRV features remain widely debated or unknown. Standardisation within studies of HRV in psychiatric disorders is poor, making it difficult to reproduce or build on previous work. Recently, a Guidelines for Reporting Articles on Psychiatry and Heart rate variability checklist has been proposed to address this issue. Here we assess studies of HRV in bipolar disorder and borderline personality disorder against this checklist and discuss the implication for ongoing research in this area.
PMID: 29223951
[Similar articles]

Conflict of interest statement

Competing interests: None declared.

Trajectories and characteristics of functional impairment before and after suicide attempt in young adults - a nationwide register-based cohort study.

Wang M[1], Helgesson M[2], Rahman S[2], Niederkrotenthaler T[3], Mittendorfer-Rutz E[2].

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      Center for Public Health, Department of Social and Preventive Medicine, Medical University Vienna, Vienna, Austria.

Abstract

BACKGROUND:

Despite high rates of youth suicide attempt, little is known about patterns of functional impairment in terms of sickness absence and disability pension (SA/DP) before and after an attempt. The aim was to identify SA/DP trajectories among young adults with or without suicide attempt and to describe associations of socio-demographic and clinical factors with such trajectories.

METHODS:

This is a population-based cohort study of 5385 individuals aged 25-40 years with a first suicide attempt during 2007-2009. One control for each case without suicide attempt was matched by socio-demographic factors. Trajectories of annual SA/DP months over an eight-year period were analysed by group-based trajectory modelling. Associations between socio-demographic and clinical factors with trajectory groups were estimated by chi^2-test and multinomial logistic regression.

RESULTS:

Two groups of suicide attempters had low SA/DP levels over time (62%). One group had constantly high SA/DP levels (16%). The remaining two groups had increased SA/DP initially, which then decreased at different time points. Socio-demographic and clinical factors were associated with different trajectories ($R^2 = 0.44$). Suicide attempters with low levels of SA/DP were likely to be unemployed whereas a larger proportion of those with high levels of SA/DP had psychiatric health care before the suicide attempt, particularly due to schizophrenia and non-affective psychoses or personality disorders.

CONCLUSIONS:

Young suicide attempters even with no/low levels of SA/DP were likely to be marginalised at the labour market. Schizophrenia/non-affective psychoses and personality disorders were important clinical factors for differentiating the levels of SA/DP among young suicide attempters.

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40. J Clin Epidemiol. 2017 Dec 4. pii: S0895-4356(17)30807-7. doi: 10.1016/j.jclinepi.2017.11.024. [Epub ahead of print]

Specific agreement on ordinal and multiple nominal outcomes can be calculated for more than two raters.

de Vet HCW[1], Mullender MG[2], Eekhout I[3].

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Abstract

OBJECTIVE:

The concept of specific agreement has been proposed for dichotomous outcomes for two and more raters. We aim to extend this concept for variables with more than two ordinal or nominal categories and more than two raters.

STUDY DESIGN AND SETTING:

We used two data sets: 4 plastic surgeons classifying photographs after breast reconstruction on a 5 point ordinal scale; and 6 raters classifying psychiatric patients into 5 diagnostic categories. For m raters, all (i.e. m(m-1)/2) pairwise agreement tables were summed to calculate the observed agreement, specific agreement and conditional probabilities. The 95% confidence intervals were obtained by bootstrapping.

RESULTS:

Specific agreement was calculated for each ordinal or nominal category to examine when one of the raters scored in a specific category, what is the probability that the other raters scored in that same category. And suppose one of the raters scored X_1, what is the probability that the other raters scored X_1 or any of the other categories (conditional probability). It

appeared for example that among the psychiatric disorders, depression and personality disorders were often mixed up, while neurosis was rarely mixed up with schizophrenia.

CONCLUSION:

The concept of specific agreement for variables with ordinal and multiple nominal categories provides relevant clinical information. The extension to conditional probabilities of alternative categories broadens the clinical application with examining which categories are most often mixed up.

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41.

Clinician Ratings of Vulnerable and Grandiose Narcissistic Features: Implications for an Expanded Narcissistic Personality Disorder Diagnosis.

Stanton K, Zimmerman M.

Abstract

Conceptualizations of narcissistic personality disorder (NPD) in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013) have been criticized for focusing too exclusively on grandiose narcissistic traits (e.g., exploitativeness and entitlement) and failing to capture vulnerable narcissistic features (e.g., feelings of inadequacy). We extended prior grandiose and vulnerable narcissism research by examining the degree to which clinician ratings of traits related to grandiosity overlapped with traits related to vulnerability in a large sample of adult outpatients (N = 2,149). We also examined relations with other psychopathology and psychosocial impairment for both (a) narcissistic trait configurations including both vulnerable and grandiose features and (b) configurations focusing on grandiose narcissistic traits. Structural results indicated that some personality features related to vulnerability (e.g., perfectionism and inadequacy) were unrelated to ratings of grandiose narcissistic personality features. Additionally, our results suggest that emphasizing vulnerable features within narcissism trait configurations may increase NPD's overlap with other disorders (e.g., borderline personality disorder and social anxiety) and does not appear to discriminate pathological narcissism from antisocial

personality disorder, a disorder with which NPD is highly comorbid. Finally, scores on configurations defined only by grandiose narcissistic traits related positively to all psychosocial impairment indicators, although configurations also including vulnerable features generally showed stronger relations with psychosocial impairment. The implications of these findings in regard to future conceptualizations of NPD are discussed. (PsycINFO Database Record.
PMID: 29215903
Similar articles

42. Personal Disord. 2017 Dec 7. doi: 10.1037/per0000266. [Epub ahead of print]

Words Matter: Implementing the Electronically Activated Recorder in Schizotypy.

Minor KS, Davis BJ, Marggraf MP, Luther L, Robbins ML.

Abstract

In schizophrenia-spectrum populations, analyzing the words people use has offered promise for unlocking information about affective states and social behaviors. The electronically activated recorder (EAR) is an application-based program that is combined with widely used smartphone technology to capture a person's real-world interactions via audio recordings. It improves on the ecological validity of current methodologies by providing objective and naturalistic samples of behavior. This study is the first to implement the EAR in people endorsing elevated traits of schizophrenia-spectrum personality disorders (i.e., schizotypy), and we expected the EAR to (a) differentiate high and low schizotypy groups on affective disturbances and social engagement and (b) show that high schizotypy status moderates links between affect and social behavior using a multimethod approach. Lexical analysis of EAR recordings revealed greater negative affect and decreased social engagement in those high in schizotypy. When assessing specific traits, EAR and ecological momentary assessment (EMA) converged to show that positive schizotypy predicted negative affect. Finally, high schizotypy status moderated links between negative affect and social engagement when the EAR was combined with EMA. Adherence did not influence results, as both groups wore the EAR more than 90% of their waking hours. Findings supported using the EAR to assess real-world expressions of personality and functioning in schizotypy. Evidence also showed that the EAR can be used alongside EMA to provide a mixed-method, real-world assessment that is high in ecological validity and offers a window into the daily lives of those with elevated traits of schizophrenia-spectrum personality disorders. (PsycINFO Database Record.
PMID: 29215902
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43. Personal Disord. 2017 Dec 7. doi: 10.1037/per0000264. [Epub ahead of print]

Introduction of the DSM-5 Levels of Personality Functioning Questionnaire.

Huprich SK, Nelson SM, Meehan KB, Siefert CJ, Haggerty G, Sexton J, Dauphin VB, Macaluso M, Jackson J, Zackula R, Baade L.

Abstract

With the introduction in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of a hybrid system of personality disorder assessment, the ability to assess patients' traits, as well as their level of personality functioning, has become increasingly important. To assess this criterion, the DSM-5 Levels of Personality Functioning Questionnaire (DLOPFQ) was developed. The DLOPFQ assesses individuals' self-impairments and other impairments in several domains (self-direction, identity, empathy, and intimacy) and across 2 contexts (work/school and relationships). A sample of 140 psychiatric and medical outpatients was administered the DLOPFQ and several other measures to assess its reliability and construct, incremental, and discriminant validity. The internal consistency and convergence with validation measures yielded generally meaningful and expected results. Several DLOPFQ scales and subscales were significantly correlated with measures of DSM-5 trait domains and levels of personality functioning. DLOPFQ scales also correlated with self-reported ratings of overdependence, detachment, healthy dependency, and overall mental health and well-being. The DLOPFQ also predicted interpersonal and general functioning beyond DSM-5 trait domains. These results support the reliability and validity of the DLOPFQ, which appears to be suitable for clinical use and warrants ongoing study. (PsycINFO Database Record.
PMID: 29215901
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44. Cornea. 2017 Dec 5. doi: 10.1097/ICO.0000000000001479. [Epub ahead of print]

Keratoconus and Personality-A Review.

Mannis MJ[1], Ling JJ, Kyrillos R, Barnett M.

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Abstract

PURPOSE:

To assess the existing literature on the subject of keratoconus and personality and to propose a theory that might account for the perceived personality changes associated with this condition.

METHODS:

A literature search was conducted in the PubMed database using the term "keratoconus" in combination with keywords such as personality, psychiatry, psychology, anxiety, depression, or psychosis. A total of 15 articles pertaining to personality and psychiatric disorders in keratoconus were retained and reviewed.

RESULTS:

Although patients with keratoconus tend to score differently on personality scales compared with normal controls, the literature fails to substantiate the existence of a unique "keratoconic personality." Instead, patients with keratoconus prove to have more dysfunctional coping mechanisms that specifically alter their interaction with health care providers and may account for the persistent clinical impression of less respectful, conforming, and cooperative patients.

CONCLUSIONS:

We hypothesize that the stage of life at which keratoconus commonly presents plays a crucial role in personality and coping mechanism development that significantly affects behavioral patterns and the relationship with caregivers.
PMID: 29215397

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Wolters Kluwer

45. Psychophysiology. 2017 Dec 7. doi: 10.1111/psyp.13043. [Epub ahead of print]

Cortical thickness, resting state heart rate, and heart rate variability in female adolescents.

Koenig J[1,2], Parzer P[3], Reichl C[1,2,4], Ando A[1], Thayer JF[5], Brunner R[3,4], Kaess M[1,2,3].

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Department of Psychology, The Ohio State University, Columbus, Ohio, USA.

Abstract

Resting state heart rate variability (HRV) is a psychophysiological marker that has gained increasing research interest, in particular in developmental neuroscience. HRV has been shown to be associated with mental and physical health, beyond simple measures of heart rate (HR) and shows inter- and intraindividual variance across aging. Recently, three studies reported on a positive correlation between resting state HRV and cortical thickness in selected regions of interest (ROIs) in adult samples. Structural thickness, HRV, and HR change during the sensitive period of adolescence. Previously, no study has addressed the structural concomitants of resting HR and HRV in adolescents. Cortical thickness (3-T MRI), HR, and HRV were recorded in 20 healthy, female adolescents (mean age: 15.92 years; SD = 1.06; range: 14-17). In line with existing research in adults, cortical thickness in a number of ROIs was associated with resting state HRV but not HR. The comparison of regression analyses using the Bayes factor revealed evidence for a correlation between HRV and cortical thickness of the bilateral rostral anterior cingulate cortex. However, unlike in adults, greater cortical thickness was associated with reduced HRV in female adolescents. Analyses on HR showed no superior model fit. Results suggest that greater HRV might be beneficial for cortical development during adolescence (cortical thinning). On the other hand, cortical development might determine changes in autonomic nervous system function in adolescents. Future studies are needed to replicate these findings in larger samples including boys and to test these hypotheses in longitudinal designs.
PMID: 29215142

[Similar articles](#)

46. Behav Cogn Psychother. 2017 Dec 7:1-16. doi: 10.1017/S1352465817000698. [Epub ahead of print]

'Teaching Me to Parent Myself': The Feasibility of an In-Patient Group Schema Therapy Programme for Complex Trauma.

Younan R[1], Farrell J[2], May T[3].

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Abstract

BACKGROUND:

Group schema therapy is an emerging treatment for personality and other psychiatric disorders. It may be particularly suited to individuals with complex trauma given that early abuse is likely to create maladaptive schemas.

AIMS:

This pilot study explored the feasibility and effectiveness of a 4-week in-patient group schema therapy programme for adults with complex trauma in a psychiatric hospital setting.

METHOD:

Thirty-six participants with complex trauma syndrome participated in this open trial. Treatment consisted of 60 hours of group schema therapy and 4 hours of individual schema therapy administered over 4 weeks. Feasibility measures included drop-out rates, qualitative interviews with participants to determine programme acceptability and measures of psychiatric symptoms, self-esteem, quality of life and schema modes pre-, post- and 3 months following the intervention.

RESULTS:

Drop-out rate for the 4-week program was 11%. Thematic analysis of interview transcripts revealed four major themes: connection, mode language explained emotional states, identifying the origin of the problem and the emotional activation of the programme. Measures of psychiatric symptoms, self-esteem and quality of life showed improvement post-treatment and at 3 months post-treatment. There was a reduction in most maladaptive schema modes pre-/post-treatment.

CONCLUSIONS:

A group schema therapy approach for complex trauma is feasible and demonstrates positive effects on psychiatric symptoms and maladaptive schemas.
PMID: 29212570
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[What is the effect on comorbid personality disorder of brief panic-focused psychotherapy in patients with panic disorder?](#)

[Keefe JR](#)[1], [Milrod BL](#)[2], [Gallop R](#)[3], [Barber JP](#)[4], [Chambless DL](#)[1].

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Abstract

BACKGROUND:

No studies of psychotherapies for panic disorder (PD) have examined effects on comorbid personality disorders (PersD), yet half such patients have a PersD.

METHODS:

In a randomized trial for PD with and without agoraphobia comparing Cognitive-Behavioral Therapy (CBT) and Panic-Focused Psychodynamic Psychotherapy (PFPP), PersD was assessed pre-to-post treatment with the Structured Clinical Interview for the Diagnosis of Axis-II Disorders (SCID-II). For patients completing therapy (n = 118, 54 with PersD), covariance between panic and SCID-II criteria improvements was analyzed. SCID-II diagnostic remission and recovery were evaluated. Comparative efficacy of PFPP versus CBT for improving PersD was analyzed both for the average patient, and as a function of PersD severity.

RESULTS:

37 and 17% of PersD patients experienced diagnostic PersD remission and recovery, respectively. Larger reductions in PersD were related to more panic improvement, with a modest effect size (r = 0.28). Although there was no difference between treatments in their ability to improve PersD for the average patient (d = 0.01), patients meeting more PersD criteria did better in PFPP compared to CBT (P = .007), with PFPP being significantly superior at 11 criteria and above (d = 0.66; 3 more criteria lost).

CONCLUSIONS:

PersD presenting in the context of primary PD rarely resolves during psychotherapies focused on PD, and change in PersD only moderately tracks panic improvements, indicating non-overlap of the constructs. Patients receiving panic-focused psychotherapies may require additional treatment for their PersD. PFPP may be superior at improving severe PersD, but replication of this finding is required.

PMID: 29212135
Similar articles

Adolescent impulsivity as a sex-dependent and subtype-dependent predictor of

impulsivity, alcohol drinking and dopamine D2 receptor expression in adult rats.

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Abstract

Impulsivity is a personality trait associated with a heightened risk for drug use and other psychiatric conditions. Because impulsivity-related disorders typically emerge during adolescence, there has been interest in exploring methods for identifying adolescents that will be at risk to develop substance use disorders in adulthood. Here, we used a rodent model to assess inhibitory control (impulsive action) and impulsive decision making (impulsive choice) during adolescence (43-50 days old) or adulthood (93-100 days old) and then examined the impact of development on these impulsivity traits by re-testing rats 50 days later. Impulsive action was not stable from adolescence to adulthood in male rats and was lowest in adult male rats, relative to adolescents and female rats. Impulsive choice was stable across development and unaffected by age or sex. Next, we examined the connection between our model of impulsivity and two measures relevant to substance abuse research: the initiation of voluntary alcohol drinking and dopamine D_2 receptor (D_2 R) expression in the prelimbic prefrontal cortex. Consumption of saccharin-sweetened ethanol during 30-minute sessions in adulthood was associated with adolescent, but not adult, impulsive action, particularly in male rats. Prelimbic D_2 R expression was reduced in individuals with high levels of impulsive choice, and this relationship appeared to be strongest among female rats. The results of this study demonstrate that impulsive choice, along with its connection to D_2 R expression, is relatively unchanged by the process of development. For impulsive action, however, individual levels of impulsivity during adolescence predict drinking in adulthood despite changes in the measure during development.
PMID: 29210144
Similar articles

Decisional conflict in mental health care: a cross-sectional study.

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Abstract

PURPOSE:

Decisional conflict refers to the degree to which patients are engaged in and feel comfortable about important clinical decisions. Until now, the concept has received little attention in mental health care. We investigate the level of decisional conflict in mental health care and whether this is influenced by socio-demographics, treatment setting, diagnoses, and locus of control.

METHODS:

Cross-sectional study among 186 patients in Dutch specialist mental health care using the Decisional Conflict Scale, which measures five dimensions of decisional conflict: information, support, clarification of values, certainty, and decisional quality. Descriptive statistics and forward stepwise linear regression analyses were used.

RESULTS:

Patients report relatively high levels of decisional conflict, especially those with more external locus of control. Having a personality disorder and higher education also increases decisional conflict on the dimensions support and clarification of values, respectively. Less decisional conflict was experienced by patients with psychotic disorders on the dimension certainty and by women on the information domain.

CONCLUSIONS:

Decisional conflict is common among patients in specialist mental health care and is very useful for assessing the quality of clinical decision making. Measuring decisional conflict and knowledge about influencing factors can be used to improve patients' participation in clinical decision making, adherence to treatment and clinical outcomes.
PMID: 29209746
Similar articles

SpringerLink
FULL-TEXT ARTICLE

Low empathy-like behaviour in male mice associates with impaired sociability, emotional memory, physiological stress reactivity and variations in neurobiological regulations.

Laviola G[1], Zoratto F[1], Ingiosi D[1], Carito V[2], Huzard D[3], Fiore M[2], Macrì S[1].

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Abstract

Deficits in empathy have been proposed to constitute a hallmark of several psychiatric disturbances like conduct disorder, antisocial and narcissistic personality disorders. Limited sensitivity to punishment, shallow or deficient affect and reduced physiological reactivity to environmental stressors have been often reported to co-occur with limited empathy and contribute to the onset of antisocial phenotypes. Empathy in its simplest form (i.e. emotional contagion) is addressed in preclinical models through the evaluation of the social transmission of emotional states: mice exposed to a painful stimulus display a higher response if in the presence of a familiar individual experiencing a higher degree of discomfort, than in isolation. In the present study, we investigated whether a reduction of emotional contagion can be considered a predictor of reduced sociality, sensitivity to punishment and physiological stress reactivity. To this aim, we first evaluated emotional contagion in a group of Balb/cJ mice and then discretised their values in four quartiles. The upper (i.e. Emotional Contagion Prone, ECP) and the lower (i.e. Emotional Contagion Resistant, ECR) quartiles constituted the experimental groups. Our results indicate that mice in the lower quartile are characterized by reduced sociability, impaired memory of negative events and dampened hypothalamic-pituitary-adrenocortical reactivity to external stressors. Furthermore, in the absence of changes in oxytocin receptor density, we show that these mice exhibit elevated concentrations of oxytocin and vasopressin and reduced density of BDNF receptors in behaviourally-relevant brain areas. Thus, not only do present results translate to the preclinical investigation of psychiatric disturbances, but also they can contribute to the study of emotional contagion in terms of its adaptive significance.

Similar articles

51. Front Biosci (Schol Ed). 2018 Jan 1;10:262-275.

Neuroprotective role of Asiatic acid in aluminium chloride induced rat model of Alzheimer's disease.

Ahmad Rather M[1], Justin Thenmozhi A[2], Manivasagam T[3], Dhivya Bharathi M[1], Mohamed Essa M[4], Guillemin GJ[5].

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Abstract

Alzheimer's disease (AD) is the most common form of dementia, characterized by memory loss, cognitive impairment and personality disorders accompanied by diffuse structural abnormalities in the brain of elderly people. The current investigation explored the neuroprotective potential of asiatic acid (AA), a natural triterpene of *Centella asiatica* on aluminium chloride ($AlCl_3$) induced rat model of AD. Oral administration of $AlCl_3$ (100 mg/kg b.w.) for 42 days significantly elevated the levels of Al, activity of acetyl cholinesterase and expressions of amyloid precursor protein, amyloid $beta_{1-42}$, beta and gamma secretases, glial fibrillary acidic protein, ionized calcium binding adaptor molecule 1, interleukins -1β, 6, 4, 2, tumor necrosis factor alpha, inducible nitric oxide synthase, nuclear factor- k beta and cyclooxygenase-2 in the hippocampus and cortex compared to the control group. Our observations suggested that AA treatment mitigated $AlCl_3$ induced AD associated pathologies, which might be due to its multiple pharmacological actions. Further

studies are necessary in order to explore the link between AlCl$_3$-mediated oxidative stress and associated apoptosis to establish its neuroprotective role in AD.
PMID: 28930532 [Indexed for MEDLINE]

Items 1 - 33 of 33

1.

Anti-N-methyl-D-aspartate receptor antibody encephalitis: an important cause of encephalitis in young adults. A report of two cases.

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Abstract

Encephalitis is a clinical syndrome which can include altered mental status, motor and sensory deficits, altered behavior including personality changes, speech and movement disorders and seizures. While the overall incidence of encephalitis is not known, it is common enough that most pediatric and adolescent medicine physicians will have seen at least one case. Peak times of risk include the newborn period and middle-to-late adolescence. [1] It is important for clinicians to have a working knowledge of the broad range of encephalitis etiologies: viral, post-viral, toxic, auto-immune and paraneoplastic. We discuss two cases of encephalitis in young adult women with ovarian teratoma and production of anti-N-methyl-D-aspartate receptor (NMDAR) antibodies.
PMID: 29384436

2.

Metacognitive Interpersonal Therapy for Personality Disorders Featuring Emotional Inhibition: A Multiple Baseline Case Series.

Gordon-King K, Schweitzer RD, Dimaggio G.

Abstract

Metacognitive interpersonal therapy (MIT) is an integrative psychotherapeutic approach targeting personality disorders (PDs) featuring inhibition and avoidance. The current case series reports the outcome of a time-limited, 12-month MIT intervention for people with PDs featuring emotional inhibition. Seven participants were diagnosed with a PD on the basis of a structured clinical interview. The study followed a multiple baseline design, with baseline measures taken for 3 weeks before intervention. Participants underwent 12 months of weekly MIT sessions, with outcome measures taken every 3 months. Outcome variables were diagnostic recovery, symptom severity, and alexithymia. All participants improved over the course of the 12-month intervention across most measures. For six of the participants, the intervention was a likely driver of change. The current study contributes to a growing evidence base regarding the effectiveness of MIT for the treatment of PDs.
PMID: 29377848
Similar articles

Burnout, Depression, and Borderline Personality: A 1,163-Participant Study.

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Abstract

We examined the association of burnout with borderline personality (BP) traits in a study of 1,163 educational staff (80.9% women; mean age: 42.96). Because burnout has been found to overlap with depression, parallel analyses of burnout and depression were conducted. Burnout symptoms were assessed with the Shirom-Melamed Burnout Measure, depressive symptoms with the PHQ-9, and BP traits with the Borderline Personality Questionnaire. Burnout was found to be associated with BP traits, controlling for neuroticism and history of depressive disorders. In women, burnout was linked to both the "affective insecurity" and the "impulsiveness" component of BP. In men, only the link between burnout and "affective insecurity" reached statistical significance. Compared to participants with "low" BP scores, participants with "high" BP scores reported more burnout symptoms, depressive symptoms, neuroticism, and occupational stress and less satisfaction with life. Disattenuated correlations between burnout and depression were close to 1, among both women (0.91) and men (0.94). The patterns of association of burnout and depression with the main study variables were similar, pointing to overlapping nomological networks. Burnout symptoms were only partly attributed to work by our participants. Our findings suggest that burnout is associated with BP traits through burnout-depression overlap.

Variability in phase and amplitude of diurnal rhythms is related to variation of mood in bipolar and borderline personality disorder.

Carr O[1], Saunders KEA[2,3], Tsanas A[4,5], Bilderbeck AC[2], Palmius N[6], Geddes JR[2,3], Foster R[7], Goodwin GM[2,3,7], De Vos M[6,7].

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Abstract

Variable mood is an important feature of psychiatric disorders. However, its measurement and relationship to objective measureas of physiology and behaviour have rarely been studied. Smart-phones facilitate continuous personalized prospective monitoring of subjective experience and behavioural and physiological signals can be measured through wearable devices. Such passive data streams allow novel estimates of diurnal variability. Phase and amplitude of diurnal rhythms were quantified using new techniques that fitted sinusoids to heart rate (HR) and acceleration signals. We investigated mood and diurnal variation for four days in 20 outpatients with bipolar disorder (BD), 14 with borderline personality disorder (BPD) and 20 healthy controls (HC) using a smart-phone app, portable electrocardiogram (ECG), and actigraphy. Variability in negative affect, positive affect, and irritability was elevated in patient groups compared with HC. The study demonstrated convincing associations between variability in subjective mood and objective variability in diurnal physiology. For BPD there was a pattern of positive correlations between mood variability and variation in activity, sleep and HR. The findings suggest BPD is linked more than currently believed with a disorder of diurnal rhythm; in both BPD and BD reducing the variability of sleep phase may be a way to reduce variability of subjective mood.

Personality dimensions emerging during adolescence and young adulthood are underpinned by a single latent trait indexing impairment in social functioning.

Polek E[1,2], Jones PB[3,4], Fearon P[5], Brodbeck J[6], Moutoussis M[7], Nspn Consortium[8,9], Dolan R[7], Fonagy P[10], Bullmore ET[8, 11], Goodyer IM[12].

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Abstract

BACKGROUND:

Personality with stable behavioural traits emerges in the adolescent and young adult years. Models of putatively distinct, but correlated, personality traits have been developed to describe behavioural styles including schizotypal, narcissistic, callous-unemotional, negative emotionality, antisocial and impulsivity traits. These traits have influenced the classification of their related personality disorders. We tested if a bifactor model fits the data better than correlated-factor and orthogonal-factor models and subsequently validated the obtained factors with mental health measures and treatment history.

METHOD:

A set of self-report questionnaires measuring the above traits together with measures of mental health and service use were collected from a volunteer community sample of adolescents and young adults aged 14 to 25 years (N = 2443).

RESULTS:

The bifactor model with one general and four specific factors emerged in exploratory analysis, which fit data better than models with correlated or orthogonal factors. The general factor showed high reliability and validity.

CONCLUSIONS:

The findings suggest that a selected range of putatively distinct personality traits is underpinned by a general latent personality trait that may be interpreted as a severity factor, with higher scores indexing more impairment in social functioning. The results are in line with ICD-11, which suggest an explicit link between personality disorders and compromised interpersonal or social function. The obtained general factor was akin to the overarching dimension of personality functioning (describing one's relation to the self and others) proposed by DSM-5 Section III.

[Identity Disturbance, Feelings of Emptiness, and the Boundaries of the Schizophrenia Spectrum.](#)

[Zandersen M](#)[1], [Parnas J](#)[1,2].

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Abstract

Historical and current research on borderline personality disorder reveal certain affinities with schizophrenia spectrum psychopathology. This is also the case for the borderline criteria of "identity disturbance" and "feelings of emptiness," which reflect symptomatology frequently found in schizophrenia and schizotypal personality disorder. Unfortunately, the diagnostic manuals offer limited insight into the nature of these criteria, including possible deviations and similarities with schizophrenia spectrum symptomatology. In this article, we attempt to clarify the concepts of identity disturbance and feelings of emptiness with an emphasis on the criteria's differential diagnostic significance. Drawing on contemporary philosophy, we distinguish between a "narrative" self and a "core" self, suggesting that this distinction may assist differential diagnostic efforts and contribute to mark the psychopathological boundaries of these disorders.

PMID: 29373752

[Similar articles](#)

OXFORD
ACADEMIC

Resting-state functional connectivity predicts neuroticism and extraversion in novel individuals.

Hsu WT[1], Rosenberg MD[1], Scheinost D[2], Constable RT[2,3, 4], Chun MM[1,3,5].

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Abstract

The personality dimensions of neuroticism and extraversion are strongly associated with emotional experience and affective disorders. Previous studies reported fMRI activity correlates of these traits, but no study has used brain-based measures to predict them. Here, using a fully cross-validated approach, we predict novel individuals' neuroticism and extraversion from functional connectivity (FC) data observed as they simply rested during fMRI scanning. We applied a data-driven technique, connectome-based predictive modeling (CPM), to resting-state FC data and neuroticism and extraversion scores (self-reported NEO Five Factor Inventory) from 114 participants of the Nathan Kline Institute Rockland sample. After dividing the whole brain into 268 nodes using a predefined functional atlas, we defined each individual's FC matrix as the set of correlations between the activity timecourses of every pair of nodes. CPM identified networks consisting of functional connections correlated with neuroticism and extraversion scores, and used strength in these networks to predict a left-out individual's scores. CPM predicted neuroticism and extraversion in novel individuals, demonstrating that patterns in resting-state FC reveal trait-level measures of personality. CPM also revealed predictive networks that exhibit some anatomical patterns consistent with past studies and potential new brain areas of interest in personality.
PMID: 29373729
Similar articles

The Development and Psychometric Evaluation of the Group Schema Therapy Rating Scale - Revised.

Bastick E[1], Bot S[2], Verhagen SJW[2], Zarbock G[3], Farrell J[4], Brand-de Wilde O[5], Arntz A[5], Lee CW[6].

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Abstract

BACKGROUND:

Recent research has supported the efficacy of schema therapy as a treatment for personality disorders. A group format has been developed (group schema therapy; GST), which has been suggested to improve both the clinical and cost-effectiveness of the treatment.

AIMS:

Efficacy studies of GST need to assess treatment fidelity. The aims of the present study were to improve, describe and evaluate a fidelity measure for GST, the Group Schema Therapy Rating Scale - Revised (GSTRS-R).

METHOD:

Following a pilot study on an initial version of the scale (GSTRS), items were revised and guidelines were modified in order to improve the reliability of the scale. Students highly experienced with the scale rated recorded GST therapy sessions using the GSTRS-R in addition to a group cohesion measure, the Harvard Community Health Plan Group Cohesiveness Scale - II (GCS-II). The scores were used to assess internal consistency and inter-rater reliability. Discriminant validity was assessed by comparing the scores on the GSTRS-R with the GCS-II.

RESULTS:

The GSTRS-R displayed substantial internal consistency and inter-rater reliability, and adequate discriminate validity, evidenced by a weak positive correlation with the GCS-II.

CONCLUSIONS:

Overall, the GSTRS-R is a reliable tool that may be useful for evaluating therapist fidelity to GST model, and assisting GST training and supervision. Initial validity was supported by a weak association with GCS-II, indicating that although associated with cohesiveness, the instrument also assesses factors specific to GST. Limitations are discussed.
PMID: 29370876
Similar articles

9. PLoS One. 2018 Jan 25;13(1):e0190381. doi: 10.1371/journal.pone.0190381. eCollection 2018.

Changes in opiate and stimulant use through 10 years: The role of contextual factors, mental health disorders and psychosocial factors in a prospective SUD treatment cohort study.

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Abstract

AIM:

To examine temporal changes in opiate and stimulant use among patients in substance abuse treatment over a ten-year observation period and to explore the role of contextual factors, mental health disorders and psychosocial factors on these changes.

METHODS:

A cohort of 481 patients was prospectively interviewed at admission to treatment and after 1, 2, 7 and 10 years. The sample was recruited from 20 facilities in the Greater Oslo region, Norway.

RESULTS:

The majority of patients were poly-drug users and 80% had used both opiates and stimulants the last 30 days prior to treatment admission. Last-month use of heroin, other opiates, cocaine and amphetamines declined from 80% to 34% at the end of the observation period. The most substantial reduction was observed between baseline and one-year follow-up. Use of heroin decreased the most from 62% to 16% after 10 years (a reduction of 74%), and the reduction continued from one-year follow-up throughout the observation period. The most important multivariate risk factors for sustained use of these drugs were male gender, having one or both biological parents with severe alcohol or drug problems, having an antisocial personality disorder, and living together with a person who abuses alcohol or drugs. Employment was associated with reduced risk of drug use at 7-year follow-up.

CONCLUSIONS:

There was a substantial reduction in opiate and stimulant use from baseline to all follow-up assessments, most greatly for heroin. Findings regarding sustained use could suggest familial transmission and the challenges of preventive strategies and treatment efforts in an intergenerational context. Co-occurrence between drug abuse and mental health problems highlights the need of highly specialized competence in SUD treatment.

On the potential for iatrogenic effects of psychiatric crisis services: The example of dialectical behavior therapy for adult women with borderline personality disorder.

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Abstract

OBJECTIVE:

Although previous research has suggested that people with a history of using psychiatric crisis services are at higher risk for suicide, it is unclear whether this link is attributable to individual risk factors or iatrogenic effects of service utilization. We examined this question by analyzing data from a randomized controlled trial of dialectical behavior therapy (DBT), a treatment for highly suicidal individuals in which patients took advantage of crisis services less than those in the comparison condition. We hypothesized that crisis-service utilization during a treatment year, rather than pretreatment indicators of suicide risk, would be associated with higher suicide risk after treatment, and that DBT's treatment effects would be partially attributable to this association.

METHOD:

Participants were 101 women (Mage = 29.3, 87% Caucasian) with recent suicidal and self-injurious behaviors meeting Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association [APA], 1994) criteria for borderline personality disorder. We examined relationships between suicidal ideation (using the Suicide Behaviors Questionnaire; Linehan, 1981), number of suicide attempts (using the Suicide Attempt Self-Injury Interview; Linehan, Comtois, Brown, Heard, & Wagner, 2006), and number of psychiatric inpatient admissions and psychiatric emergency-room (ER) visits (using the

Treatment History Interview; Linehan & Heard, 1987) from the years prior to, during, and following treatment.

RESULTS:

Treatment-year psychiatric ER visits were the sole predictor of the number of follow-up year suicide attempts. Treatment condition and pretreatment inpatient admissions predicted treatment-year psychiatric ER visits. Finally, there was evidence that DBT resulted in fewer suicide attempts at follow-up, in part because getting DBT led to fewer psychiatric ER visits.

CONCLUSION:

In this population and context, data suggest that crisis-service utilization conveys risk for suicide. DBT may reduce suicide risk in part by reducing use of these services. (PsycINFO Database Record

PMID: 29369662
Similar articles

APA Full Text

11. Bipolar Disord. 2018 Jan 25. doi: 10.1111/bdi.12596. [Epub ahead of print]

Prevalence of axis II comorbidities in bipolar disorder: relationship to mood state.

Post RM[1], Leverich GS[1], McElroy S[2,3], Kupka R[4], Suppes T[5], Altshuler L[6], Nolen W[7], Frye M[8], Keck P[9,10], Grunze H[11], Hellemann G[12].

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Abstract

OBJECTIVES:

A high incidence of Axis II personality disorders is described in patients with bipolar disorder; however, their relationship to mood state remains uncertain.

METHODS:

A total of 966 outpatients with bipolar disorder gave informed consent and filled out the Personality Disorder Questionnaire, 4th edition (PDQ4) and a questionnaire on demographics and course of illness prior to Bipolar Treatment Outcome Network entry at average age 41 years. Patients were rated at each visit for depression on the Inventory of Depressive Symptoms-Clinician version (IDS-C) and for mania on the Young Mania Rating Scale (YMRS). In a subgroup, the PDQ4 was retaken during periods of depression and euthymia.

RESULTS:

Patients met criteria for most personality disorders at a much higher rate when they took the PDQ4 while depressed compared to while euthymic, and scores were significantly related to the severity of depression (IDS) and of mania (YMRS) assessed within 2 weeks of taking the PDQ. Even when euthymic, more than quarter to half of the patients met criteria for a cluster A, B or C personality disorder.

CONCLUSIONS:

A wide range of personality disorders occur in bipolar patients, but are highly dependent on filling out the form while depressed compared to while euthymic. How this relates to having a personality disorder assessed using a structured clinical interview remains to be tested. However, higher PDQ4 scores are related to an earlier age of onset of bipolar disorder and other factors portending a more difficult course of bipolar disorder, and the optimal treatment of these patients remains to be illuminated.

Similar articles

12. Twin Res Hum Genet. 2018 Feb;21(1):24-32. doi: 10.1017/thg.2017.73.

Testing Genetic and Environmental Associations Between Personality Disorders and Cocaine Use: A Population-Based Twin Study.

Gillespie NA[1], Aggen SH[1], Gentry AE[2], Neale MC[1], Knudsen GP[3], Krueger RF[4], South SC[5], Czajkowski N[3], Nesvåg R[3], Ystrom E[3], Rosenström TH[3], Torvik FA[3], Reichborn-Kjennerud T[3], Kendler KS[1].

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Abstract

Until now, data have not been available to elucidate the genetic and environmental sources of comorbidity between all 10 DSM-IV personality disorders (PDs) and cocaine use. Our aim was to determine which PD traits are linked phenotypically and genetically to cocaine use. Cross-sectional data were obtained in a face-to-face interview between 1999 and 2004. Subjects were 1,419 twins (μage = 28.2 years, range = 19-36) from the Norwegian Institute of Public Health Twin Panel, with complete lifetime cocaine use and criteria for all 10 DSM-IV PDs. Stepwise multiple and Least Absolute Shrinkage and Selection Operator (LASSO) regressions were used to identify PDs related to cocaine use. Twin models were fitted to estimate genetic and environmental associations between the PD traits and cocaine use. In the multiple regression, antisocial (OR = 4.24, 95% CI [2.66, 6.86]) and borderline (OR = 2.19, 95% CI [1.35, 3.57]) PD traits were significant predictors of cocaine use. In the LASSO regression, antisocial, borderline, and histrionic were significant predictors of cocaine use. Antisocial and borderline PD traits each explained 72% and 25% of the total genetic risks in cocaine use, respectively. Genetic risks in histrionic PD were not significantly related to cocaine use. Importantly, after removing criteria referencing substance use, antisocial PD explained 65% of the total genetic variance in cocaine use, whereas borderline explained only 4%. Among PD traits, antisocial is the strongest correlate of cocaine use, for which the association is driven largely by common genetic risks.
PMID: 29369040

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13. Eur Psychiatry. 2018 Jan 20;49:37-42. doi: 10.1016/j.eurpsy.2017.12.008. [Epub ahead of print]

Affectively salient signal to random noise might be used to identify psychosis vulnerability in severe mental disorders.

Catalan A[1], de Artaza MG[2], Fernández-Rivas A[3], Angosto V[4], Aguirregomoscorta F[4], Bustamante S[3], Díaz A[4], Zamalloa I[2], Olazabal N[3], Bilbao A[5], Maruottolo C[6], Gonzalez-Torres MA[3].

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Abstract

BACKGROUND:

Subclinical psychotic symptoms are present in the general population. Furthermore, they are quite common in diagnostic categories beyond psychosis, such as BPD patients.

METHODS:

We want to assess the differences between 3 groups: BPD (n = 68), FEP (n = 83) and controls (n = 203) in an experimental paradigm measuring the presence of speech illusions in white noise. The Positive and Negative Syndrome Scale was administered in the patient group, the Structured Interview for Schizotypy-Revised, and the Community Assessment of Psychic Experiences in the control and BPD group. The white noise task was also analysed within a signal detection theory (SDT) framework. Logistic regression analyses and the general linear models were used to analyse the adjusted differences between groups.

RESULTS:

Differences were more prevalent in signals that were perceived as affectively salient in patients groups (9.6% in FEP vs 5.9% in BPD and 1% in controls; OR: 10.7; 95%CI: 2.2-51.6, p = 0.003 in FEP; OR: 6.3; 95%CI: 1.1-35.0, p = 0.036 in BPD). Besides, we found a worse general performance and more false alarms in the task for FEP group using SDT framework.

CONCLUSIONS:

Experimental paradigms indexing the tendency to detect affectively salient signals in noise may be used to identify liability to psychosis in people with vulnerability. Its predictable value in other diagnostic categories and general population requires further research.

Association between parent mental health and paediatric TBI: epidemiological observations from the 1987 Finnish Birth Cohort.

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      Huddinge, Sweden.

Abstract

BACKGROUND:

This study examined whether parental mental illness has implications for child risk for
traumatic brain injuries (TBI).

METHOD:

Data on 60 069 Finnish children born in 1987 and their parents were examined for
demographic and mental health-related variables in relationship with paediatric TBI.
Altogether, 15 variables were derived from the cohort data with ICD-10 F-codes being

available for mental health diagnoses for all parents. Bivariate and multivariate analyses were carried out using inpatient and outpatient diagnoses of child TBI.

RESULTS:

Paternal disorders due to psychoactive substance use (F10-F19) was associated with an increased inpatient TBI (OR=1.51; CI=1.07 to 2.14). Mood disorders (F30-F39) were associated with higher rates of outpatient TBI (OR=1.42; CI=1.06 to 1.90). Paternal personality and behavioural disorders (F60-F69) were linked with a twofold increase in risk across both categories of child TBI (OR=2.35; CI=1.41 to 3.90) and (OR=2.29; CI=1.45 to 3.61), respectively. Among the maternal mental health factors associated with child TBI, schizophrenia and other non-mood psychotic disorders (F20-F29) were associated with an increase in inpatient traumatic brain injuries (iTBI) (OR=1.78; 1.22 to 2.59). Mothers having mood disorders (F30-F39) were more likely to have had a child who experienced an iTBI (OR=1.64; CI=1.20 to 2.22). Mothers with personality and behavioural disorders (F60-F69) were also found to have had children with an increased risk for iTBI (OR=2.30; CI=1.14 to 3.65).

CONCLUSION:

Taken together, these data should call attention to methods and strategies designed to augment and support caregiving environments with modalities that can foster mutually supportive households in cooperation with parents who have been diagnosed with a mental disorder.

PMID: 29363588
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Conflict of interest statement

Competing interests: None declared.

Are previous suicide attempts a risk factor for completed suicide?

Goñi-Sarriés A[1], Blanco M, Azcárate L, Peinado R, López-Goñi JJ.

Author information:

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Servicio Navarro de Salud - Osasunbidea.

Abstract

BACKGROUND:

A previous suicide attempt is a clinically relevant factor for completed suicide. In this paper people who committed suicide on their first attempt are compared with those who did so after previous attempts.

METHOD:

A review of the Computerised Clinical Histories in the Navarro Health Service-Osasunbidea (2010-2013) in Spain.

RESULTS:

Of the 166 cases, 31.9% (n = 53) presented at least one prior attempt. Of these 53, 65.3% modified the method of suicide. Women presented significantly more attempts (χ^2 = 14.3; df = 3; p = .002). Three sub-samples were identified according to the attempts and diagnoses. The diagnoses of personality disorders (90.9%; n = 10) and women under 51 years of age with a diagnosis of affective, anxiety, or substance abuse disorders (82.4%; n = 14) presented the highest numbers of attempts. People without a psychiatric diagnosis and with psychotic or organic mental disorders presented the smallest proportion of attempts (13.2%; n = 10) together with people over 51 years of age diagnosed with affective, anxiety, or substance abuse disorders (22.5%; n = 9).

CONCLUSIONS:

Prior attempts are suicide risk factors only in specific clinical sub-samples. Prevention and intervention programs should consider these results.
PMID: 29363468
[Similar articles](#)

16. Parkinsonism Relat Disord. 2018 Jan 12. pii: S1353-8020(18)30013-0. doi: 10.1016/j.parkreldis.2018.01.013. [Epub ahead of print]

Personality and Parkinson's disease: A meta-analysis.

Santangelo G[1], Garramone F[2], Baiano C[2], D'Iorio A[2], Piscopo F[2], Raimo S[2], Vitale C[3].

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Abstract

INTRODUCTION:

Personality changes are considered pre-motor features of Parkinson's disease (PD). Cross-sectional studies revealed that PD patients were more introvert, apprehensive, and cautious than healthy subjects (HS), whereas other studies failed to disclose these behavioural traits. Some studies found mixed results concerning Novelty Seeking (NS) and Harm Avoidance (HA) profiles in PD patients. To better clarify the personality profile in PD we performed a meta-analysis on studies exploring such topic according to both Cloninger's Psychobiological Model (PM) and Big Five Model (BFM) METHODS: The meta-analysis included 17 studies evaluating the personality in PD patients compared with HS. The outcomes were the dimensions of the temperament and character of the PM and personality traits of BFM. Effect sizes from data reported in the primary studies were computed using Hedges'g unbiased approach. Heterogeneity among the studies and publication bias were assessed. Meta-regressions were conducted with age at evaluation, gender, schooling, and type of personality trait tools as moderators.

RESULTS:

As for PM, PD patients scored higher on HA and lower on NS than HS. No difference was found on Reward Dependence, Perseverance/Persistence and on character level. As for BFM, higher levels of Neuroticism, but lower levels of Openness and Extraversion were associated with PD.

DISCUSSION:

The personality profile in PD is characterized by high Neuroticism and HA, and by low Openness, Extraversion and NS. The personality profile delineated in the present study on PD patients seems to reflect the premorbid one and might contribute to development and persistence of affective disorders.

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FULL-TEXT ARTICLE

Alcohol use and personality change in middle and older adulthood: Findings from the Health and Retirement Study.

Luchetti M[1], Terracciano A[1], Stephan Y[2], Sutin AR[1].

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Abstract

OBJECTIVE:

Personality is known to predict alcohol consumption but how alcohol use is related to personality change is less clear, especially at older ages. The present study examined the effects of level of alcohol consumption and history of dependence on change in the five-factor model personality traits in a national cohort of Americans aged over 50.

METHOD:

Over 10,000 adults who participated in 2006-08 waves of the Health and Retirement Study reported on personality and alcohol use and were followed over 4 years.

RESULTS:

Latent difference score models indicated decreases in extraversion to be attenuated for individuals categorized as light-to-moderate drinkers at baseline, while decreases in conscientiousness were accentuated by having experienced alcohol dependence symptoms. Moreover, personality difference scores correlated with changes in the amount of alcohol consumed at follow-up.

CONCLUSIONS:

The findings suggest that patterns of alcohol consumption are associated with changes in personality across the second half of the lifespan. This article is protected by copyright. All rights reserved.

Similar articles

18. Adicciones. 2018 Jan 15;0(0):897. doi: 10.20882/adicciones.897. [Epub ahead of print]

Harm reduction program use, psychopathology and medical severity in patients with methadone maintenance treatment.

[Article in English, Spanish; Abstract available in Spanish from the publisher]
Martínez-Luna NG[1], Rodríguez-Cintas L, Esojo A, Palma-Álvarez RF, Robles-Martínez M, Grau-López L, Perea M, Roncero C.

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Abstract

Methadone maintenance programs (MMP) for opioid dependence treatment have been widely used due to their effective therapeutic outcomes. Harm reduction programs (HRP) are complementary programs for severe patients with high risk behaviors and when abstinence is

not possible. This study aims to compare patients in MMP that use HRP (MMP-HRP) and patients in MMP who do not use HRP (MMP-NO HRP). The sample was composed of 143 patients (MMP-HRP = 42 vs. MMP-NO HRP = 101). An additional subanalysis was performed with patients under 45 years of age (n = 116; MMP-HRP = 38 vs. MMP-NO HRP = 78). All patients were assessed with an ad hoc socio-demographic questionnaire, EuropASI, SCID-I, and SCID-II. Results show that MMP-HRP patients were younger with more frequent use of intravenous drugs and with a high prevalence of Cluster B personality disorders. MMP-NO HRP patients had lower methadone doses compared to MMP-HRP patients and preferred to use drugs by smoked route more frequently. In the subanalysis of patients under 45, MMP-HRP patients were younger, had a higher prevalence of liver diseases, more intravenous drug use, greater severity on the drug use scale, less social and family support in the suescales of EUROP-ASI than compared to patients under 45 years in the group MMP-NO HRP. In conclusion, MMP-HRP patients are younger compared to MMP-NO HRP patients, they also receive higher doses of methadone and had more intravenous use. The above findings imply that the early onset of high risk drug use and long-term exposure to heroin have more severe outcomes such as higher comorbidities (e.g. infectious diseases, medical and psychiatric disorders), and consequently, these patients are a more vulnerable group with a worse prognosis.

Similar articles

Features of borderline personality disorder as a mediator of the relation between childhood traumatic experiences and psychosis-like experiences in patients with mood disorder.

Baryshnikov I[1], Aaltonen K[2], Suvisaari J[3], Koivisto M[4], Heikkinen M[5], Joffe G[6], Isometsä E[7].

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Abstract

BACKGROUND:

Psychosis-like experiences (PEs) are common in patients with non-psychotic disorders. Several factors predict reporting of PEs in mood disorders, including mood-associated cognitive biases, anxiety and features of borderline personality disorder (BPD). Childhood traumatic experiences (CEs), often reported by patients with BPD, are an important risk factor for mental disorders. We hypothesized that features of BPD may mediate the relationship between CEs and PEs. In this study, we investigated the relationships between self-reported PEs, CEs and features of BPD in patients with mood disorders.

METHODS:

As part of the Helsinki University Psychiatric Consortium study, McLean Screening Instrument (MSI), Community Assessment of Psychic Experiences (CAPE-42) and Trauma and Distress Scale (TADS) were filled in by patients with mood disorders (n = 282) in psychiatric care. Correlation coefficients between total scores of scales and their dimensions were estimated, multiple regression and mediation analyses were conducted.

RESULTS:

Total scores of MSI correlated strongly with scores of the CAPE-42 dimension "frequency of positive symptoms" (rho = 0.56; p ≤ 0.001) and moderately with scores of TADS (rho = 0.4; p ≤ 0.001). Total score of MSI and its dimension "cognitive symptoms", including identity disturbance, distrustfulness and dissociative symptoms, fully mediated the relation between TADS and CAPE-42. Each cognitive symptom showed a partial mediating role (dissociative symptoms 43% (CI = 25-74%); identity disturbance 40% (CI = 30-73%); distrustfulness 18% (CI = 12-50%)).

CONCLUSIONS:

Self-reported cognitive-perceptual symptoms of BPD fully mediate, while affective, behavioural and interpersonal symptoms only partially mediate the relationships between CEs and PEs. Recognition of co-morbid features of BPD in patients with mood disorders reporting PEs is essential.

PMID: 29353179
Similar articles

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FULL-TEXT ARTICLE

Changing character: A narrative review of personality change in psychotherapies for personality disorder.

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    a Department of Psychology , University of Pennsylvania , Philadelphia , PA , USA.

Abstract

OBJECTIVE:

Personality disorder (PD) is a negative prognostic indicator for treatment, and absolute improvements in functioning among these patients are often modest. This may be because

personality features that give rise to dysfunction in PD are not targeted optimally during most treatments.

METHOD:

Attachment, mentalization, core beliefs, and personality organization/defense use were identified as personality constructs that have been pursued in treatment studies and that are proposed to underlie PD.

RESULTS:

All constructs correlate with psychiatric symptoms, PD diagnosis, and functioning. Defense mechanisms and core beliefs further distinguish specific PDs, whereas personality organization separates more versus less severe PDs. Evidence from treatment and naturalistic studies indicate that maturation of defense mechanisms temporally precedes improvements in symptoms and functioning. Changes in attachment and mentalization correlate with some outcomes, but mediation of improvement has not been established. In psychodynamic therapy, transference interpretations may promote amelioration of personality dysfunction. With the exception of attachment, the experimental literature is lacking that could explicate the mechanisms by which these personality constructs maintain psychosocial dysfunction.

CONCLUSIONS:

Future research should aim to identify changes in these mechanisms that mediate positive outcomes in PD, as well as the specific therapeutic procedures that best promote positive change in PD.
PMID: 29347891
Similar articles

21. J Eat Disord. 2018 Jan 9;6:1. doi: 10.1186/s40337-017-0185-8. eCollection 2018.

Group schema therapy for eating disorders: study protocol.

Calvert F[1,2], Smith E[2], Brockman R[3], Simpson S[4].

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Abstract

Background:

The treatment of eating disorders is a difficult endeavor, with only a relatively small proportion of clients responding to and completing standard cognitive behavioural therapy (CBT). Given the prevalence of co-morbidity and complex personality traits in this population, Schema Therapy has been identified as a potentially viable treatment option. A case series of Group Schema Therapy for Eating Disorders (ST-E-g) yielded positive findings and the study protocol outlined in this article aims to extend upon these preliminary findings to evaluate group Schema Therapy for eating disorders in a larger sample ($n = 40$).

Methods/design:

Participants undergo a two-hour assessment where they complete a number of standard questionnaires and their diagnostic status is ascertained using the Eating Disorder Examination. Participants then commence treatment, which consists of 25 weekly group sessions lasting for 1.5 h and four individual sessions. Each group consists of five to eight participants and is facilitated by two therapists, at least one of who is a registered psychologist trained on schema therapy. The primary outcome in this study is eating disorder symptom severity. Secondary outcomes include: cognitive schemas, self-objectification, general quality of life, self-compassion, schema mode presentations, and Personality Disorder features. Participants complete psychological measures and questionnaires at pre, post, six-month and 1-year follow-up.

Discussion:

This study will expand upon preliminary research into the efficacy of group Schema Therapy for individuals with eating disorders. If group Schema Therapy is shown to reduce eating disorder symptoms, it will hold considerable promise as an intervention option for a group of disorders that is typically difficult to treat.

Trial registration:

ACTRN12615001323516. Registered: 2/12/2015 (retrospectively registered, still recruiting).

Personality Changes During the Transition from Cognitive Health to Mild Cognitive Impairment.

Caselli RJ[1], Langlais BT[2], Dueck AC[2], Henslin BR[3], Johnson TA[3], Woodruff BK[1], Hoffman-Snyder C[1], Locke DEC[4].

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Abstract

BACKGROUND/OBJECTIVES:

Behavioral problems in individuals with Alzheimer's disease (AD) impose major management challenges. Current prevention strategies are anchored to cognitive outcomes, but behavioral outcomes may provide another, clinically relevant opportunity for preemptive therapy. We sought to determine whether personality changes that predispose to behavioral disorders arise during the transition from preclinical AD to mild cognitive impairment (MCI).

DESIGN:

Longitudinal observational cohort study.

SETTING:

Academic medical center.

PARTICIPANTS:

Members of an apolipoprotein E (APOE) ε4 genetically enriched cohort of Maricopa County residents who were neuropsychiatrically healthy at entry (N = 277). Over a mean interval of 7 years, 25 who developed MCI and had the Neuroticism, Extraversion, and Openness Personality Inventory-Revised (NEO-PI-R) before and during the MCI transition epoch were compared with 252 nontransitioners also with serial NEO-PI-R administrations.

INTERVENTION:

Longitudinal administration of the NEO-PI-R and neuropsychological test battery.

MEASUREMENTS:

Change in NEO-PI-R factor scores (neuroticism, extraversion, openness, agreeableness, conscientiousness) from entry to the epoch of MCI diagnosis or an equivalent follow-up duration in nontransitioners.

RESULTS:

NEO-PI-R neuroticism T-scores increased significantly more in MCI transitioners than in nontransitioners (mean 2.9, 95% confidence interval (CI) = 0.9-4.9 vs 0, 95% CI = -0.7-0.7, P = .02), and openness decreased more in MCI transitioners than in nontransitioners (-4.8, 95% CI = -7.3 to -2.4 vs -1.0, 95% CI = -1.6 to -0.4, P < .001). Concurrent subclinical but statistically significant changes in behavioral scores worsened more in MCI transitioners than nontransitioners for measures of depression, somatization, irritability, anxiety, and aggressive attitude.

CONCLUSION:

Personality and subclinical behavioral changes begin during the transition from preclinical AD to incident MCI and qualitatively resemble the clinically manifest behavioral disorders that subsequently arise in individuals with frank dementia.

PMID: 29341070
Similar articles

An exploratory study of adolescent response to fluoxetine using psychological and biological predictors.

Zohar AH[1], Eilat T[2], Amitai M[3,4,5], Taler M[5,6], Bari R[4], Chen A[3,7], Apter A[4,5], Weizman A[5,6,8], Fennig S[4,5].

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Abstract

Background:

Not enough is known about predicting therapeutic response to serotonin-specific reuptake inhibitors, and specifically to fluoxetine. This exploratory study used psychological and biological markers for (retrospective) prediction of treatment-response to fluoxetine in depressed and/or anxious adolescents.

Methods:

Forty-one consecutive adolescent outpatients with a primary diagnosis of severe affective and/or anxiety disorders were assessed and treated with an open-label 8-week trial of fluoxetine. Type D personality was assessed with the 14-item questionnaire, the DS14. In addition, TNFα, IL-6, and IL-1b were measured pre- and post-treatment.

Results:

There was an elevation of Type D personality in patients, compared to the adolescent population rate. Post-treatment, 44% of patients were classified as non-responders; the relative risk of non-response for Type D personality patients was 2.8. Binary logistic regression predicting response vs. non-response showed a contribution of initial TNFα levels as well as Type D personality to non-response.

Conclusions:

In this exploratory study, the most significant contributor to non-response was Type D personality. However, the measurement of Type D was not prospective, and thus may be confounded with psychiatric morbidity. The measurement of personality in psychiatric settings may contribute to the understanding of treatment response and have clinical utility.

PMCID: PMC5767083 **Free PMC Article**
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Conflict of interest statement

Ada H. Zohar is an Academic Editor for PeerJ. The other authors declare that they have no competing interests.

Neural correlates of emotional action control in anger-prone women with borderline personality disorder.

Bertsch K[1], Roelofs K[1], Roch PJ[1], Ma B[1], Hensel S[1], Herpertz SC[1], Volman I[1].

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From the Department of General Psychiatry, Center for Psychosocial Medicine, University of Heidelberg, Heidelberg, Germany (Bertsch, Herpertz); the Donders Institute for Brain, Cognition and Behaviour, Nijmegen, the Netherlands (Roelofs); Division of Experimental Radiology, University of Heidelberg, Heidelberg, Germany (Ma); the Department of Psychosomatic Medicine, Central Institute of Mental Health Mannheim, Medical Faculty Mannheim/Heidelberg University, Heidelberg, Germany (Hensel); and the Sobell Department of Motor Neuroscience and Movement Disorders, UCL Institute of Neurology, London, UK (Volman).

Abstract

BACKGROUND:

Difficulty in controlling emotional impulses is a crucial component of borderline personality disorder (BPD) that often leads to destructive, impulsive behaviours against others. In line with recent findings in aggressive individuals, deficits in prefrontal amygdala coupling during emotional action control may account for these symptoms.

METHODS:

To study the neurobiological correlates of altered emotional action control in individuals with BPD, we asked medication-free, anger-prone, female patients with BPD and age- and intelligence-matched healthy women to take part in an approach-avoidance task while lying in an MRI scanner. The task required controlling fast behavioural tendencies to approach happy and avoid angry faces. Additionally, before the task we collected saliva testosterone and self-reported information on tendencies to act out anger and correlated this with behavioural and functional MRI (fMRI) data.

RESULTS:

We included 30 patients and 28 controls in our analysis. Patients with BPD reported increased tendencies to act out anger and were faster in approaching than avoiding angry faces than with healthy women, suggesting deficits in emotional action control in women with BPD. On a neural level, controlling fast emotional action tendencies was associated with enhanced activation in the antero- and dorsolateral prefrontal cortex across groups. Healthy women showed a negative coupling between the left dorsolateral prefrontal cortex and right amygdala, whereas this was absent in patients with BPD.

LIMITATIONS:

Specificity of results to BPD and sex differences remain unknown owing to the lack of clinical control groups and male participants.

CONCLUSION:

The results indicate reduced lateral prefrontal-amygdala communication during emotional action control in anger-prone women with BPD. The findings provide a possible neural mechanism underlying difficulties with controlling emotional impulses in patients with BPD.
PMID: 29336775

Similar articles

Association of comorbid personality disorders with clinical characteristics and outcome in a randomized controlled trial comparing two psychotherapies for early-onset persistent depressive disorder.

Erkens N[1], Schramm E[2], Kriston L[3], Hautzinger M[4], Härter M[3], Schweiger U[5], Klein JP[5].

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    Department of Psychiatry and Psychotherapy, Lübeck University, Lübeck, Germany.

Abstract

BACKGROUND:

Persistent depressive disorder (PDD) is associated with high rates of comorbid personality disorders (PD). The association of comorbid PD and clinical characteristics has not been

systematically studied in PDD. Results regarding effects on treatment outcome are heterogeneous.

METHODS:

We analyzed the association of comorbid personality disorders with clinical characteristics and outcome in a randomized controlled trial comparing the disorder-specific Cognitive Behavioral Analysis System of Psychotherapy (CBASP) with nonspecific supportive psychotherapy (SP) in patients with early-onset PDD. The main outcome measure was the Hamilton Rating Scale for Depression (HRSD-24). Further baseline measures were comorbid axis-I diagnoses (SCID-I), quality of life (QLDS), global functioning (GAF), interpersonal problems (IIP-64) and childhood maltreatment (CTQ).

RESULTS:

Out of the 268 patients, 103 (38.4%) met criteria for at least one PD. PD was associated with higher rates of axis I comorbidities (mainly anxiety disorders) and interpersonal problems (patients with PD were more vindictive, more self-sacrificing, less assertive and more inhibited socially than patients without PD). There was no significant main effect of PD on treatment outcome and no significant interaction between PD and treatment group.

LIMITATIONS:

The main limitation was the exclusion of patients with certain personality disorders (antisocial, schizotypal, and borderline personality disorders). Furthermore, the study was underpowered to find interaction effects of small size.

CONCLUSION:

Persistently depressed patients with and without comorbid PD primarily seemed to differ in the rate of axis I comorbidity and the severity of interpersonal problems. Treatment outcomes appear to be not significantly affected by the presence of PD.

PMID: 29329058
Similar articles

ELSEVIER
FULL-TEXT ARTICLE

26. Aliment Pharmacol Ther. 2018 Jan 12. doi: 10.1111/apt.14503. [Epub ahead of print]

Opioid medication use in patients with gastrointestinal diagnoses vs unexplained

gastrointestinal symptoms in the US Veterans Health Administration.

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Abstract

BACKGROUND:

While opioid prescriptions have increased alarmingly in the United States (US), their use for unexplained chronic gastrointestinal (GI) pain (eg, irritable bowel syndrome) carries an especially high risk for adverse effects and questionable benefit.

AIM:

To compare opioid use among US veterans with structural GI diagnoses (SGID) and those with unexplained GI symptoms or functional GI diagnoses (FGID), a group for whom opioids have no accepted role.

METHODS:

Veterans Health Administration (VHA) administrative data from fiscal year 2012 were used to identify veterans with diagnostic codes recorded for SGID and FGID. This cohort study examined VHA pharmacy data to compare groups receiving ≥ 1 opioid prescription during the year and number of prescriptions filled. Bivariate and multiple logistic regression analyses adjusted for potential confounding factors (demographics, medical diagnoses, social

factors) and identified potential mediators (service use, psychiatric comorbidity) of opioid use in these groups.

RESULTS:

A greater proportion of veterans with FGID received an opioid prescription during fiscal year 2012 (36.0% of 272 431) compared to only 28.9% of 1 223 744 in the SGID group (Relative Risk [RR] = 1.25). In multivariate logistic regression, personality disorders and drug abuse (OR 1.23 for each group), recent homelessness (OR 1.22), psychotropic medication fills (OR 1.55) and emergency department encounters (OR 1.21) were independently associated with opioid prescription use.

CONCLUSIONS:

Despite the potential for adverse consequences, opioids more often are prescribed for veterans with chronic, unexplained GI symptoms compared to those with structural diagnoses. Psychiatric comorbidities and frequent healthcare encounters mediate some of the opioid use risk.

Similar articles

27. Cerebellum. 2018 Jan 11. doi: 10.1007/s12311-018-0918-5. [Epub ahead of print]

Emotion Recognition and Psychological Comorbidity in Friedreich's Ataxia.

Costabile T[1], Capretti V[1], Abate F[1], Liguori A[1], Paciello F[1], Pane C[1], De Rosa A[1], Peluso S[1], De Michele G[1], Filla A[1], Saccà F[2].

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Abstract

Friedreich's ataxia (FRDA) is an autosomal recessive disease presenting with ataxia, corticospinal signs, peripheral neuropathy, and cardiac abnormalities. Little effort has been made to understand the psychological and emotional burden of the disease. The aim of our study was to measure patients' ability to recognize emotions using visual and non-verbal auditory hints, and to correlate this ability with psychological, neuropsychological, and neurological variables. We included 20 patients with FRDA, and 20 age, sex, and education matched healthy controls (HC). We measured emotion recognition using the Geneva Emotion Recognition Test (GERT). Neuropsychological status was assessed measuring memory, executive functions, and prosopagnosia. Psychological tests were Patient Health Questionnaire-9 (PHQ-9), State Trait Anxiety Inventory-state/-trait (STAI-S/-T), and Structured Clinical Interview for DSM Disorders II. FRDA patients scored worse at the global assessment and showed impaired immediate visuospatial memory and executive functions. Patients presented lower STAI-S scores, and similar scores at the STAI-T, and PHQ-9 as compared to HC. Three patients were identified with personality disorders. Emotion recognition was impaired in FRDA with 29% reduction at the total GERT score (95% CI - 44.8%, - 12.6%; $p < 0.001$; Cohen's $d = 1.2$). Variables associated with poor GERT scores were the 10/36 spatial recall test, the Ray Auditory Verbal Learning Test, the Montreal Cognitive Assessment, and the STAI-T ($R^2 = 0.906$; $p < 0.001$). FRDA patients have impaired emotion recognition that may be secondary to neuropsychological impairment. Depression and anxiety were not higher in FRDA as compared to HC and should not be considered as part of the disease.
PMID: 29327279

Similar articles

Personality Pathology in Primary Care: Ongoing Needs for Detection and Intervention.

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Abstract

Recent studies demonstrate that personality disorders are prevalent within outpatient psychiatry clinics, though they also are quite common in primary care settings. Studies across multiple health care settings demonstrate that those with a known PD have higher incidences of health problems, higher utilization of the health care system, and have a life expectancy 17.7 years less than that of the population in general. Despite these data, little attention has been directed toward detecting, managing, and treating patients with personality pathology in primary care settings. Consequently, it is argued that more attention be devoted to detecting PDs in this population, training physicians and primary care professionals in the rapid screening of personality pathology, the management of patients with personality pathology, and utilizing behavioral health specialists and reliable referral sources to address these problems as part of their overall health care management. Suggestions for how to implement these ideas are offered.
Similar articles

Patients' care dependency in mental health care: Development of a self-report questionnaire and preliminary correlates.

Geurtzen N[1,2], Keijsers GPJ[1,2,3], Karremans JC[1], Hutschemaekers GJM[1,2].

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Abstract

OBJECTIVES:

Patients' dependency on the therapist or treatment has received little empirical attention. To examine care dependency, we aimed to develop a theory-driven questionnaire based on three hypothetical dimensions (passive-submissive dependency; active-emotional dependency; and

lack of perceived alternatives) and to provide a preliminary exploration of several correlates of care dependency.

METHOD:

Care dependency, perceived social support, therapeutic alliance, remoralization, and symptom severity were measured in a large cross-sectional sample of 742 outpatients with various psychiatric disorders. Test-retest reliability was established in a smaller patient sample.

RESULTS:

Findings indicated a reliable questionnaire measuring three unidimensional subscales of care dependency (i.e., submissive dependency, need for contact, and lack of perceived alternatives; α's .74, .81, and .86 respectively; $r_{t1,t2}$'s .78, .76, and .80, respectively). These subscales were all positively correlated with each other and with patients' self-proclaimed care dependency, but divergent from patients' trait dependency and symptoms of a dependent personality disorder. Moreover, higher levels of care dependency were correlated with lower levels of remoralization and more symptoms severity, and with a better therapeutic alliance.

CONCLUSIONS:

A reliable and valid questionnaire was developed to measure patients' care dependency. Future studies are needed to determine whether care dependency covers an unwanted side-effect or a crucial ingredient of an effective treatment.

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PMID: 29319187
Similar articles

30. Int J Eat Disord. 2018 Jan 4. doi: 10.1002/eat.22817. [Epub ahead of print]

Anorexia nervosa and uric acid beyond gout: An idea worth researching.

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Abstract

Uric acid is best known for its role in gout-the most prevalent inflammatory arthritis in humans-that is also described as an unusual complication of anorexia nervosa (AN). However, beyond gout, uric acid could also be involved in the pathophysiology and psychopathology of AN, as it has many biological functions serving as a pro- and antioxidant, neuroprotector, neurostimulant, and activator of the immune response. Further, recent research suggests that uric acid could be a biomarker of mood dysfunction, personality traits, and behavioral patterns. This article discusses the hypothesis that uric acid in AN may not be a mere innocent bystander determined solely by AN behavior and its medical complications. In contrast, the relation between uric acid and AN may have evolutionary origin and may be reciprocal, where uric acid regulates some features and pathophysiological processes of AN, including weight and metabolism regulation, oxidative stress, immunity, mood, cognition, and (hyper)activity.
PMID: 29314231
Similar articles

Eating disorders, substance use disorders and multiple symptoms: three clinical vignettes.

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Abstract

During the longitudinal study of three patients, referred to services at 3, 13, 15 years for eating disorders, reduced food intake and anorexia nervosa, other symptoms appeared depending on difficult development, relational and personality problems. The patients showed the interweaving of symptoms at different times: they were dealing with modified developmental needs and contexts, included new possibilities of attachment that might produce different internal organizations. These changes required different treatments.

Anorexia started early in life for these girls, but presented different steps of organization. We wanted to start finding some aspects of a staging model to map the course of ED, because many patients arrived later in life, reported untreated early symptoms, actually personality traits. Mapping the evolution, could allow to take care of patients at the very early stage of problems when few symptoms are present, and better patients' evolution might be possible.

LEVEL OF EVIDENCE:

Level V opinions of respected authorities based on clinical experience.
PMID: 29313281
SpringerLink FULL-TEXT ARTICLE

Multisystemic Therapy and Functional Family Therapy Compared on their Effectiveness Using the Propensity Score Method.

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Abstract

Multisystemic Therapy (MST) and Functional Family Therapy (FFT) have overlapping target populations and treatment goals. In this study, these interventions were compared on their effectiveness using a quasi-experimental design. Between October, 2009 and June, 2014, outcome data were collected from 697 adolescents (mean age 15.3 (SD 1.48), 61.9% male) assigned to either MST or FFT (422 MST; 275 FFT). Data were gathered during Routine Outcome Monitoring. The primary outcome was externalizing problem behavior (Child Behavior Checklist and Youth Self Report). Secondary outcomes were the proportion of adolescents living at home, engaged in school or work, and who lacked police contact during treatment. Because of the non-random assignment, a propensity score method was used to control for observed pre-treatment differences. Because the risk-need-responsivity (RNR) model guided treatment assignment, effectiveness was also estimated in youth with and without a court order as an indicator of their risk level. Looking at the whole sample, no difference in effect was found with regard to externalizing problems. For adolescents without a court order, effects on externalizing problems were larger after MST. Because many more adolescents with a court order were assigned to MST compared to FFT, the propensity score method could not balance the treatment groups in this subsample. In conclusion, few differences between MST and FFT were found. In line with the RNR model, higher risk adolescents were assigned to the more intensive treatment, namely MST. In the group with lower risk adolescents, this more intensive treatment was more effective in reducing externalizing problems.
PMID: 29313186
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SpringerLink FULL-TEXT ARTICLE

Combination of Omega-3 Fatty Acids and Valproic Acid in Treatment of Borderline Personality Disorder: A Follow-Up Study.

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Abstract

BACKGROUND AND OBJECTIVES:

Some evidence of efficacy has been found for omega-3 fatty acids in patients with borderline personality disorder (BPD). In a previous 12-week randomized trial we assessed the efficacy of the combination of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) with valproic acid, in comparison with valproic acid monotherapy, in 43 BPD outpatients. Combined therapy was superior to valproic acid monotherapy (the control group) in the treatment of some BPD symptoms: impulsive-behavioral dyscontrol, outbursts of anger, and self-harm. The present study is a 24-week follow-up aimed at evaluating whether the differences in efficacy between the two subgroups were maintained after discontinuation of omega-3 fatty acids.

METHODS:

Thirty-four patients who completed the 12-week trial entered the follow-up study. Participants were evaluated at the beginning and at the end of the follow-up period using the rating scales that showed a significant difference between the groups after the 12-week trial with fatty acids supplementation: the Borderline Personality Disorder Severity Index (BPDSI) (items 'impulsivity' and 'outbursts of anger'), Barratt Impulsiveness Scale-Version 11 (BIS-11), and Self Harm Inventory (SHI). Statistical analysis was performed with analysis of variance (ANOVA) for repeated measures.

RESULTS:

At the end of the follow-up a significant difference within groups was maintained for all four variables examined, while a significant difference between groups was maintained for outbursts of anger. Concerning tolerability, no clinically significant adverse effects were registered during the follow-up period.

CONCLUSIONS:

Combined therapy with omega-3 fatty acids showed long-lasting effects after discontinuation in terms of anger control.

TRIAL REGISTRATION:

The trial was registered in the Australian New Zealand Clinical Trials Registry (ANZCTR) and allocated the code: ACTRN12612001150831.

Escalation from normal appearance related intrusive cognitions to clinical preoccupations in Body Dysmorphic Disorder: A cross-sectional study.

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Abstract

Current cognitive approaches to Body Dysmorphic Disorder (BDD) assume that appearance-related intrusive cognitions and their functional consequences characterize the disorder, in a similar way that obsessive intrusive thoughts characterize the Obsessive-Compulsive Disorder (OCD). This study explores whether normal but unwanted appearance-related intrusive thoughts (AITs), escalate to clinical AITs when they are dysfunctionally appraised and instigate counterproductive neutralizing strategies. From a sample of 344 non-clinical individuals who reported a highly upsetting AIT during the past three months two subgroups were extracted according to their high (n = 68) and low (n = 276) vulnerability to BDD. The subjects in the high-risk group obtained significantly higher scores on the frequency of the most disturbing AIT and its emotional impact, interference, and appraisals evaluated with the Appearance Intrusions Questionnaire (AIQ). Additionally, two subgroups of 15 subjects each, with high and low risk to BDD, were formed and their scores were compared to 10 patients with BDD. The AIT had a greater emotional negative impact and more severe consequences

on individuals with BDD compared to individuals at high-risk of BDD, which in turn, reported worse consequences of the AIT than those at low-risk. These results empirically support the similarities between BDD and OCD regarding their functional and phenomenological characteristics.

PMID: 29704773

Similar articles

Person-centered analysis of psychological traits to explain heterogeneity in patient-reported outcomes of coronary artery disease- the THORESCI study.

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Abstract

BACKGROUND:

Heterogeneity in the prognosis of coronary artery disease (CAD) patients may be explained by relatively stable individual psychological differences. Therefore, we studied multiple

personality and coping traits using a person-centered approach, and examined the predictive value of this approach for patient-reported outcomes.

METHOD:

657 CAD patients (age = 66.39 ± 10.6; 79% men) completed multiple self-report questionnaires focusing on demographics, negative affectivity and social inhibition (DS14), neuroticism and extraversion (EPQ), resilience (DRS-15), and coping styles (CISS) after undergoing percutaneous coronary intervention. Depressive symptoms (PHQ-9), anxiety (GAD-7), and treatment adherence (MOS) were assessed at 6 months follow-up. Clinical information was extracted from patients' medical records.

RESULTS:

A step-3 latent class analysis identified four subgroup profiles: Low distress (31%), Passive coping (21%), Active coping (20%), and High distress (28%). For all patient-reported outcomes, overall significant differences between the subgroups were observed (p-values < .05). The High distress profile was associated with the highest levels of emotional distress (d's > .94), and lowest levels of positive mood (d = -1.02) and treatment adherence (d = -2.75) at follow-up. Patients with an Active coping profile also experienced increased emotional distress (d's > .50), but participated in cardiac rehabilitation most often (d = .13), and reported high levels of positive mood (d = -1.02). Patients with a Passive coping profile displayed few emotional problems after six months (d's < .30), but participation to cardiac rehabilitation was relatively low (d = .04).

CONCLUSIONS:

This study revealed four distinct psychological latent subgroups, which were predictive of patient-reported outcomes. The results indicate that a person-centered approach is useful in explaining heterogeneity in recovery from PCI, and may enhance personalized medicine in patients with CAD.

3.

Bipolar affective disorder and borderline personality disorder: Differentiation based

on the history of early life stress and psychoneuroendocrine measures.

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Abstract

INTRODUCTION:

Borderline Personality Disorder (BPD) and Bipolar Affective Disorder (BD) have clinical characteristics in common which often make their differential diagnosis difficult. The history of early life stress (ELS) may be a differentiating factor between BPD and BD, as well as its association with clinical manifestations and specific neuroendocrine responses in each of these diagnoses.

OBJECTIVE:

Assessing and comparing patients with BD and BPD for factors related to symptomatology, etiopathogenesis and neuroendocrine markers.

METHODOLOGY:

The study sample consisted of 51 women, divided into 3 groups: patients with a clinical diagnosis of BPD (n = 20) and BD (n = 16) and healthy controls (HC, n = 15). Standardized instruments were used for the clinical evaluation, while the history of ELS was quantified with the Childhood Trauma Questionnaire (CTQ), and classified according to the subtypes: emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect. The functioning of the hypothalamic-pituitary-adrenal (HPA) axis was evaluated by measuring a single plasma cortisol sample.

RESULTS:

Patients with BPD presented with more severe psychiatric symptoms of: anxiety, impulsivity, depression, hopelessness and suicidal ideation than those with BD. The history of ELS was identified as significantly more prevalent and more severe in patients (BPD and BP) than in HC. Emotional abuse, emotional neglect and physical neglect also showed differences and were higher in BPD than BD patients. BPD patients had greater severity of ELS overall and in the subtypes of emotional abuse, emotional neglect and physical neglect than BD patients. The presence of ELS in patients with BPD and BP showed significant difference with lower cortisol levels when compared to HC. The endocrine evaluation showed no significant differences between the diagnoses of BPD and BD. Cortisol measured in patients with BPD was significantly lower compared to HC in the presence of emotional neglect and physical neglect. A significant negative correlation between the severity of hopelessness vs cortisol; and physical neglect vs cortisol were found in BPD with ELS. The single cortisol sample showed a significant and opposite correlations in the sexual abuse diagnosis-related groups, being a negative correlation in BD and positive in BPD.

DISCUSSION:

Considering the need for a multi-factorial analysis, the differential diagnosis between BPD and BD can be facilitated by the study of psychiatric symptoms, which is more severe in the BPD patients with a history of early life stress. The function of the HPA axis assessed by this cortisol measure suggests differences between BPD and BP with ELS history.

CONCLUSION:

The integrated analysis of psychopathology, ELS and neuroendocrine function may provide useful indicators to differentiate BPD and BD diagnoses. These preliminary data need to be replicated in a more significant sample with a better assessment and multiple assessments of the HPA axis activity.

PMID: 29702176
Similar articles

ELSEVIER
FULL-TEXT ARTICLE

4. Psychopathology. 2018 Apr 25:1-8. doi: 10.1159/000487895. [Epub ahead of print]

Studying Effects and Process in Psychotherapy for Personality Disorders.

Caspar F.

Abstract

This presentation gives an overview of the methods used for research on the process and outcome of psychotherapy. Possibilities as well as difficulties will be discussed, such as the conflict between internal and external validity and standardized versus individualized procedures as some of the issues deserving particular attention for research on psychotherapy for personality disorder patients. It is argued that good psychotherapy research is also good psychotherapy research for personality disorders, with heterogeneity, ego-syntony, and ambivalent motivation needing special attention. Adaptations of and alternatives for randomized clinical trials will be discussed.

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Childhood adversities as predictors of improvement in psychiatric symptoms and global functioning in solution-focused and short- and long-term psychodynamic psychotherapy during a 5-year follow-up.

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Abstract

BACKGROUND:

Childhood adversities are frequent among adults who seek treatment for depression or anxiety. These disorders are commonly treated by psychotherapy. Yet it is not known if specific types or durations of psychotherapy are particularly suited for patients who have suffered various early adversities.

METHODS:

221 depressed and anxious adult outpatients from community, student, occupational, and private healthcare services filled the Childhood Family Atmosphere Questionnaire. They were randomly assigned to short- (solution-focused or psychodynamic) or long-term (psychodynamic) psychotherapy. Outcome was assessed via patient questionnaires and clinician interviews of psychiatric symptoms and global functioning during a 5-year follow-up. Linear regression analyses were conducted.

RESULTS:

Less separations from caregivers expectedly predicted better outcomes in all therapies; unexpectedly, so did greater abuse. Family unhappiness and parental problems predicted faster or greater improvement when patients were assigned to a short- or long-term psychodynamic therapy model.

LIMITATIONS:

As patients with psychotic, substance abuse, and severe personality disorders were screened out, findings might not generalize to these patient groups.

CONCLUSIONS:

Patients with certain childhood adversities appear to respond with faster or greater improvement when the psychotherapy model is explicitly focused on working through the potential connections between past and current problems. If confirmed by in-depth studies, the findings may help match psychotherapeutic models with given patient complaints, as well as fine-tune different psychosocial interventions to individual needs for optimizing treatment outcomes.

PMID: 29689505
Similar articles
ELSEVIER
FULL-TEXT ARTICLE

6. Psychiatry Res. 2018 Apr 6;264:416-420. doi: 10.1016/j.psychres.2018.04.018. [Epub ahead of print]

Is 'subthreshold' bipolar II disorder more difficult to differentiate from borderline personality disorder than formal bipolar II disorder?

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Abstract

Recent research indicates that borderline personality disorder (BPD) can be diagnostically differentiated from the bipolar disorders. However, no studies have attempted to differentiate participants with sub-threshold bipolar disorder or SubT BP (where hypomanic episodes last less than 4 days) from those with a BPD. In this study, participants were assigned a SubT BP, bipolar II disorder (BP II) or BPD diagnosis based on clinical assessment and DSM-IV criteria. Participants completed self-report measures and undertook a clinical interview which collected socio-demographic information, a mood history, family history, developmental history, treatment information, and assessed cognitive, emotional and behavioural functioning. Both bipolar groups, whether SubT BP or BP II, differed to the BPD group on a number of key variables (i.e. developmental trauma, depression correlates, borderline personality scores, self-harm and suicide attempts), and compared to each other, returned similar scores on nearly all key variables. Borderline risk scores resulted in comparable classification rates of 0.74 (for BPD vs BP II) and 0.82 (for BPD vs sub-threshold BP II). Study findings indicate that both SubT BP and BP II disorder can be differentiated from BPD on a set of refined clinical variables with comparable accuracy.

PMID: 29689499

Similar articles

The epidemiology of personality disorders in the Sao Paulo Megacity general population.

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Abstract

INTRODUCTION:

Most studies on the epidemiology of personality disorders (PDs) have been conducted in high-income countries and may not represent what happens in most part of the world. In the last decades, population growth has been concentrated in low- and middle-income countries, with rapid urbanization, increasing inequalities and escalation of violence. Our aim is to estimate the prevalence of PDs in the Sao Paulo Metropolitan Area, one of the largest megacities of the world. We examined sociodemographic correlates, the influence of urban stressors, the comorbidity with other mental disorders, functional impairment and treatment.

METHODS:

A representative household sample of 2,942 adults was interviewed using the WHO-Composite International Diagnostic Interview and the International Personality Disorder Examination-Screening Questionnaire. Diagnoses were multiply imputed, and analyses used multivariable regression.

RESULTS AND DISCUSSION:

Prevalence estimates were 4.3% (Cluster A), 2.7% (Cluster B), 4.6% (Cluster C) and 6.8% (any PD). Cumulative exposure to violence was associated with all PDs except Cluster A, although urbanicity, migration and neighborhood social deprivation were not significant

predictors. Comorbidity was the rule, and all clusters were associated with other mental disorders. Lack of treatment is a reality in Greater Sao Paulo, and this is especially true for PDs. With the exception of Cluster C, non-comorbid PDs remained largely untreated in spite of functional impairment independent of other mental disorders.

CONCLUSION:

Personality disorders are prevalent, clinically significant and undertreated, and public health strategies must address the unmet needs of these subjects. Our results may reflect what happens in other developing world megacities, and future studies are expected in other low- and middle-income countries.

Free Article
PMID: 29689051
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8. J Psychiatry Neurosci. 2018 May;43(3):161-170.

Neural correlates of emotional action control in anger-prone women with borderline personality disorder.

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Abstract

BACKGROUND:

Difficulty in controlling emotional impulses is a crucial component of borderline personality disorder (BPD) that often leads to destructive, impulsive behaviours against others. In line with recent findings in aggressive individuals, deficits in prefrontal amygdala coupling during emotional action control may account for these symptoms.

METHODS:

To study the neurobiological correlates of altered emotional action control in individuals with BPD, we asked medication-free, anger-prone, female patients with BPD and age- and intelligence-matched healthy women to take part in an approach-avoidance task while lying in an MRI scanner. The task required controlling fast behavioural tendencies to approach happy and avoid angry faces. Additionally, before the task we collected saliva testosterone and self-reported information on tendencies to act out anger and correlated this with behavioural and functional MRI (fMRI) data.

RESULTS:

We included 30 patients and 28 controls in our analysis. Patients with BPD reported increased tendencies to act out anger and were faster in approaching than avoiding angry faces than with healthy women, suggesting deficits in emotional action control in women with BPD. On a neural level, controlling fast emotional action tendencies was associated with enhanced activation in the antero- and dorsolateral prefrontal cortex across groups. Healthy women showed a negative coupling between the left dorsolateral prefrontal cortex and right amygdala, whereas this was absent in patients with BPD.

LIMITATIONS:

Specificity of results to BPD and sex differences remain unknown owing to the lack of clinical control groups and male participants.

CONCLUSION:

The results indicate reduced lateral prefrontal-amygdala communication during emotional action control in anger-prone women with BPD. The findings provide a possible neural mechanism underlying difficulties with controlling emotional impulses in patients with BPD.

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PMID: 29688872
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9. Schizophr Bull. 2018 Apr 24. doi: 10.1093/schbul/sby053. [Epub ahead of print]

Personality Pathology and Schizophrenia.

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Abstract

The interaction of personality pathology and schizophrenia has conceptually been a topic of considerable interest in psychiatry. Recent advances in taxonomy and assessment of relevance to the clinician and researcher is presented. Cluster A and avoidant personality disorders are regarded as risk factors or antecedents for the development of schizophrenia. Some features of borderline personality disorder may resemble schizophrenia. With both a hierarchical structure and symptom-focused classification systems, personality pathology and personality disorder comorbidities can be overlooked. They can remain untreated because they are seen as part of the psychotic syndrome or superseded. A case formulation of a patient with schizophrenia is likely enriched by considering both these facets and may highlight comorbid personality disorder that warrants independent treatment.
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Being Strange While Being No One.

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PMCID: PMC5900385 **Free PMC Article**
PMID: 29686641

The Network Structure of Schizotypal Personality Traits.

Fonseca-Pedrero E[1,2,3], Ortuño J[1], Debbané M[4,5], Chan RCK[6,7], Cicero D[8], Zhang LC[9], Brenner C[9], Barkus E[10], Linscott RJ[11], Kwapil T[12], Barrantes-Vidal N[13], Cohen A[14], Raine A[15,16,17], Compton MT[18], Tone EB[19], Suhr J[20], Inchausti F[21], Bobes J[2,22], Fumero A[23], Giakoumaki S[24], Tsaousis I[24], Preti A[25], Chmielewski M[26], Laloyaux J[27,28,29], Mechri A[30], Aymen Lahmar M[30], Wuthrich V[31], Larøi F[27,28,29], Badcock JC[32], Jablensky A[32], Isvoranu AM[33], Epskamp S[33], Fried EI[33].

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Abstract

Elucidating schizotypal traits is important if we are to understand the various manifestations of psychosis spectrum liability and to reliably identify individuals at high risk for psychosis. The present study examined the network structures of (1) 9 schizotypal personality domains and (2) 74 individual schizotypal items, and (3) explored whether networks differed across gender and culture (North America vs China). The study was conducted in a sample of 27001 participants from 12 countries and 21 sites (M age = 22.12; SD = 6.28; 37.5% males). The Schizotypal Personality Questionnaire (SPQ) was used to assess 74 self-report items aggregated in 9 domains. We used network models to estimate conditional dependence relations among variables. In the domain-level network, schizotypal traits were strongly interconnected. Predictability (explained variance of each node) ranged from 31% (odd/magical beliefs) to 55% (constricted affect), with a mean of 43.7%. In the item-level network, variables showed relations both within and across domains, although within-domain associations were generally stronger. The average predictability of SPQ items was 27.8%. The network structures of men and women were similar (r = .74), node centrality was similar across networks (r = .90), as was connectivity (195.59 and 199.70, respectively). North American and Chinese participants networks showed lower similarity in terms of structure (r = 0.44), node centrality (r = 0.56), and connectivity (180.35 and 153.97, respectively). In sum, the present article points to the value of conceptualizing schizotypal personality as a complex system of interacting cognitive, emotional, and affective characteristics.
PMID: 29684178
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Alexithymia in Gastroenterology and Hepatology: A Systematic Review.

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Abstract

Background: Alexithymia is a multifaceted personality construct that represents a deficit in the cognitive processing of emotions and is currently understood to be related to a variety of medical and psychiatric conditions. The present review aims to investigate the relationship of alexithymia with gastrointestinal (GI) disorders as functional gastrointestinal disorders (FGID, as irritable bowel syndrome (IBS) and functional dyspepsia) and inflammatory bowel disease (IBD) [ulcerative colitis (UC) and Crohn's disease (CD)] and liver diseases as chronic hepatitis C (CHC), cirrhosis, and liver transplantation. **Methods:** The articles were selected from the main electronic databases (PsycInfo, Medline, PubMed, Web of Science, Scopus, Cochrane, and ScienceDirect) using multiple combinations of relevant search terms (defined GI and liver diseases, articles in English, use of the Toronto scales [TAS] for alexithymia). The TAS was selected as inclusion criterion because it is the most widely used measure, thus allowing comparisons across studies. **Results:** Forty-eight studies met the inclusion criteria, of which 38 focused on GI disorders (27 on FGID and 11 on IBD) and 10 on liver diseases. Most studies ($n = 30$, 62%) were cross-sectional. The prevalence of alexithymia was higher in FGID (two third or more) than IBD and liver diseases (from one third to 50% of patients, consistent with other chronic non-GI diseases) than general population (10-15%). In functional disorders, alexithymia may be viewed as a primary driver for higher visceral perception, symptom reporting, health care use, symptom persistence, and negative treatment outcomes. Also, it has been found associated with psychological distress and specific GI-related forms of anxiety in predicting symptom severity as well as post-treatment outcomes and is associated with several psychological factors increasing the burden of disease and impairing levels of quality of life. A number of critical issues (small sample sizes, patients referred to secondary and tertiary care centers, cross-sectional study design, use of one single scale for alexithymia) constitutes a limitation to the generalization of findings. **Conclusions:** Alexithymia showed to play different roles in gastroenterology according to the clinical characteristics and the psychological burden of the various disorders, with main relevance in increasing subjective symptom perception and affecting negatively post-treatment outcomes.

Similar articles

13. Compr Psychiatry. 2018 Apr 12;84:32-38. doi: 10.1016/j.comppsych.2018.04.003. [Epub ahead of print]

Non-suicidal self-injury in patients with eating disorders: prevalence, forms, functions, and body image correlates.

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Abstract

INTRODUCTION:

More than one third of patients with eating disorders report NSSI. Moreover, negative attitudes and feelings toward the body, body dissatisfaction, and body image disturbances have been linked to NSSI in community and clinical samples. However, there is a lack of studies exploring NSSI frequency and functions and the specific relationship between multidimensional body image dimensions and NSSI in eating disorder patients.

OBJECTIVES:

First, we explored the frequency, types, and functions of NSSI in a sample of 226 Spanish female participants with eating disorders (ED). Second, we explored differences in NSSI and body image depending on the ED restrictive-purgative subtype; and third, we explored differences in body dissatisfaction, body image orientation, and body investment in eating disorder patients without NSSI (n = 144), with NSSI in their lifetime (n = 19), and (b) with NSSI in the previous year (n = 63).

RESULTS:

Of the overall sample, 37.1% (n = 89) had a history of self-injury during their lifetime, and 27.1% (n = 65) had self-injured in the previous year. Among the types of ongoing NSSI, the

most frequent were banging (64.6%) and cutting (56.9%). Restrictive vs purgative patients differed on NSSI lifetime, Appearance Evaluation, Body Areas Satisfaction, Body Protection and Feelings and Attitudes toward the Body. Moreover, significant differences were found on Appearance Evaluation, Body Areas Satisfaction, Positive Feelings and Attitudes towards the Body, Body Protection, and Comfort with physical contact, between participants without a history of self-injury and both NSSI groups.

DISCUSSION:

Body dissatisfaction and body investment have been found to be variables related to NSSI. Thus, the present study highlights the importance of working on body image in ED patients to reduce the frequency of NSSI.

Similar articles

14.

Associations of early childhood adversities with mental disorders, psychological functioning, and suitability for psychotherapy in adulthood.

Heinonen E[1], Knekt P[2], Härkänen T[2], Virtala E[2], Lindfors O[2].

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Abstract

Childhood adversities frequently precede adulthood depression and anxiety. Yet, how they impact needed treatment duration, type or focus in these common disorders, is unclear. For developing more individualized and precise interventions, we investigated whether specific early adversities associate with patients' distinct psychiatric problems, psychological

vulnerabilities, and suitability for psychotherapy. A total of 221 depressed and anxious adult outpatients (excluding psychotic, severe personality, bipolar, and substance abuse disorders) referred from community, student, occupational, and private healthcare services filled the Childhood Family Atmosphere Questionnaire (CFAQ). They also filled self-reports on interpersonal behavior and problems, perceived competence, dispositional optimism, sense of coherence, defenses, and psychiatric history. Clinicians assessed the patients' symptomatology, personality, object relations, cognitive performance, and psychotherapy suitability. Regression analyses were conducted. Childhood adversities predicted both worse current psychological functioning (e.g., interpersonal problems), and better clinician-rated capacities for benefiting from psychotherapy (e.g. self-reflection, capacity for interaction). Parental problems had the most numerous negative associations to psychological functioning. Best capacities for psychotherapy were predicted by recollected family unhappiness. Associations with psychiatric criteria were, however, largely non-significant. In conclusion, for psychosocial treatment planning, patients' early adversities may indicate both vulnerability and resources. As childhood adversities are frequent among treatment-seekers, further studies examining how early adversities predict psychotherapy outcome are needed.
PMID: 29677619

A Non-linear Predictive Model of Borderline Personality Disorder Based on Multilayer Perceptron.

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Abstract

Borderline Personality Disorder is a serious mental disease, classified in Cluster B of DSM IV-TR personality disorders. People with this syndrome presents an anamnesis of traumatic experiences and shows dissociative symptoms. Since not all subjects who have been victims of trauma develop a Borderline Personality Disorder, the emergence of this serious disease

seems to have the fragility of character as a predisposing condition. Infect, numerous studies show that subjects positive for diagnosis of Borderline Personality Disorder had scores extremely high or extremely low to some temperamental dimensions (harm Avoidance and reward dependence) and character dimensions (cooperativeness and self directedness). In a sample of 602 subjects, who have had consecutive access to an Outpatient Mental Health Service, it was evaluated the presence of Borderline Personality Disorder using the semi-structured interview for the DSM IV-TR personality disorders. In this population we assessed the presence of dissociative symptoms with the Dissociative Experiences Scale and the personality traits with the Temperament and Character Inventory developed by Cloninger. To assess the weight and the predictive value of these psychopathological dimensions in relation to the Borderline Personality Disorder diagnosis, a neural network statistical model called "multilayer perceptron," was implemented. This model was developed with a dichotomous dependent variable, consisting in the presence or absence of the diagnosis of borderline personality disorder and with five covariates. The first one is the taxonomic subscale of dissociative experience scale, the others are temperamental and characterial traits: Novelty-Seeking, Harm-Avoidance, Self-Directedness and Cooperativeness. The statistical model, that results satisfactory, showed a significance capacity (89%) to predict the presence of borderline personality disorder. Furthermore, the dissociative symptoms seem to have a greater influence than the character traits in the borderline personality disorder e disease. In conclusion, the results seem to indicate that to borderline personality disorder development, contribute both psychic factors, such as temperament and character traits, and environmental factors, such as traumatic events capable of producing dissociative symptoms. These factors interact in a nonlinear way in producing maladaptive behaviors typical of this disorder.

Similar articles

16.

Factors associated with unplanned early discharges from a dual diagnosis inpatient detoxification unit in Israel.

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Abstract

OBJECTIVES:

Currently, Israel has a single governmental inpatient dual diagnosis detoxification unit. We provide a cross-section of patient profiles in this unit, as well as explore possible associations between clinical/demographic factors, and the unplanned early discharge of patients from the unit, aiming at improving rehabilitation success rates.

METHODS:

In this retrospective study, medical records of all patients admitted to the unit between January 1st 2012 and July 1st 2013 were examined (N = 323). ICD-10 was used for diagnosis. Statistical analysis was carried out using Pearson chi-square and binary logistic regression.

RESULTS:

Patient population. Patients admitted to our unit were affected by Schizophrenia (31.8%), personality disorder (25%) and depression (18.3%). Substances in use included alcohol (67.5%), cannabis (8.35%) and benzodiazepines (9%). Almost half of the patients were poly-substance users (48.9%). The unit had high rates of immigrants, mainly Ex-USSR and Ethiopian born. It had low rates of individuals who had served in the army (52.8%), despite the service being mandatory in Israel. Treatment completion status. Sixty-eight percent of patients completed the program as planned, and 32% were discharged early: 8.6% discharged due to drug use in detox settings, violence or hospitalization for clinical reasons and 23.2% discharged against medical advice. Immigrants had increased rates of completing the program as scheduled. Of the 46.7% of patients suffering from severe mental illness (SMI), 44.3% were discharged early. Higher education and a diagnosis of depression were associated with program completion as planned. Using logistic regression, we found patients with disability pensions (OR = 0.36, 95%CI [0.14-0.91], p = 0.03) and poly-substance use (OR = 0.39, 95%CI [0.23-0.66], p = 0.000) had a higher risk for early discharge. Upon completion of individual programs, 52% were referred to an ambulatory addiction center and 13% to a nationally-sponsored dual diagnosis therapeutic community.

CONCLUSIONS:

Israel's single official Dual Diagnosis detox inpatient unit has satisfactory annual program completion rates when compared to similar institutions. Suboptimal treatment regimen may contribute to the early discharge of patients using polysubstance use and diagnosed with

personality disorders. An association between early discharges with a disability pension warrant further investigation as there is no apparent connection between the two.
PMID: 29668421

17.

Shrink that frown! Botulinum toxin therapy is lifting the face of psychiatry.

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Abstract

Treating glabellar frown lines with injections of botulinum toxin is the most frequently applied procedure in aesthetic medicine. In addition to its cosmetic effect, botulinum toxin may also positively modulate mood and affect, which may contribute to its popularity. A series of clinical studies has shown that this modulation can be used in the treatment of major depression. After a single glabellar treatment with botulinum toxin, patients suffering from unipolar depression experienced a quick, strong and sustained improvement in the symptoms of depression. Preliminary data suggest that botulinum toxin therapy may also be effective in the treatment of other mental disorders characterized by an excess of negative emotions, such as borderline personality disorder. Thus, the extreme bottom-up approach of paralyzing the facial muscles to influence the emotional brain via proprioceptive feedback mechanisms may represent a paradigm shift in psychiatric therapy.
PMID: 29667799

Depression and impulsiveness among soldiers who died by suicide: A psychological autopsy study.

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Abstract

INTRODUCTION:

Despite the accumulated knowledge about suicide, suicidal acts remain difficult to predict, and many suicides are acted out impulsively.

METHODS:

We performed a psychological autopsy study based on inquiries about the deaths of all male soldiers aged 18-21 years who served in the Israeli army and died by suicide between 2009 and 2013 (n = 69). The study population was first divided into two groups: those who had depressive disorder (n = 31); and those who did not (n = 38). Socio-demographic characteristics of the subjects and the characteristics of the suicidal act were compared. Afterwards, the study population was re-divided by the presence or absence of impulsive

personality traits (n = 22, and n = 47, respectively), and investigated for distinct suicidal behavior features.

RESULTS:

No significant socio-demographic differences were found between the depressed and non-depressed suicide victims. The depressed group had showed more signs of planning the act (47% vs. 23%), and had expressed suicidal ideation in the days preceding the suicide (51.6% vs. 21%). One third of the subjects were found to have an impulsive personality trait, with significantly more histories of disciplinary issues, violence and cluster B personality disorders. Alcohol use during the act was significantly more prevalent among impulsive than non-impulsive subjects (45.4% vs. 14.9%).

CONCLUSION:

Identification of distinct clinical groups of suicide victims among young males might help clinicians evaluate high risk cases, and may provide valuable opportunities to alleviate and prevent these events in the future.

Similar articles

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19.

Do Psychopathic Birds of a Feather Flock Together? Psychopathic Personality Traits and Romantic Preferences.

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Abstract

OBJECTIVE:

The goal of the present studies was to investigate whether people are especially attracted to psychopathic traits, and whether there are individual differences characteristics in such attraction.

METHOD:

Female undergraduates (N = 270; M_{age} = 19; 57% White, 20% Asian, 8% Black) and female and male community members (N = 426, M_{age} = 37; 56% female; 81% Caucasian, 10% African American, 4% Asian) reported on their own personality and constructed their ideal mate for a dating, short-term, and long-term relationship from a list of 70 characteristics drawn from well-validated criteria for psychopathic personality and diagnostic criteria for DSM-5 personality disorders (PDs).

RESULTS:

Across both studies, absolute romantic preferences for psychopathic traits collapsed across time point were low on average, but higher than those for most all other PDs. In addition, they were higher for Factor 1 (i.e., interpersonal/affective) as opposed to Factor 2 (i.e., impulsive, antisocial) psychopathy traits. Participants with marked PD features, including Factor 2 psychopathy traits, were more inclined than others to endorse a preference for psychopathic males.

CONCLUSIONS:

Relative attraction to psychopathic males and observed homophily may be avenues through which psychopathic traits persist in the population across time. This article is protected by copyright. All rights reserved.

Similar articles

20. Am J Med Genet B Neuropsychiatr Genet. 2018 Apr 16. doi: 10.1002/ajmg.b.32632. [Epub ahead of print]

RASopathies are associated with a distinct personality profile.

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Abstract

Personality is a complex, yet partially heritable, trait. Although some Mendelian diseases like Williams-Beuren syndrome are associated with a particular personality profile, studies have failed to assign the personality features to a single gene or pathway. As a family of monogenic disorders caused by mutations in the Ras/MAPK pathway known to influence social behavior, RASopathies are likely to provide insight into the genetic basis of personality. Eighty subjects diagnosed with cardiofaciocutaneous syndrome, Costello syndrome, neurofibromatosis type 1, and Noonan syndrome were assessed using a parent-report BFQ-C (Big Five Questionnaire for Children) evaluating agreeableness, extraversion, conscientiousness, intellect/openness, and neuroticism, along with 55 unaffected sibling controls. A short questionnaire was added to assess sense of humor. RASopathy subjects and sibling controls were compared for individual components of personality, multidimensional personality profiles, and individual questions using Student tests, analysis of variance, and principal component analysis. RASopathy subjects were given lower scores on average

compared to sibling controls in agreeableness, extraversion, conscientiousness, openness, and sense of humor, and similar scores in neuroticism. When comparing the multidimensional personality profile between groups, RASopathies showed a distinct profile from unaffected siblings, but no difference in this global profile was found within RASopathies, revealing a common profile for the Ras/MAPK-related disorders. In addition, several syndrome-specific strengths or weaknesses were observed in individual domains. We describe for the first time an association between a single pathway and a specific personality profile, providing a better understanding of the genetics underlying personality, and new tools for tailoring educational and behavioral approaches for individuals with RASopathies.
PMID: 29659143
Similar articles

21. Personal Ment Health. 2018 Apr 15. doi: 10.1002/pmh.1414. [Epub ahead of print]

A framework for treating DSM-5 alternative model for personality disorder features.

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Abstract

Despite its demonstrated empirical superiority over the DSM-5 Section 2 categorical model of personality disorders for organizing the features of personality pathology, limitations remain with regard to the translation of the DSM-5 Section 3 alternative model of personality disorders (AMPD) to clinical practice. The goal of this paper is to outline a general and preliminary framework for approaching treatment from the perspective of the AMPD. Specific techniques are discussed for the assessment and treatment of both Criterion A personality dysfunction and Criterion B maladaptive traits. A concise and step-by-step model is presented for clinical decision making with the AMPD, in the hopes of offering clinicians a framework for treating personality pathology and promoting further research on the clinical utility of the AMPD.

PMID: 29656545
Similar articles

Prospective predictors of first-onset depressive disorders in adolescent females with anxiety disorders.

Hausman EM[1], Kotov R[2], Perlman G[2], Hajcak G[3], Kessel EM[3], Klein DN[3].

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Abstract

BACKGROUND:

Anxious youth are at increased risk for later depressive disorders, but not all anxious youth develop depression. Sequential comorbidity models emphasize shared risk factors and anxiety sequelae, but some anxious youth who later develop depression may have risk factors that are relatively specific to depression, in addition to a liability to anxiety. We examined several variables that appear relatively specific to risk for depression-the personality traits of low positive affectivity and high sadness, and an electrophysiological measure of blunted response to reward - in predicting first-onset depressive disorders and depressive symptoms in clinically anxious adolescent girls.

METHODS:

A sample of 114 adolescents with baseline anxiety disorders completed personality and psychopathology measures, psychophysiology tasks, and diagnostic interviews. Interviews and a measure of depressive symptoms were re-administered over 27 months.

RESULTS:

After controlling for baseline depressive symptoms, blunted reward sensitivity uniquely predicted first-onset depressive disorders and depressive symptoms 27 months later. Post-hoc analyses indicated that blunted reward sensitivity only predicted first-onset depressive disorders and depressive symptoms in girls with high social anxiety symptoms.

LIMITATIONS:

Analyses were unable to account for concurrent anxiety symptoms and disorders.

CONCLUSIONS:

The depression-specific risk factor, blunted reward sensitivity, may comprise one pathway to subsequent depressive disorders and symptoms in anxious youth and indicate which anxious youth need intervention to prevent later depression, particularly in socially anxious girls.

Similar articles

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23.

Long-term treatment effect of trauma-affected refugees with flexible cognitive behavioural therapy and antidepressants.

Buhmann CB[1], Nordentoft M[2], Ekstroem M[3], Carlsson J[3], Mortensen EL[4].

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University of Copenhagen, Department of Public Health and Center for Healthy Aging, Copenhagen, Denmark.

Abstract

Few studies exist on the long-term effect of treatment of trauma-affected refugees. The purpose of this study was to estimate the long-term treatment effects of cognitive behavioural therapy and antidepressants (sertraline and mianserin) in trauma-affected refugees. Follow-ups were conducted 6 and 18 months after a randomised controlled clinical trial. The included patients were refugees with war-related traumatic experiences, PTSD and without psychotic disorders. We found a small improvement over time in PTSD, depression and anxiety symptoms and level of functioning, but the improvement was not associated with any specific treatment. Personality change after catastrophic experiences and life events influenced the symptom level at all follow-ups while depression at completion of treatment was associated with a steeper decline in symptom load at the follow-ups. In spite of the limited decline in symptom scores and treatment effects immediately after treatment, the condition of the treated trauma-affected refugees was significantly improved 6 and 18 months after treatment although the improvement was small.
PMID: 29655114

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Neuroticism is linked to microstructural left-right asymmetry of fronto-limbic fibre tracts in adolescents with opposite effects in boys and girls.

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Abstract

Neuroticism is a fundamental personality trait that reflects a tendency to experience heightened negative affect and susceptibility to stress. Negative emotionality has been associated with fronto-limbic brain structures and connecting fibre tracts. The major fibre tracts connecting the frontal and limbic brain regions are the cingulum bundle and uncinate fasciculus. We previously found that healthy adults with higher neuroticism scores had decreased left relative to right fractional anisotropy (FA) of the cingulum. Both cingulum and uncinate fasciculus FA increases throughout childhood and into early adulthood. Since adolescence is associated with an increased incidence of anxiety and mood disorders, for which neuroticism is a known risk factor, the question arises whether the association between neuroticism and fronto-limbic white matter microstructure asymmetry is already present in children and adolescents or whether such relationship emerges during this age period. To address this question, we assessed 72 typically-developing 10-to-15 year-olds with diffusion-weighted imaging on a 3 T magnetic resonance scanner. Neuroticism was assessed with the Junior Eysenck Personality Questionnaire. FA and parallel and perpendicular diffusivity measures were extracted for cingulum, uncinate fasciculus as well as the white matter underlying the ventromedial prefrontal cortex. Higher neuroticism scores were associated with decreased left relative to right cingulum FA in boys, while in girls, higher neuroticism scores were associated with increased left relative to right cingulum and ventromedial prefrontal white matter FA, indicating that there are sex differences in the neural correlates of neuroticism. Our findings suggest that the link between neuroticism and frontal-limbic white matter microstructure asymmetry likely predates early adolescence.

Future studies need to elucidate the significance of the observed sex differences in the neural correlates of neuroticism.

Prevalence of psychotic disorders and its association with methodological issues. A systematic review and meta-analyses.

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Abstract

OBJECTIVES:

The purpose of this study is to provide an updated systematic review to identify studies describing the prevalence of psychosis in order to explore methodological factors that could account for the variation in prevalence estimates.

METHODS:

Studies with original data related to the prevalence of psychosis (published between 1990 and 2015) were identified via searching electronic databases and reviewing manual citations. Prevalence estimates were sorted according to prevalence type (point, 12-months and

lifetime). The independent association between key methodological variables and the mean effect of prevalence was examined (prevalence type, case-finding setting, method of confirming diagnosis, international classification of diseases, diagnosis category, and study quality) by meta-analytical techniques and random-effects meta-regression.

RESULTS:

Seventy-three primary studies were included, providing a total of 101 estimates of prevalence rates of psychosis. Across these studies, the pooled median point and 12-month prevalence for persons was 3.89 and 4.03 per 1000 respectively; and the median lifetime prevalence was 7.49 per 1000. The result of the random-effects meta-regression analysis revealed a significant effect for the prevalence type, with higher rates of lifetime prevalence than 12-month prevalence (p<0.001). Studies conducted in the general population presented higher prevalence rates than those carried out in populations attended in health/social services (p = 0.006). Compared to the diagnosis of schizophrenia only, prevalence rates were higher in the probable psychotic disorder (p = 0.022) and non-affective psychosis (p = 0.009). Finally, a higher study quality is associated with a lower estimated prevalence of psychotic disorders (p<0.001).

CONCLUSIONS:

This systematic review provides a comprehensive comparison of methodologies used in studies of the prevalence of psychosis, which can provide insightful information for future epidemiological studies in adopting the most relevant methodological approach.

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PMID: 29649252
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26. Eur Child Adolesc Psychiatry. 2018 Apr 11. doi: 10.1007/s00787-018-1156-6. [Epub ahead of print]

Risk factors for parental psychopathology: a study in families with children or adolescents with psychopathology.

Wesseldijk LW[1,2], Dieleman GC[3], van Steensel FJA[4,5], Bartels M[6,7,8], Hudziak JJ[9], Lindauer RJL[10,11], Bögels SM[4,5], Middeldorp CM[6,8,12,13].

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Abstract

The parents of children with psychopathology are at increased risk for psychiatric symptoms. To investigate which parents are mostly at risk, we assessed in a clinical sample of families with children with psychopathology, whether parental symptom scores can be predicted by offspring psychiatric diagnoses and other child, parent and family characteristics. Parental depressive, anxiety, avoidant personality, attention-deficit/hyperactivity (ADHD), and antisocial personality symptoms were measured with the Adult Self Report in 1805 mothers and 1361 fathers of 1866 children with a psychiatric diagnosis as assessed in a child and

adolescent psychiatric outpatient clinic. In a multivariate model, including all parental symptom scores as outcome variables, all offspring psychiatric diagnoses, offspring comorbidity and age, parental age, parental educational attainment, employment, and relationship status were simultaneously tested as predictors. Both 35.7% of mothers and 32.8% of fathers scored (sub)clinical for at least one symptom domain, mainly depressive symptoms, ADHD symptoms or, only in fathers, avoidant personality symptoms. Parental psychiatric symptoms were predicted by unemployment. Parental depressive and ADHD symptoms were further predicted by offspring depression and offspring ADHD, respectively, as well as by not living together with the other parent. Finally, parental avoidant personality symptoms were also predicted by offspring autism spectrum disorders. In families with children referred to child and adolescent psychiatric outpatient clinics, parental symptom scores are associated with adverse circumstances and with similar psychopathology in their offspring. This signifies, without implying causality, that some families are particularly vulnerable, with multiple family members affected and living in adverse circumstances.

PMID: 29644474

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Desynchronization of diurnal rhythms in bipolar disorder and borderline personality disorder.

Carr O[1], Saunders KEA[2,3], Bilderbeck AC[2,3], Tsanas A[4,5], Palmius N[1], Geddes JR[2], Foster R[6], De Vos M[7,8], Goodwin GM[2,6].

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Abstract

It has long been proposed that diurnal rhythms are disturbed in bipolar disorder (BD). Such changes are obvious in episodes of mania or depression. However, detailed study of patients between episodes has been rare and comparison with other psychiatric disorders rarer still. Our hypothesis was that evidence for desynchronization of diurnal rhythms would be evident in BD and that we could test the specificity of any effect by studying borderline personality disorder (BPD). Individuals with BD (n = 36), BPD (n = 22) and healthy volunteers (HC, n = 25) wore a portable heart rate and actigraphy device and used a smart-phone to record self-assessed mood scores 10 times per day for 1 week. Average diurnal patterns of heart rate (HR), activity and sleep were compared within and across groups. Desynchronization in the phase of diurnal rhythms of HR compared with activity were found in BPD (+3 h) and BD (+1 h), but not in HC. A clear diurnal pattern for positive mood was found in all subject groups. The coherence between negative and irritable mood and HR showed a four-cycle per day component in BD and BPD, which was not present in HC. The findings highlight marked de-synchronisation of measured diurnal function in both BD but particularly BPD and suggest an increased association with negative and irritable mood at ultradian frequencies. These findings enhance our understanding of the underlying physiological changes associated with BPD and BD, and suggest objective markers for monitoring and potential treatment targets. Improved mood stabilisation is a translational objective for management of both patient groups.

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[Brain Stimulation Studies of Social Norm Compliance: Implications for Personality Disorders?](#)

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Abstract

Several personality disorders involve pathological behaviors that violate social norms, commonly held expectations about what ought to be done in specific situations. These symptoms usually emerge early in development, are persistent and hard to treat, and are often ego-syntonic. Here I present some recent brain stimulation studies suggesting that pathological changes in different aspects of norm-compliant behavior reflect dysfunctions of brain circuits involving distinct prefrontal brain areas. One set of studies shows that transcranial direct current stimulation of the right lateral prefrontal cortex changes the behavioral sensitivity to social incentives for norm-compliant behavior. Crucially, social norm compliance in response to such incentives could even be increased during excitatory stimulation, demonstrating that the affected neural process is a biological prerequisite for appropriate reaction to social signals that trigger norm compliance. In another set of studies, we show that stimulation of a different (more dorsal) part of the right prefrontal cortex enhances honesty in a realistic setting where participants had the opportunity to cheat for real monetary gains. Interestingly, these stimulation-induced increases in both socially cued or purely voluntary norm compliance were not linked to changes in other aspects of decision-making (such as risk or impatience), and they did not reflect changes in beliefs about what is appropriate behavior. These results suggest that disorders of distinct brain circuits may causally underlie egosyntotic changes in norm-compliant behavior. This raises the tantalizing possibility that pathologies of norm-compliant behavior may be ameliorated by interventions targeting the function of these brain circuits.
PMID: 29642073
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[Bertsch K](#), [Herpertz SC](#).
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Borderline personality disorder: an adaptation of the Taiwan short version of the screening inventory into Brazilian Portuguese.

Coronato-Nunes T[1], Silva-Fonseca VAD[1], Ball S[2], Seixas A[3], Jean-Louis G[3], Hirano RS[1], Parrot TM[1].

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Abstract

Objective The current study presents the translation and adaptation of the 20-item Taiwan version of the Borderline Personality Inventory (BPI) into Brazilian Portuguese (BPI-P). Methods After translation and back-translation, the Brazilian Portuguese version was administered to three samples: patients with borderline personality disorder, psychiatric patients with comorbid substance use disorder and volunteers with no reported mental disorders. Results Significant differences between groups for borderline scores (analysis of variance [ANOVA], $F = 52.923$, $p = 0.01$) were found but there were no significant correlations between scores for borderline personality disorder and alcohol or nicotine dependence. The BPI-P had satisfactory validity for borderline personality disorder, even when anxiety and depression were present, with an area under the receiver operating characteristic curve of 0.931 at a cutoff point of 14. Conclusion This study provides support for the potential utility of the BPI-P as a screening instrument for clinical practice in

Portuguese speaking countries, including outpatients with alcohol and nicotine use disorders in early or sustained remission.

Similar articles

Harnessing Reddit to Understand the Written-Communication Challenges Experienced by Individuals With Mental Health Disorders: Analysis of Texts From Mental Health Communities.

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Abstract

BACKGROUND:

Mental disorders such as depression, bipolar disorder, and schizophrenia are common, incapacitating, and have the potential to be fatal. Despite the prevalence and gravity of mental disorders, our knowledge concerning everyday challenges associated with them is relatively limited. One of the most studied deficits related to everyday challenges is language impairment, yet we do not know how mental disorders can impact common forms of written communication, for example, social media.

OBJECTIVE:

The aims of this study were to investigate written communication challenges manifest in online mental health communities focusing on depression, bipolar disorder, and schizophrenia, as well as the impact of participating in these online mental health

communities on written communication. As the control, we selected three online health communities focusing on positive emotion, exercising, and weight management.

METHODS:

We examined lexical diversity and readability, both important features for measuring the quality of writing. We used four well-established readability metrics that consider word frequencies and syntactic complexity to measure writers' written communication ability. We then measured the lexical diversity by calculating the percentage of unique words in posts. To compare lexical diversity and readability among communities, we first applied pairwise independent sample t tests, followed by P value adjustments using the prespecified Hommel procedure to adjust for multiple comparison. To measure the changes, we applied linear least squares regression to the readability and lexical diversity scores against the interaction sequence for each member, followed by pairwise independent sample t tests and P value adjustments. Given the large sample of members, we also report effect sizes and 95% CIs for the pairwise comparisons.

RESULTS:

On average, members of depression, bipolar disorder, and schizophrenia communities showed indications of difficulty expressing their ideas compared with three other online health communities. Our results also suggest that participating in these platforms has the potential to improve members' written communication. For example, members of all three mental health communities showed statistically significant improvement in both lexical diversity and readability compared with members of the OHC focusing on positive emotion.

CONCLUSIONS:

We provide new insights into the written communication challenges faced by individuals suffering from depression, bipolar disorder, and schizophrenia. A comparison with three other online health communities suggests that written communication in mental health communities is significantly more difficult to read, while also consisting of a significantly less diverse lexicon. We contribute practical suggestions for utilizing our findings in Web-based communication settings to enhance members' communicative experience. We consider these findings to be an important step toward understanding and addressing everyday written communication challenges among individuals suffering from mental disorders.

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Perfectionism and cognitive rigidity in anorexia nervosa: Is there an association?

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Abstract

Little is known about the relationship between neuropsychology, personality, and eating psychopathology in anorexia nervosa (AN). We aimed to investigate the interaction between set shifting and perfectionism in AN and to ascertain the role of perfectionism as a mediator between set shifting and eating psychopathology. Eighty-five patients with AN and 71 healthy controls completed Eating Disorder Inventory-2 (using 8 as a cut-off for generating groups with high vs. low perfectionism), Beck Depression Inventory, Wisconsin Card Sorting Test, Trail Making Task, and Hayling Sentence Completion Task. Our findings support heightened cognitive inflexibility in individuals with AN, particularly in those with high perfectionism. Perfectionism resulted to be a mediator of the relationship between a measure of set shifting and drive for thinness, but this finding did not remain significant when including in the model only those with AN. Taken together, these data suggest a complex and nonexclusive association between set shifting, eating psychopathology, and perfectionism.
PMID: 29635827
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Exercise-Induced Laryngeal Obstruction and Performance Psychology: Using the

Mind as a Diagnostic and Therapeutic Target.

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　Erika Westhoff Performance, Pleasanton, CA, USA.

Abstract

Exercise-induced laryngeal obstruction causes severe shortness of breath during exercise. Episodes are associated with severe distress. These patients and those with inducible laryngeal obstruction triggered by other factors have been noted to demonstrate mental health disorders, personality features that may be associated with symptoms, and dysfunctional stress responses. This literature review calls attention to the observation that patients with isolated exercise-induced laryngeal obstruction are generally mentally healthy. We review available metrics to assess traits and stress responses in performance psychology. We also discuss a therapeutic performance psychology framework.
PMID: 29631738
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34. Psychol Psychother. 2018 Apr 6. doi: 10.1111/papt.12182. [Epub ahead of print]

Metacognitive Interpersonal Therapy in group (MIT-G) for young adults with personality disorders: A pilot randomized controlled trial.

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Abstract

Young adults with personality disorders (PD) other than borderline are in urgent need of validated treatments to help them in managing important life transitions. Therapeutic interventions focused upon social and interpersonal difficulties may facilitate these individuals in maximizing opportunities for employment, forming stable romantic relationships, and belong to social groups. It is also important that they are offered evidence-based, first-line time-limited treatments in order to maximize effectiveness and reduce costs. We developed a 16-session programme of group-based Metacognitive Interpersonal Therapy (MIT-G) including psychoeducation on the main interpersonal motives, an experiential component enabling practice of awareness of mental states; and use of mentalistic knowledge for purposeful problem-solving. We report a feasibility, acceptability, and clinical significance randomized clinical trial. Participants meeting inclusion criteria were randomized to receive MIT-G (n = 10) or waiting list+TAU (n = 10). Dropout rate was low and session attendance high (92.19%). Participants in the MIT-G arm had symptomatic and functional improvements consistent with large effect sizes. In the MIT-G arm similarly large effects were noted for increased capacity to understand mental states and regulate social interactions using mentalistic knowledge. Results were sustained at follow-up. Our findings suggest potential for applying MIT-G in larger samples to further test its effectiveness in reducing PD-related symptoms and problematic social functioning.

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The problem of overcontrol: Perfectionism, emotional inhibition, and personality disorders.

Dimaggio G[1], MacBeth A[2], Popolo R[3], Salvatore G[3], Perrini F[4], Raouna A[2], Osam CS[2], Buonocore L[3], Bandiera A[3], Montano A[4].

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Abstract

BACKGROUND AND AIMS:

Some individuals with Personality Disorders (PD), particularly of a non-Borderline type, present with difficulties relating to over-control of cognitions, emotion and behavior, perfectionistic traits, and impaired social interactions. The current study sought to evaluate the strength of association, and interactions of both emotional inhibition and perfectionism in PD's, after controlling for symptoms and interpersonal problems.

METHOD:

We recruited a sample of 578 treatment seeking outpatients. Diagnosis of PD was made with the SCID-II. Individual's completed measures of perfectionism (Frost-MPS), Emotional Inhibition (EIS), Depression (BDI-II), Anxiety (STAI-Y), Global symptoms (SCL-90-R), and interpersonal problems (IIP-32).

RESULTS:

Perfectionism was related to interpersonal problems, to the majority of PD symptomatology and to PD severity via number of SCID-II criteria met. Emotional inhibition was linked to symptoms and interpersonal problems as well as with avoidant, dependent, depressive and

paranoid PDs; and with overall PD Severity. Inhibition and perfectionism were correlated with each other. Both variables predicted PD above and beyond other variables assessed. Mediation modeling demonstrated that the effect of emotional inhibition on PD severity was fully mediated by perfectionism and interpersonal problems.

CONCLUSIONS:

Psychological mechanisms of overcontrol are a maintaining factor in many PDs. Both perfectionism and emotional inhibition impact on a broad range of PDs and there is an urgent need for research into these processes, and to adapt psychological interventions to consider these factors.

PMID: 29621675
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36. Borderline Personal Disord Emot Dysregul. 2018 Apr 2;5:7. doi: 10.1186/s40479-018-0082-z. eCollection 2018.

Building a strong European alliance for personality disorder research and intervention.

Mehlum L[1], Bateman A[2,3], Dalewijk HJ[4], Doering S[5], Kaera A[6], Moran PA[7], Renneberg B[8], Ribaudi JS[9], Simonsen S[10], Wilberg T[11], Bohus M[12].

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Abstract

People with personality disorders frequently face stigma, ignorance and pessimism regarding the treatability of their disorders. This is despite substantial progress that has been made in developing a number of effective evidence based psychotherapeutic treatments. However, expertise in how to systematically deliver these treatments in a sustainable way throughout Europe is largely lacking. To bridge the gap between evidence based treatments and their implementation in health services, the European Society for the Study of Personality Disorders is currently building a new alliance of experts to promote personality disorder scholarship, and to support the development of clinical expertise and systematic treatment implementation throughout Europe. The aim of this paper is to describe how the Society is currently using its interdisciplinary and international roster of experts to address the specific treatment and research needs of the European personality disorder field, particularly to countries in which expertise in the field is less developed.

Conflict of interest statement

Not applicable.Not applicable.The authors declare that they have no competing interests.Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

37. Borderline Personal Disord Emot Dysregul. 2018 Apr 2;5:6. doi: 10.1186/s40479-018-0084-x. eCollection 2018.

Recommendations for applying a multi-dimensional model of impulsive personality to diagnosis and treatment.

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Abstract

The UPPS-P Model of Impulsive Personality, a prominent model of impulsive personality derived from the Five Factor Model of Personality, is a multi-dimensional model of impulsive personality that consists of negative urgency, lack of premeditation, lack of perseveration, sensation seeking, and positive urgency. The UPPS-P model has highlighted the importance of separating multidimensional traits due to the specificity of these traits corresponding to different risk behaviors. The goal of the current review paper is to make recommendations on how to apply the UPPS-P Model of Impulsive Personality, to diagnosis of and treatment for psychopathology. However, despite impulsivity being one of the most frequently used criteria for a number of clinical disorders, our review of the Diagnostic and Statistical Manual for Mental Disorders-5 found that the UPPS-P traits are not well represented in the diagnostic criteria, which we propose limits inferences about etiology and treatment targets. Additionally, research has largely focused on the importance of these traits for risk models; our review of the literature applying the UPPS-P traits to treatment processes and outcomes concluded that this area is not yet well studied. Here, we propose the specific application of the UPPS-P model to improve diagnosis and increase treatment effectiveness.

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Conflict of interest statement

Using the Structured Interview of Personality Organization for DSM-5 Level of Personality Functioning Rating Performed by Inexperienced Raters.

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Abstract

We argue that clinical information related to an object-relations model of personality pathology can be used by untrained and clinically inexperienced students to rate personality-disordered patients on the Level of Personality Functioning Scale (LPFS). To do so, 73 clinically inexperienced undergraduate students were asked to assess personality functioning of 10 female inpatients using the LPFS from audio recordings of the Structured Interview of Personality Organization (STIPO). LPFS ratings showed acceptable interrater reliability. Moreover, LPFS ratings were significantly associated with external measures of severity of personality pathology (number of DSM-IV-TR personality disorders) as assessed by experienced clinicians. Finally, the students' ratings were also associated with the level of personality organization as measured by experienced clinicians using the STIPO. Our findings confirm that untrained raters can reliably assess personality pathology by rating the LPFS based on material from the STIPO. Implications related to the use of the STIPO as a tool for the assessment of personality pathology according to the DSM-5 Alternative model are discussed.
PMID: 29617170
Similar articles

The prevalence of comorbid alcohol use disorder in the presence of personality

disorder: Systematic review and explanatory modelling.

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Abstract

Comorbid personality disorder (PD) worsens outcome in mental state disorders; however, the proportion of people with PD who have an alcohol use disorder (AUD) is poorly described. A systematic review of the literature for studies reporting on AUD in those with PD was completed. Lifetime prevalence figures were meta-analysed using multilevel models, accounting for type of PD and population examined. Sixteen unique studies contributed data to the analysis. PD type accounted for most of the heterogeneity in lifetime AUD prevalence. People with antisocial PD had the highest lifetime AUD prevalence, at 76.7%, followed by those with borderline PD at 52.2%, while those with other forms of PD, or undifferentiated PD, had a prevalence of 38.9%. Lifetime AUD prevalence was not significantly higher in clinical compared with population samples. The majority of people with PD experience an AUD at some time in the life course. This has clinical screening and management implications.

Behavioral Modeling for Mental Health using Machine Learning Algorithms.

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Abstract

Mental health is an indicator of emotional, psychological and social well-being of an individual. It determines how an individual thinks, feels and handle situations. Positive mental health helps one to work productively and realize their full potential. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Many factors contribute to mental health problems which lead to mental illness like stress, social anxiety, depression, obsessive compulsive disorder, drug addiction, and personality disorders. It is becoming increasingly important to determine the onset of the mental illness to maintain proper life balance. The nature of machine learning algorithms and Artificial Intelligence (AI) can be fully harnessed for predicting the onset of mental illness. Such applications when implemented in real time will benefit the society by serving as a monitoring tool for individuals with deviant behavior. This research work proposes to apply various machine learning algorithms such as support vector machines, decision trees, naïve bayes classifier, K-nearest neighbor classifier and logistic regression to identify state of mental health in a target group. The responses obtained from the target group for the designed questionnaire were first subject to unsupervised learning techniques. The labels obtained as a result of clustering were validated by computing the Mean Opinion Score. These cluster labels were then used to build classifiers to predict the mental health of an individual. Population from various groups like high school students, college students and working professionals were considered as target groups. The research presents an analysis of applying the aforementioned machine learning algorithms on the target groups and also suggests directions for future work.
PMID: 29610979
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Mental Health and Substance Use Disorder Comorbidity among Methamphetamine-Using Men Who have Sex with Men.

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Abstract

Men who have sex with men (MSM) exhibit elevated rates of mental health and substance use disorder relative to their non-MSM male counterparts. Methamphetamine use in particular has been associated with both neuronal damage and mental health disorders among MSM, and this study reports on the prevalence and comorbidity of DSM-5 mental health and substance use disorders in a sample of methamphetamine-using MSM. From March 2014 through January 2015, 286 methamphetamine-using MSM enrolled in a study to reduce methamphetamine use and sexual risk behaviors. At baseline, participants demonstrated high rates of current major depressive episode (35.8%), antisocial personality disorder (23.9%), suicide risk (23.2%), obsessive-compulsive disorder (23.2%), and social phobia (20.4%), as well as methamphetamine use disorder (89.1%), marijuana use disorder (41.0%), alcohol use disorder (39.6%), cocaine use disorder (30.9%), and inhalants use disorder (15.4%). Analyses revealed significant ($p < 0.05$) associations between methamphetamine use disorder severity and all listed mental health disorders, as well as between alcohol use disorder and all listed mental health disorders. Mental health disorder prevalence and substance use disorder severity were both elevated, and both methamphetamine and alcohol use disorder severity were associated with increased likelihood of comorbid mental health disorder.
PMID: 29608132
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42. Cogn Neuropsychiatry. 2018 Apr 2:1-25. doi: 10.1080/13546805.2018.1453791. [Epub ahead of print]

Do patients with different psychiatric disorders show altered social decision-

making? A systematic review of ultimatum game experiments in clinical populations.

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Abstract

BACKGROUND:

Impairments in social functioning are a common feature of psychiatric disorders. Game paradigms pose a unique way for studying how people make decisions in interpersonal contexts. In the last decade, researchers have started to use these paradigms to study social decision-making in patients with psychiatric disorders.

PURPOSE:

The aim of this systematic literature review is to summarise the currently available evidence on the behaviour of patients with psychiatric disorders in the commonly used Ultimatum Game (UG).

METHOD:

A systematic literature search including MEDLINE, PsycINFO, PSYNDEXplus Tests, PSYNDEXPLUS Literature, EBM Reviews-Cochrane Central Register of Controlled Trials, Embase and PASCAL was performed via the Ovid interface.

RESULTS:

We found evidence for alterations in UG behaviour for patients with frontotemporal dementia, schizophrenia, affective disorders, alcohol, cocaine, heroin and 3,4-methylenedioxymethamphetamine consumption, alcohol dependence, anxiety disorders, borderline personality disorder, autism, Tourette syndrome and oppositional defiant disorder.

CONCLUSION:

There is some evidence that different psychiatric disorders might go along with alterations in social decision-making. However, in general, data are currently limited and studies are hard to compare due to differences in methodologies.

PMID: 29608131

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Attention-deficit/hyperactivity disorder and risk for psychiatric and neurodevelopmental disorders in siblings.

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Abstract

BACKGROUND:

Probands with attention-deficit/hyperactivity disorder (ADHD) are at increased risk for several psychiatric and neurodevelopmental disorders. The risk of these disorders among the siblings of probands has not been thoroughly assessed in a population-based cohort.

METHODS:

Every child born in Finland in 1991-2005 and diagnosed with ADHD in 1995-2011 were identified from national registers. Each case was matched with four controls on sex, place, and date of birth. The full siblings of the cases and controls were born in 1981-2007 and diagnosed in 1981-2013. In total, 7369 cases with 12 565 siblings and 23 181 controls with 42 753 siblings were included in the analyses conducted using generalized estimating equations.

RESULTS:

44.2% of the cases and 22.2% of the controls had at least one sibling diagnosed with any psychiatric or neurodevelopmental disorder (risk ratio, RR = 2.1; 95% CI 2.0-2.2). The strongest associations were demonstrated for childhood-onset disorders including ADHD (RR = 5.7; 95% CI 5.1-6.3), conduct and oppositional disorders (RR = 4.0; 95% CI 3.5-4.5), autism spectrum disorders (RR = 3.9; 95% CI 3.3-4.6), other emotional and social interaction disorders (RR = 2.7; 95% CI 2.4-3.1), learning and coordination disorders (RR = 2.6; 95% CI 2.4-2.8), and intellectual disability (RR = 2.4; 95% CI 2.0-2.8). Also, bipolar disorder, unipolar mood disorders, schizophrenia spectrum disorders, other neurotic and personality disorders, substance abuse disorders, and anxiety disorders occurred at increased frequency among the siblings of cases.

CONCLUSIONS:

The results offer potential utility for early identification of neurodevelopmental and psychiatric disorders in at-risk siblings of ADHD probands and also argue for more studies on common etiologies.
PMID: 29607791
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A Potential Tension in DSM-5: The General Definition of Mental Disorder versus Some Specific Diagnostic Criteria.

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Abstract

The general concept of mental disorder specified in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders is definitional in character: a mental disorder might be

identified with a harmful dysfunction. The manual also contains the explicit claim that each individual mental disorder should meet the requirements posed by the definition. The aim of this article is two-fold. First, we shall analyze the definition of the superordinate concept of mental disorder to better understand what necessary (and sufficient) criteria actually characterize such a concept. Second, we shall consider the concepts of some individual mental disorders and show that they are in tension with the definition of the superordinate concept, taking pyromania and narcissistic personality disorder as case studies. Our main point is that an unexplained and not-operationalized dysfunction requirement that is included in the general definition, while being systematically violated by the diagnostic criteria of specific mental disorders, is a logical error. Then, either we unpack and operationalize the dysfunction requirement, and include explicit diagnostic criteria that can actually meet it, or we simply drop it.

PMID: 29850842

[Self-Knowledge in Personality Disorder: Self-Referentiality as a Stepping Stone for Psychotherapeutic Understanding.](#)

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Abstract

This article provides a philosophical framework to help unpack varieties of self-knowledge in clinical practice. We start from a hermeneutical conception of "the self," according to which the self is not interpreted as some fixed entity, but as embedded in and emerging from our relating to and interacting with our own conditions and activities, others, and the world. The notion of "self-referentiality" is introduced to further unpack how this self-relational activity can become manifest in one's emotions, speech acts, gestures, and actions. Self-referentiality exemplifies what emotions themselves implicitly signify about the person having them. In the remainder of the article, we distinguish among three different ways in which the self-relational activity can become manifest in therapy. Our model is intended to facilitate therapists' understanding of their patients' self-relational activity in therapy, when jointly attending to the self-referential meaning of what their patients feel, say, and do.

PMID: 29847250

Self-Knowledge in Personality Disorders: An Emotion-Focused Perspective.

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Abstract

Emotional knowledge about one's own and others' emotional experience are central features of mental health and may be characteristic of therapeutic processes leading to good outcome. Clients with personality disorders (PDs) often lack in their ability to access and accept emotional experiences, or to reflect on emotion and use it in adaptive ways. The present theoretical and clinical review discusses self-knowledge, and lack thereof, in personality disorders, from an emotion-focused perspective. A first section differentiates between two fundamental types of meaning construction processing. The second section describes, from an integrative therapy perspective, how self-knowledge may be facilitated in psychotherapy by the client-therapist interaction. A subsequent section discusses lack of awareness of one's own emotions in the construction of meaning associated with PDs. The final section describes initial studies that demonstrate change occurring in constructing emotional self-knowledge as a correlate of treatment. The concepts of the review are illustrated throughout with three clinical cases of PD.

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A Pragmatic View of Disturbed Self-Reflection in Personality Disorders: Implications for Psychotherapy.

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Abstract

Patients with personality disorders suffer from impairment in self-reflective capacities. This is not a matter of making incorrect judgments about self-experience but reflects problems with (a) labeling internal experience consistent with the type and level of bodily arousal, (b) seeing how thoughts and feelings are connected to one another within the flow of daily life, and (c) realizing that one's own ideas about interpersonal relationships are subjective and fallible and not direct perceptions of external reality. The authors offer a discussion and definition of each of these three impairments and then offer suggestions for how to address these impairments in psychotherapy.

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Self-Knowledge and Personality Disorders: Introduction.

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Facial Emotion Recognition and Social-Cognitive Correlates of Narcissistic Features.

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Abstract

Narcissistic personality disorder (NPD) is associated with both seeming indifference and hypersensitivity to social feedback. This study evaluated whether rejection sensitivity and empathic difficulties in NPD are accounted for by altered facial emotion recognition (FER). Two-hundred non-clinical individuals self-reported NPD features, rejection sensitivity, and empathy and performed an FER task assessing the ability to determine the presence or absence of an emotion when viewing neutral and negative facial stimuli presented at varying emotional intensities (25%, 50%, 75%). Those with higher NPD features were faster at accurately recognizing neutral and low, 25%-intensity emotional stimuli. This response pattern mediated the association between NPD features and increased anger about rejection. Thus, individuals with high NPD traits are hypervigilant toward subtle negative emotions and neutral expressions; this may explain their tendency to experience intense angry feelings when facing the possibility that the others would not meet their need for acceptance.
PMID: 29847219

Risk profiles for heavy drinking in adolescence: differential effects of gender.

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Martinot JL[13], Paillère Martinot ML [14], Nees F[3,7], Papadopoulos Orfanos D[9], Poustka L[15], Hohmann S[3], Fröhner JH[16], Smolka MN[16], Walter H[2], Whelan R[17], Desrivières S[6], Heinz A[2], Schumann G[6], Obermayer K[1] .

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Abstract

Abnormalities across different domains of neuropsychological functioning may constitute a risk factor for heavy drinking during adolescence and for developing alcohol use disorders later in life. However, the exact nature of such multi-domain risk profiles is unclear, and it is further unclear whether these risk profiles differ between genders. We combined longitudinal and cross-sectional analyses on the large IMAGEN sample (N ≈ 1000) to predict heavy

drinking at age 19 from gray matter volume as well as from psychosocial data at age 14 and 19-for males and females separately. Heavy drinking was associated with reduced gray matter volume in 19-year-olds' bilateral ACC, MPFC, thalamus, middle, medial and superior OFC as well as left amygdala and anterior insula and right inferior OFC. Notably, this lower gray matter volume associated with heavy drinking was stronger in females than in males. In both genders, we observed that impulsivity and facets of novelty seeking at the age of 14 and 19, as well as hopelessness at the age of 14, are risk factors for heavy drinking at the age of 19. Stressful life events with internal (but not external) locus of control were associated with heavy drinking only at age 19. Personality and stress assessment in adolescents may help to better target counseling and prevention programs. This might reduce heavy drinking in adolescents and hence reduce the risk of early brain atrophy, especially in females. In turn, this could additionally reduce the risk of developing alcohol use disorders later in adulthood.

PMID: 29847018

Network analysis of specific psychopathology and psychiatric symptoms in patients with eating disorders.

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Abstract

BACKGROUND:

Network analysis of psychiatric symptoms describes reciprocal relationships of individual symptoms, beyond categorical diagnoses. Those with eating disorders (EDs) frequently have complex patterns of comorbid symptoms and the transdiagnostic theory includes shared common core features across diagnoses. We aim to test whether general psychiatric symptoms comprise components of these transdiagnostic features.

METHODS:

Network analysis was applied on 2068 patients with EDs (955 anorexia nervosa [AN], 813 bulimia nervosa [BN], and 300 binge-eating disorder [BED]). All patients underwent clinical

interviews and some self-reported questionnaires, such as the Symptom Check-List 90 (SCL-90) to measure psychiatric symptoms, the Eating Disorder Inventory (EDI) to measure ED-specific symptoms, and the Tridimensional Personality Questionnaire (TPQ) for personality traits.

RESULTS:

Across EDs and within each ED, SCL-90 scores of depression, anxiety and interpersonal sensitivity, EDI ineffectiveness, interoceptive awareness, interpersonal distrust, and drive for thinness had high centrality. Notably, body mass index (BMI) and EDI bulimia played a central role when considering the whole group, whereas they did not in individual EDs.

DISCUSSION:

The shared centrality of identified nodes in both individual and merged groups supported the transdiagnostic theory of EDs (diagnoses share core ED features), with a central role of BMI. Moreover, the most central nodes were general psychiatric symptoms, interpersonal domain, and self-efficacy. These findings suggest that-in addition to ED-core symptoms and BMI-depressive and anxiety symptoms, interpersonal sensitivity and ineffectiveness may be important targets to provide effective treatments across AN, BN, and BED.

Multidimensional Patterns of Sexual Risk Behavior and Psychiatric Disorders in Men with Substance Use Disorders.

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Abstract

Previous evidence links substance use disorders (SUD) to STI/HIV risk and suggests that comorbid psychiatric disorders increase the probability to engage in sexual risk behaviors. This study had two aims: (1) to identify subgroups based on sexual risk behavior using a person-centered approach in a sample of substance users and (2) to measure the association of psychiatric and SUD with subgroup membership. We assessed 402 male adults with SUD, reporting sexual intercourse in the previous 12 months using the HIV-Risk Behavior Scale and the Mini International Neuropsychiatric Interview. Latent class analysis was performed to determine multidimensional patterns of sexual risk behaviors and multinomial logistic regression was utilized to associate classes with disorders. The three-class model showed the best fit, and the classes were labeled: Relationship-Based (31.34% of the sample), Condom-Based (39.55%), and Multiple Risks (29.10%). Controlling for age and marital status, major depressive disorders, antisocial personality disorder, and any psychiatric disorder were associated with the Multiple Risks class. Results stress the importance of developing a personalized assessment and counseling for sexual risk behaviors in individuals with SUD, particularly when they endorse criteria for comorbid psychiatric disorders. Future studies should focus on evaluating differential response to preventive interventions.

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Identifying potentially marker symptoms of attention-deficit/hyperactivity disorder.

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4. Department of Pedagogy, University of Valladolid, Valladolid, Spain.

Abstract

Background:

For the diagnosis of attention-deficit/hyperactivity disorder (ADHD), the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) proposes that adherence to six symptoms in either group (inattention and hyperactivity/impulsivity) will lead to the diagnosis of one of three presentations of the disorder. Underlying this diagnostic algorithm is the assumption that the 18 symptoms have equal relevance for the diagnosis of ADHD, all are equally severe, and all have the same power to detect the presence of the disorder in all its degrees of severity, without considering the possibility of using marker symptoms. However, several studies have suggested that ADHD symptoms differ in both their power to discriminate the presence of the disorder and the degree of severity they represent. The aim of the present study was to replicate the results of previous research by evaluating the discriminative capacity and relative severity of ADHD symptoms, as well as to extend the investigation of this topic to Spanish-speaking Latin American samples.

Methods:

The properties of ADHD symptoms rated by the parents of 474 Chilean children were analyzed. Symptom parameters were estimated using the graded response model.

Results:

The results suggest that symptoms of ADHD differ substantially in both the accuracy with which they reflect the presence of the disorder, and their relative severity. Symptoms "easily distracted by extraneous stimuli" and "have difficulty sustaining attention in tasks" (inattention) and "is on the go, acting as if driven by motor" (hyperactivity/impulsivity) were the most informative, and those with relatively lower severity thresholds.

Discussion:

The fact that symptoms differ substantially in the probability of being observed conditionally to the trait level suggests the need to refine the diagnostic process by weighting the severity of the symptom, and even to assess the possibility of defining ADHD marker symptoms, as has been done in other disorders.

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Conflict of interest statement

The authors declare there are no competing interests.

Harm avoidance and depression, anxiety, insomnia, and migraine in fifth-year medical students in Taiwan.

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Abstract

Purpose:

During medical school training, increased stress, depression, and anxiety are common. Certain personality traits, particularly harm avoidance (HA), may increase the risk of psycho-pathological disorders, insomnia, and migraine among medical students. This study evaluated the role HA may play on levels of stress, depression, anxiety, and insomnia among Taiwanese medical students starting their fifth and final year of medical school.

Patients and methods:

A series of self-report questionnaires were used to measure the severity of anxiety, depression, and insomnia, as well as somatic symptoms, particularly migraine headache, among 143 Taiwanese fifth-year medical students (94 males and 49 females). Most had normal or mild levels of anxiety, depression, insomnia, and migraine.

Results:

HA personality trait was significantly associated with depression (all $P \leq 0.001$) after adjusting for other factors. HA was not significantly associated with anxiety, insomnia, or migraine headache days.

Conclusion:

HA personality trait was significantly associated with depression among fifth-year medical students in Taiwan.

PMID: 29844675

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Conflict of interest statement

Disclosure The authors report no conflicts of interest in this work.

12. Curr Opin Psychol. 2018 May 22. pii: S2352-250X(18)30082-4. doi: 10.1016/j.copsyc.2018.05.008. [Epub ahead of print]

Editorial overview: Personality disorders: Personality pathology is what personality pathologists do Carla.

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PMID: 29843992

ELSEVIER FULL-TEXT ARTICLE

13. BMC Med Educ. 2018 May 29;18(1):116. doi: 10.1186/s12909-018-1236-9.

Factors associated with low vs increased perceived mastery of clinical work over ten years of practice: a prospective study of Norwegian doctors.

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Abstract

BACKGROUND:

A higher sense of mastery of doctors' clinical work could benefit not only their own mental health but also their work performance and patient care. However, we know little about factors associated with perceived mastery of clinical work among physicians. Our aim was therefore to study characteristics of those with stable low levels and of those with increased levels of mastery over a period of ten years of medical practice.

METHODS:

N = 631 doctors were surveyed in their final year of medical school in 1993/94 (T1) and 10 (T2), 15 (T3) and 20 (T4) years later. Low and increased perceived mastery of clinical work were measured between T2, T3 and T4. Response rates for all items measuring low and increased mastery were 238/522 (46%) and 256/522 (49%) respectively. The following explanatory variables were included: demographics, medical school factors, personality and contextual work-related and non-work-related factors.

RESULTS:

N = 73 (31%) of the doctors reported stable low mastery from T2 to T4. The following variables were significantly associated with low mastery in the adjusted analyses: vulnerability (OR: 1.30, P < .000, CI: 1.12 to 1.50), drinking alcohol to cope with stress during medical school (OR: 2.66, P = .04, CI: 1.03 to 6.85) and social support (OR: 0.78, P = .002, CI: 0.66 to 0.91). N = 39 (15%) reported increased mastery during the ten-year period from T2 to T4. Perceived job demands (OR: 0.66, P = .02, CI: 0.45 to 0.98) and taking up a leading position (OR: 3.04, P = .01, CI: 1.31 to 7.07) were associated with increased mastery after adjustment.

CONCLUSIONS:

Stable low sense of mastery over time is associated with having a vulnerable personality, a history of having used alcohol to cope with stress during medical school and lack of contemporary social support. Conversely, increased sense of mastery is associated with taking up a leading position and having the perception that job demands are decreasing over time. These findings indicate that perceived mastery of clinical work may not be a trait, but a state modifiable over time.

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14.

High prevalence rates for multiple psychiatric conditions among inmates at French Guiana's correctional facility: diagnostic and demographic factors associated with violent offending and previous incarceration.

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Abstract

BACKGROUND:

French Guiana has the highest incarceration rate among French territories, it is higher than that of Brazil, Colombia or Venezuela. It is well known that mental health problems are over-represented in correctional facilities. Our objectives were to describe the prevalence of various psychiatric conditions and to study factors associated with violence and repeated offenses among arriving detainees at the sole correctional facility of French Guiana.

METHODS:

The study was cross-sectional. All consenting new adult prisoners incarcerated between 18/09/2013 and 31/12/2014 at the penitentiary centre of French Guiana were included. The Mini International Neuropsychiatric Interview (MINI) was used to screen for psychiatric diagnoses. In addition sociodemographic data was collected.

RESULTS:

Overall 647 men and 60 women were included. The participation rate was 90%.Overall 72% of patients had at least one psychiatric diagnosis (Fig. 2). Twenty percent had three or more diagnoses. Violent index offences were not more frequent among those with a psychiatric diagnosis (crude odds ratio 1.3 (95%CI = 0.9-2), P = 0.11. Multivariate analysis showed that after adjusting for sex and age, psychosis, suicidality and post-traumatic stress disorder were independently associated with violent offences. Generalized anxiety disorder was less likely to be associated with incarceration for violent offences. Having a history of a previous incarceration was significantly associated with a psychiatric condition in general (any diagnosis) OR = 3 (95%CI = 2-4.3), P < 0.0001. Calculations of the population attributable risks showed that in the sample 31.4% of repeat incarcerations were attributable to antisocial personality disorder, 28.3% to substance addiction, 17.3% to alcohol addiction, 8.7% to depression and 7% to psychosis.

CONCLUSIONS:

The very high prevalence of psychiatric disorders observed in our sample, and the relative lack of psychiatric facilities, suggest that part of the problem of very high incarceration rate may be explained by transinstitutionalization. Improving psychiatric care in prison and coordination with psychiatric care in the community after release is likely to be important.

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15. J Clin Med. 2018 May 29;7(6). pii: E127. doi: 10.3390/jcm7060127.

Influence of Personality Traits on the Severity of Alcohol Use Disorders.

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Abstract

INTRODUCTION:

Alcohol Use Disorders (AUD) are the most prevalent psychiatric diagnosis in the general population. The study of personality characteristics, using Cloninger Personality Inventory (TCI-R), allows us to know the evolution of these patients at the beginning of treatment.

MATERIAL AND METHOD:

We conducted a cross-sectional, observational and descriptive study for 3 years with a total of 304 patients. We studied the severity of their alcohol disorder by the Alcohol Dependency Intensity Scale (EIDA), Scale of Obsessive Consumption Compulsive (OCDS) and European version of the Addiction Severity Index (EUROPASI); we studied the relationship with the personality traits of TCI-R.

RESULTS AND CONCLUSIONS:

The personality lines influence the evolution of alcohol use disorder (AUD). People with higher scores on Reward Dependency (RD), Persistence (P), Cooperation (CO) and Autotranscendence (ST) have a better prognosis while people with higher scores on Search for Novelty (SN) and Avoidance of Damage (AD) have a worst prognosis. Women present differences in consumption in relation to men, as a consequence of their personality. Women

have lower scores in Persistence (P) y Self-Transcendence (ST) which are associated with the greater severity of their addiction.

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Childhood memories of threatening experiences and submissiveness and its relationship to hallucination proneness and ideas of reference: The mediating role of dissociation.

Bellido-Zanin G[1], Perona-Garcelán S[2,3], Senín-Calderón C[4], López-Jiménez AM[5], Ruiz-Veguilla M[2], Rodríguez-Testal JF[3].

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Abstract

Recent studies have emphasized the importance of childhood memories of threatening experiences and submissiveness in a diversity of psychological disorders. The purpose of this work was to study their specific relationship with hallucination proneness and ideas of reference in healthy subjects. The ELES scale for measuring memory of adverse childhood experiences, the DES-II scale for measuring dissociation, the LSHS-R scale for measuring hallucination proneness, and the REF for ideas of reference were applied to a sample of 472 subjects. A positive association was found between childhood memories of adverse experiences and hallucination proneness and ideas of reference, on one hand, and dissociation on the other. A mediation analysis showed that dissociation was a mediator between the memory of adverse childhood experiences and hallucination proneness on one hand, and ideas of reference on the other. When the role of mediator of the types of

dissociative experiences was studied, it was found that absorption and depersonalization mediated between adverse experiences and hallucination proneness. However, this mediating effect was not found between adverse experiences and ideas of reference. The relationship between these last two variables was direct. The results suggest that childhood memories of adverse experiences are a relevant factor in understanding hallucination proneness and ideas of reference. Similarly, dissociation is a specific mediator between adverse childhood experiences and hallucination proneness.

PMID: 29808908

[Similar articles]

17. BMC Psychiatry. 2018 May 25;18(1):152. doi: 10.1186/s12888-018-1733-8.

Experiences of parenting and clinical intervention for mothers affected by personality disorder: a pilot qualitative study combining parent and clinician perspectives.

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Abstract

BACKGROUND:

Evidence-based parenting programmes are recommended for the treatment of child mental health difficulties. Families with complex psychosocial needs show poorer retention and outcomes when participating in standard parenting programmes. The Helping Families Programme (HFP) is a 16-week community-based parenting intervention designed to meet the needs of these families, including families with parental personality disorder. This study aimed to explore the help seeking and participatory experiences of parents with a diagnosis

of personality disorder. It further aimed to examine the acceptability of referral and intervention processes for the HFP from the perspectives of (i) clinicians referring into the programme; and (ii) referred parents.

METHOD:

Semi-structured interviews were conducted with parents recruited to receive HFP (n = 5) as part of a research case series and the referring NHS child and adolescent mental health service (CAMHS) clinicians (n = 5). Transcripts were analysed using Interpretive Phenomenological Analysis.

RESULTS:

Four themes were identified for parents: (i) the experience of parenthood, (ii) being a parent affected by personality disorder, (iii) experience of the intervention, and (iv) qualities of helping. Three themes emerged for clinicians: (i) challenges of addressing parental need, (ii) experience of engaging parents with personality disorders and (iii) limited involvement during HFP. Comparison of parent and clinician themes led to the identification of two key interlinked themes: (i) concerns prior to receiving the intervention, and (ii) the challenges of working together without a mutual understanding.

CONCLUSIONS:

This pilot study identifies potentially significant challenges of working with parents affected by personality disorder and engaging them in HFP and other similar interventions. Results have important wider clinical implications by highlighting potential barriers to engagement and participation and providing insights on how these barriers might be overcome. Findings have been used to inform the referral and intervention processes of a pilot RCT and further intervention development.

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18. JAMA Psychiatry. 2018 May 23. doi: 10.1001/jamapsychiatry.2018.0534. [Epub ahead of print]

Risk of Being Subjected to Crime, Including Violent Crime, After Onset of

Mental Illness: A Danish National Registry Study Using Police Data.

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6. Centre for Mental Health & Safety, Division of Psychology & Mental Health, National Institute for Health Research (NIHR) Greater Manchester Patient Safety Translational Research Centre, The University of Manchester and Manchester Academic Health Science Centre (MAHSC), Manchester, United Kingdom.

Abstract

Importance:

People with mental illness are more likely to have contact with the criminal justice system, but research to date has focused on risk of offense perpetration, while less is known about risk of being subjected to crime and violence.

Objectives:

To establish the incidence of being subjected to all types of criminal offenses, and by violent crimes separately, after onset of mental illness across the full diagnostic spectrum compared with those in the population without mental illness.

Design, Setting, and Participants:

This investigation was a longitudinal national cohort study using register data in Denmark. Participants were a cohort of more than 2 million persons born between 1965 and 1998 and followed up from 2001 or from their 15th birthday until December 31, 2013. Analysis was undertaken from November 2016 until February 2018.

Exposures:

Cohort members were followed up for onset of mental illness, recorded as first contact with outpatient or inpatient mental health services. Diagnoses across the full spectrum of psychiatric diagnoses were considered separately for men and women.

Main Outcomes and Measures:

Incidence rate ratios (IRRs) were estimated for first subjection to crime event (any crime and violent crime) reported to police after onset of mental illness. The IRRs were adjusted for cohort member's own criminal offending, in addition to several sociodemographic factors.

Results:

In a total cohort of 2 058 063 (48.7% male; 51.3% female), the adjusted IRRs for being subjected to crime associated with any mental disorder were 1.49 (95% CI, 1.46-1.51) for men and 1.64 (95% CI, 1.61-1.66) for women. The IRRs were higher for being subjected to violent crime at 1.76 (95% CI, 1.72-1.80) for men and 2.72 (95% CI, 2.65-2.79) for women. The strongest associations were for persons diagnosed as having substance use disorders and personality disorders, but significant risk elevations were found across almost all diagnostic groups examined.

Conclusions and Relevance:

Onset of mental illness is associated with increased risk of exposure to crime, and violent crime in particular. Elevated risk is not confined to specific diagnostic groups. Women with mental illness are especially vulnerable to being subjected to crime. Individual's own offending accounts for some but not all of the increased vulnerability to being subjected to crime.
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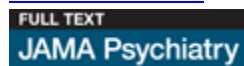
19. Eur Eat Disord Rev. 2018 May 24. doi: 10.1002/erv.2606. [Epub ahead of print]

Demographic, psychiatric, and personality correlates of adults seeking treatment for disordered gambling with a comorbid binge/purge type eating disorder.

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Abstract

Preliminary evidence suggests that binge/purge type eating disorders and gambling disorder may commonly co-occur. However, this dual-diagnosis population remains understudied. The present research examined the prevalence rates and correlates of binge/purge type eating disorders (i.e., bulimia nervosa, binge-eating disorder, and anorexia nervosa binge/purge type) among adults seeking treatment for their gambling (N = 349). In total, 11.5% of the sample (n = 40) met criteria for a binge/purge type eating disorder, most commonly bulimia nervosa (n = 33). There was a higher preponderance of binge/purge type eating disorders in women. People with a comorbid binge/purge type eating disorder reported more days gambling, gambling-related cognitive distortions, impulsivity, suicidality, and other current psychiatric comorbidities including addictive behaviours. These findings suggest that binge/purge type eating disorders in people seeking treatment for gambling may be more common than previously believed. Furthermore, the increased psychopathology among people with binge/purge type eating disorder and gambling disorder identify vulnerabilities of this dual-diagnosed population that may require clinical attention.

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Resilience and social support as protective factors against abuse of patients with dementia: A study on family caregivers.

Serra L[1], Contador I[2], Fernández-Calvo B[3], Ruisoto P [2], Jenaro C[4], Flores N[4], Ramos F[4], Rivera-Navarro J[5].

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5. Department of Sociology and Communication, University of Salamanca, Salamanca, Spain.

Abstract

OBJECTIVE:

Scientific literature has identified different vulnerability factors associated to abuse in people with dementia (PWD), but little is known about the psychosocial protective variables against abuse. The main objective of this study is to investigate a set of caregiver and patient factors linked to abuse-related behavior of PWD.

METHODS:

A total of 326 primary and family caregivers, residents of the Castilla and León community (Spain), were evaluated. All participants filled out a standardized protocol, which assessed the sociodemographic characteristics, patient and care-related variables, as well as the perceived burden, resilience, and social support. Abuse-related behavior was evaluated using the Caregiver Abuse Screen.

RESULTS:

Results show that the severity of cognitive impairment and behavior disorders of PWD, a greater number of caregiving hours, a worse previous relationship with the caregiver, and perceived burden are positively related with abuse. However, resilience and social support showed a negative relationship with Caregiver Abuse Screen scores, suggesting a protective effect on abuse, even after controlling the effect of a number of covariates. Indeed, resilience was the only variable that remained significant after including the effect of burden.

CONCLUSIONS:

This paper states the role of burden in abuse of PWD, while resilience and social support are abuse protective factors. These variables should be considered in future guidelines for the prevention of abuse against PWD.

21. Arch Womens Ment Health. 2018 May 23. doi: 10.1007/s00737-018-0850-1. [Epub ahead of print]

Repeated neonaticide: differences and similarities to single neonaticide events.

Klier CM[1], Amon S[2], Putkonen H[3,4], Fernandez Arias P[5,6], Weizmann-Henelius G[3,7].

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Abstract

This study aims to identify differences between single and repeat perpetrators of filicide by using register-based data. The study used register-based, comprehensive, nationwide data from both Austria and Finland. The current study covers 23 perpetrators, 20 single and 3 repeat perpetrators, with a total of 28 victims. All victims had a maximum age of 24 h and all perpetrators were women. Every third victim of neonaticide was a victim of a repeat case. The repeat perpetrators were older; had a higher number of children over their lifespan, some of whom lived with them; were more likely to live within established family structures; had higher levels of education and employment; had a higher proportion of personality disorders; and were more likely to identify stress factors during pregnancy. One unexpected finding was low levels of awareness about pregnancy within the perpetrator's circle remain a risk factor, especially for repeat perpetrators. Arguably, the quality of interpersonal relationships these women have may be affected by their own mental health issues and life experience and vice versa.

PMID: 29796966

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22. Borderline Personal Disord Emot Dysregul. 2018 May 20;5:9. doi: 10.1186/s40479-018-0086-8. eCollection 2018.

Emotion dysregulation in attention-deficit/hyperactivity disorder and borderline personality disorder.

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#. Contributed equally

Abstract

There is ongoing debate on the overlap between Attention-Deficit/Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD), particularly regarding emotion dysregulation (ED). In this paper, we present a narrative review of the available evidence on the association of these two disorders from several standpoints. First, we discuss the unique and shared diagnostic criteria for ADHD and BPD, focusing particularly on ED. We consider the methodology of ecological momentary assessment and discuss why this approach could be an alternative and more accurate way to qualitatively distinguish between ADHD and BPD. We summarise key findings on the genetic and environmental risk factors for ADHD and BPD and the extent to which there are shared or unique aetiological and neurobiological risk factors. Finally, we discuss the clinical relevance of considering both disorders in the assessment of patients presenting with trait-like behavioural syndromes, distinguishing the two conditions and implications for treatment.

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Conflict of interest statement

23.

Psychiatric Disorders and Recidivism among Korean Adolescents on Probation or Parole.

Lim Y[1], Park EJ[2], Kim B[1].

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2. Department of Psychiatry, Ilsan-Paik Hospital, Inje University, Goyang, Republic of Korea.

Abstract

Objective:

The percentage of repeat offenders is increasing among juvenile offenders in Korea. The assessment and treatment of the mental health of young offenders may play an important role in reducing the recidivism rate of adolescents. This study examined the prevalence of psychiatric disorders among adolescents on probation or parole and the risk of recidivism associated with specific psychiatric disorders.

Methods:

We studied 120 adolescents on probation. The Mini-International Neuropsychiatric Interview and Conners' Rating Scale-Revised were used to diagnose psychiatric disorders.

Results:

Almost half of the juvenile offenders had psychiatric disorders, including alcohol use disorder (19.17%), bipolar disorder (18.33%), antisocial personality disorder (11.67%), and attention-deficit/hyperactivity disorder (10.83%). Alcohol use disorder was significantly associated with repeated offenses, but psychiatric disorders, excluding alcohol use disorder, were not significantly associated with repeated offenses.

Conclusion:

These results suggested that the development of education and treatment programs for psychiatric disorders, including alcohol use disorder, among juvenile offenders on probation or parole may help to prevent repeated criminal behaviour.

Randomized Trial of a Group Music and Imagery Method (GrpMI) for Women with Fibromyalgia.

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3. Department of Personality, Assessment and Psychological Treatment, University of the Basque Country, ES.

Abstract

Background:

Fibromyalgia (FM) affects about 2-4% of the world population. Patients, mostly women, experience chronic widespread pain, fatigue, stiffness, sleep disturbances, and psychological disorders, especially depression and anxiety.

Objective:

The aim of this study was to examine preliminary efficacy of a Group Music and Imagery (GrpMI) intervention, which included relaxation, music listening, and spontaneous imagery, to improve subjective psychological well-being, functional capacity and health, pain perception, anxiety, and depression in women with FM.

Methods:

Fifty-six women aged 35 to 65 years (M = 51.3) diagnosed with FM were randomly assigned to either GrpMI treatment (n = 33) or control (n = 26) condition. Experimental group participants received 12 weekly GrpMI sessions, and control group participants who did not receive any additional service completed measures at the same time points as the experimental group.

Results:

Intra-group analyses showed that GrpMI participants had a significant increase in psychological well-being and significant decrease in the impact of FM on functional capacity and health, pain perception, anxiety, and depression post-treatment, with sustained benefit at three-month follow-up for all variables except psychological well-being. Control group participants showed decreases in trait anxiety and depression at post-treatment, with no significant benefit at three-month follow-up. Inter-group analyses showed that compared with control participants, GRpMI participants had significantly higher scores for psychological well-being and lower-state anxiety post-treatment; however, no differences were observed between groups at three-month follow-up.

Conclusions:

Findings offer preliminary evidence for the benefit of GrpMI to improve well-being and reduce anxiety in women with FM. Findings also suggest that GrpMI may help diminish pain intensity, state depression, and the impact of FM on functional capacity and health, but further studies are needed to establish efficacy.

PMID: 29788133

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Finding Inspiration From the Philosophy of Maurice Merleau-Ponty for the Practice of Psychiatric-mental Health Nursing.

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Abstract

The philosophy of Maurice Merleau-Ponty, a unique blend of existentialism and phenomenology, deserves to be better known in psychiatric-mental health nursing. This philosophy is particularly pertinent to the contemporary recovery movement that seeks to dispel the therapeutic nihilism regarding conditions such as schizophrenia, borderline personality, and substance use disorders. This paper provides an overview of Merleau-

Ponty's life and work, with emphasis on selected elements of his philosophy that are inspirational for the clinical practice of psychiatric-mental health nursing.
PMID: 29784217
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Axis II Personality Disorders Are Linked to an Adverse Course of Bipolar Disorder.

Post RM[1], McElroy S, Kupka R[2], Suppes T[3], Hellemann G[4], Nolen W[5], Frye M[6], Keck P, Grunze H[7], Rowe M[1].

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7. Department of Psychiatry and Psychotherapy, Christian Doppler Klinik, Paracelsus Medical University Salzburg, Austria.

Abstract

The relationship of personality disorder (PD) psychopathology to the course of bipolar disorder remains inadequately described. After giving informed consent, more than 782 outpatients with bipolar disorder rated themselves on the 99-item Personality Disorder Questionnaire, Version 4 (PDQ4) when depressed or euthymic. They also rated six poor prognosis factors (PPFs). The relationships of the PPFs to the total PDQ4 score were examined by a linear regression. Even after correcting for the higher PDQ4 scores observed when patients were suffering depression, the PDQ4 was significantly related to a history of child abuse, early age of onset, an anxiety disorder comorbidity, rapid cycling, and 20 or more previous episodes, but not substance abuse. The data suggest close relationships between the total burden of PD psychopathology and correlates of an adverse outcome of bipolar disorder. The nature of this of association and approaches to treatment of comorbid PD remain to be further explored.
PMID: 29781886
Similar articles

The agreement between clients' and their therapists' ratings of personality disorder traits.

Samuel DB[1], Suzuki T[1], Bucher MA[1], Griffin SA[1].

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1. Department of Psychological Sciences.

Abstract

OBJECTIVE:

Treating clinicians provide the majority of mental health diagnoses, yet little is known about the validity of their routine diagnoses, including the agreement with clients' self-reports. This is particularly notable for personality disorders (PDs) as the literature suggests weak agreement between therapists and clients. Existing research has been limited by a focus on PD categories and brief therapist-report measures. Furthermore, although self-reports of PD have been criticized for underreporting, very few data have compared them with therapist report in terms of mean level.

METHOD:

We addressed these limitations by collecting dimensional trait ratings from 54 therapist-client dyads within outpatient clinics. The clients (52% women, 94% Caucasian, 39.8 years) provided ratings of dimensional PD traits via the Personality Inventory for DSM-5 (PID-5) while therapists (72% female, 89% Caucasian) completed the Informant version of the same measure.

RESULTS:

Employing systematic measures of traits yielded higher rank-order agreement than observed in prior studies, with a median correlation of .41 across the PID-5 domains. Most interestingly, mean-level comparisons indicated that clients reported significantly higher levels of PD pathology than did their therapists. This effect was most notable for the domain of Psychoticism, which had the lowest rank-order agreement ($r = .16$) and the largest mean-level discrepancies.

CONCLUSIONS:

When clinicians utilized systematic measures of dimensional traits their agreement with client was higher than reported in past studies. Furthermore, clients reported significantly more PD pathology than was noted by their therapists suggesting concerns about invalid self-reports due to underreporting have been overstated. (PsycINFO Database Record

PMID: 29781652
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28. Psychiatry Res. 2018 May 16;265:303-308. doi: 10.1016/j.psychres.2018.05.019. [Epub ahead of print]

Assessing psychopathy in forensic schizophrenia spectrum disorders: Validating the Comprehensive Assessment of the Psychopathic Personality-Institutional Rating Scale (CAPP-IRS).

De Page L[1], Mercenier S[2], Titeca P[2].

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2. Centre Hospitalier Jean Titeca, Schaerbeek, Belgium.

Abstract

The assessment of psychopathy in (forensic) schizophrenia spectrum disorders is long-standing debate. In the present study, we investigated the psychometric properties of the Comprehensive Assessment of Psychopathic Personality-Institutional Rating Scale (CAPP-IRS) in a sample of 72 male forensic patients with a primary diagnosis of schizophrenia spectrum disorders. We compared the CAPP-IRS' psychometric properties to those of the Psychopathy Checklist-Revised (PCL-R). The CAPP-IRS showed good interrater reliability and internal consistency except for the CAPP-IRS Cognition and Emotional Domains. There appears to be a larger but intelligible overlap between the CAPP-IRS and schizophrenia symptoms than between the PCL-R and schizophrenia symptoms. Inversely, the PCL-R showed overall stronger associations with risk assessment measures. We conclude that, in

(forensic) schizophrenia disorder spectrum patients, the CAPP-IRS has closer associations with clinical features, while the PCL-R is better a predicting risk and life-time dimensions.
PMID: 29778051
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29.

Comorbidity in illness-induced posttraumatic stress disorder versus posttraumatic stress disorder due to external events in a nationally representative study.

Sommer JL[1], Mota N[2], Edmondson D[3], El-Gabalawy R[4].

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4. Department of Psychology, Faculty of Arts, University of Manitoba, United States; Department of Anesthesia & Perioperative Medicine, Max Rady College of Medicine, University of Manitoba, Canada; Department of Clinical Health Psychology, Max Rady College of Medicine, University of Manitoba, Canada; Department of Psychiatry, Max Rady College of Medicine, University of Manitoba, Canada. Electronic address: renee.el-gabalawy@umanitoba.ca.

Abstract

OBJECTIVE:

The current study compared physical and mental health characteristics and quality of life of illness-induced posttraumatic stress disorder (PTSD) versus those with PTSD due to external traumatic events in a population-based sample.

METHOD:

PTSD was assessed with the Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS-5) using DSM-5 criteria in the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions. Participants with past-year PTSD (n = 1779) were categorized into two groups: illness-induced (6.5%) and other trauma-induced PTSD (92.9%) based on index trauma. Group differences in physical health, mental health, and quality of life were estimated using multiple logistic and linear regressions with adjustment for demographics and medical morbidity.

RESULTS:

Compared to PTSD due to external events, illness-induced PTSD had higher rates of life-threatening illness in the past year. Illness-induced PTSD compared to PTSD due to external events was associated with reduced odds of depressive/bipolar disorders and antisocial personality disorder, but increased odds of cannabis use disorder. The groups did not differ on quality of life after accounting for medical morbidity.

CONCLUSION:

Illness-induced PTSD is common among American adults and has a similar impact on quality of life as PTSD due to external events, but may have distinct mental health correlates.

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The relationship between preoperative psychological evaluation and compensatory sweating.

Wang HY[1], Zhu YJ[2], Liu J[2], Li LW[3], Liu YH[2].

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3. Nuclear Medicine Department of General Hospital of Air-Force PLA, No.30 Fucheng Road,Haidian District, Beijing, 100142, China.

Abstract

BACKGROUND:

This study analyzes the relationship between preoperative psychological states of primary palmar hyperhidrosis patients and postoperative compensatory sweating.

METHODS:

We evaluated the psychological states of patients with primary palmar hyperhidrosis who received sympathectomy in our hospital from 2016 to 2017. The relationship between preoperative psychological states and postoperative compensatory sweating were assessed using Spearman's rank-order correlation.

RESULTS:

Fifty-five patients who received R4 + R3 bypass transection accepted the preoperative questionnaire survey; 35 were males and 20 were females. The average age was 24.0 ± 6.3 years (range, 14-44 years). Depression symptoms were present in 21.9% (12/55) of the patients; the incidence of anxiety was almost similar, at 23.7% (13/55). Compensatory sweating occurred in 67.3% (37/55) of the patients; of these, 56.4% (31/55) was mild and 10.9% (6/55) was moderate. None of the patients had severe compensatory sweating. There was no significant relationship between the scores of SDS, SAS, and the incidence of postoperative compensatory sweating ($P>0.05$). However, the psychoticism scale displayed a strong impact on the degree of compensatory sweating ($P<0.05$). The higher the degree of psychoticism scale, the more serious the degree of compensatory sweating.

CONCLUSIONS:

The results of this study showed that patients with primary palmar hyperhidrosis are more likely to have mild or moderate mental disorders, and that postoperative compensatory sweating may impact the satisfaction of surgery. In addition, the personality characteristics of patients are related to compensatory sweating.

31. J Am Coll Cardiol. 2018 May 22;71(20):2346-2359. doi: 10.1016/j.jacc.2018.03.458.

Psychopharmacology and Cardiovascular Disease.

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Abstract

This review discusses common mental health disorders and their associations with cardiovascular disease risks. Commonly found mental health disorders include depression, anxiety, and personality types. The link between depression and cardiovascular disease mortality has been established. Depression is also common in patients with heart failure. In addition to discussing psychological disorders, a review of psychotropic drugs is also included. Drugs are described for therapy for depression and anxiety, as well as associations with cardiovascular drug-drug interactions. Drug-drug interactions are more common and potentially dangerous in elderly patients, in whom the conditions often coexist. The most common drug-drug interactions involve the P450 system of enzymes.
PMID: 29773162
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32. Behav Res Ther. 2018 May 4;106:57-63. doi: 10.1016/j.brat.2018.05.004. [Epub ahead of print]

To deliver or not to deliver cognitive behavioral therapy for eating disorders: Replication and extension of our

understanding of why therapists fail to do what they should do.

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Abstract

OBJECTIVE:

This study investigated the extent to which therapists fail to apply empirically supported treatments in a sample of clinicians in The Netherlands, delivering cognitive behavioral therapy for eating disorders (CBT-ED). It aimed to replicate previous findings, and to extend them by examining other potential intra-individual factors associated with the level of (non-)use of core CBT-ED techniques.

METHOD:

Participants were 139 clinicians (127 women; mean age 41.4 years, range = 24-64) who completed an online survey about the level of use of specific techniques, their beliefs (e.g., about the importance of the alliance and use of pretreatment motivational techniques), anxiety (Intolerance of Uncertainty Scale), and personality (Ten Item Personality Inventory).

RESULTS:

Despite some differences with Waller's (2012) findings, the present results continue to indicate that therapists are not reliably delivering the CBT-ED techniques that would be expected to provide the best treatment to their patients. This 'non-delivery' appears to be related to clinician anxiety, temporal factors, and clinicians' beliefs about the power of the therapeutic alliance in driving therapy outcomes.

DISCUSSION:

Improving treatment delivery will involve working with clinicians' levels of anxiety, clarifying the lack of benefit of pre-therapy motivational enhancement work, and reminding clinicians that the therapeutic alliance is enhanced by behavioral change in CBT-ED, rather than the other way around.

Continuity Between DSM-5 Section II and III Personality Disorders in a Dutch Clinical Sample.

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7. g School of Social and Behavioral Sciences, Department of Medical and Clinical Psychology , Tilburg University , Tilburg , The Netherlands.

Abstract

The goal of this study was to evaluate the continuity across the Section II personality disorders (PDs) and the proposed Section III model of PDs in the Diagnostic and Statistical Manual of Mental Disorders (5th ed. [DSM-5]; American Psychiatric Association, 2013a). More specifically, we analyzed association between the DSM-5 Section III pathological trait facets and Section II PDs among 110 Dutch adults (M age = 35.8 years, range = 19-60 years) receiving mental health care. We administered the Structured Clinical Interview for DSM-IV Axis II Disorders to all participants. Participants also completed the self-report Personality Inventory for DSM-5 (PID-5) as a measure of pathological trait facets. The distributions underlying the dependent variable were modeled as criterion counts, using negative binomial regression. The results provided some support for the validity of the PID-5 and the DSM-5 Section III Alternative Model, although analyses did not show a perfect match. Both at the

trait level and the domain level, analyses showed mixed evidence of significant relationships between the PID-5 trait facets and domains with the traditional DSM-IV PDs.

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Differential contributions of cortical thickness and surface area to trait impulsivity in healthy young adults.

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Abstract

BACKGROUND:

Impulsivity is an essential human personality trait and highly relevant for the development of several mental disorders. There is evidence that impulsivity is heritable, yet little is known about neural correlates reflecting early brain development. Here, we address the question whether motor, attentional and non-planning components, as reflected by the Barratt Impulsiveness Scale (BIS-11), are distinctly associated with cortical thickness and surface area variations in young healthy individuals.

METHOD:

We investigated cortical thickness and surface area in 54 healthy volunteers (m/f = 30%/70%; age mean/SD = 24.9/4.02) using structural magnetic resonance imaging at 3 T together with surface-based analysis techniques. Impulsivity was examined on the Barratt impulsiveness scale (BIS-11) and related to the two distinct cortical measurements.

RESULTS:

Higher BIS-11 total scores were negatively associated with cortical thickness variations in the left lingual gyrus, left superior temporal gyrus, right cuneus, and right superior parietal gyrus (p < 0.05 cluster-wise probability [CWP] corrected). Higher BIS-11 nonplanning scores were negatively associated with cortical thickness variations in bilateral pericalcarine gyrus (p < 0.05 CWP corr.). In the orbitofrontal cortex, the association between impulsivity and cortical thickness differed significantly between males and females.

CONCLUSION:

These data suggest distinct neurodevelopmental trajectories underlying impulsivity in healthy subjects. Impulsivity total scores appear to be specifically related to cortical thickness variations, in contrast to variations of cortical surface area. Furthermore, our findings underscore the importance of better characterizing gender-specific structural correlates of impulsivity.

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35.

Physical health-related quality of life among older adults with personality disorders.

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Abstract

OBJECTIVES:

Personality Disorders (PDs) are associated with a multitude of negative consequences. The negative PD effects on health can be even more burdensome for older adults given the physical and social functioning changes that occur with age; however, the majority of

research examining the influence of PDs focuses on younger adults. The present study seeks to investigate the relationship between PDs and physical health-related quality of life (PHRQoL) in adults over the age of 50.

METHODS:

Data for 16,884 adults ages 50 and older from the 2001-2002 National Epidemiological Survey on Alcohol and Related Conditions (NESARC) were analyzed. Multiple linear regression models were analyzed to investigate the relationships of seven PDs and participants' PHRQoL.

RESULTS:

All PDs except histrionic and avoidant PD had statistically significant negative associations with PHRQoL scores, indicating that respondents diagnosed with PDs were expected to have lower PHRQoL than those without PDs, after controlling for sociodemographic characteristics. When psychosocial covariates were added to the model, only dependent, obsessive-compulsive and paranoid PDs were significantly related to PHRQoL score.

CONCLUSIONS:

For adults ages 50 and older, a diagnosis of PD was weakly associated with lower PHRQoL scores for three PDs, however this is unlikely to be a causal association. The strength of the relationship between PDs and PHRQoL varies by type of PD. Given the higher rates of functional and social changes that occur with age, future research should focus on potential causes of worse physical health among older adults with PDs.
PMID: 29749747
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36. J Adolesc. 2018 May 7;66:31-48. doi: 10.1016/j.adolescence.2018.04.004. [Epub ahead of print]

Empirical typology of adolescent personality organization.

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Abstract

The concept of personality organization (PO) is central to current psychodynamic understanding of normal personality development as well as the development of personality disorders (PDs). However, individual differences in PO have primarily been studied in adult populations, and it remains unclear whether the clinical indicators of normal, neurotic and borderline PO manifest differently during adolescence. This study aimed to address the gaps in current knowledge regarding the potentially different manifestation of pathological PO in adolescence. In addition, we wanted to further establish the validity of the adolescent version of the Inventory of Personality Organization, by identifying cut-off points for each of the main dimensions of Normal, Neurotic, and Borderline PO. Participants included 430 adolescents (M = 16 years old) from the community. Cluster analysis identified three levels of PO corresponding to Normal, Neurotic, and Borderline PO. Cut- off points between the different POs were successfully established using ROC curve analyses.
PMID: 29747157
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Criterion A of the AMPD in HiTOP.

Widiger TA[1], Bach B[2], Chmielewski M[3], Clark LA[4], DeYoung C[5], Hopwood CJ[6], Kotov R[7], Krueger RF[5], Miller JD[8], Morey LC[9], Mullins-Sweatt SN[10], Patrick CJ[11], Pincus AL[12], Samuel DB[13], Sellbom M[14], South SC[13], Tackett JL[15], Watson D[4], Waugh MH[16], Wright AGC[17], Zimmermann J[18], Bagby RM[19], Cicero DC[20], Conway CC[21], De Clercq B[22], Docherty AR[23], Eaton NR[24], Forbush KT[25], Haltigan JD[26], Ivanova MY[27], Latzman RD[28], Lynam DR[13], Markon KE[29], Reininghaus U[30], Thomas KM[13].

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Abstract

The categorical model of personality disorder classification in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (5th ed. [DSM-5]; American Psychiatric Association, 2013) is highly and fundamentally problematic. Proposed for DSM-5 and provided within Section III (for Emerging Measures and Models) was the Alternative Model of Personality Disorder (AMPD) classification, consisting of Criterion A (self-interpersonal deficits) and Criterion B (maladaptive personality traits). A proposed alternative to the DSM-5 more generally is an empirically based dimensional organization of psychopathology identified as the Hierarchical Taxonomy of Psychopathology (HiTOP; Kotov et al., 2017). HiTOP currently includes, at the highest level, a general factor of psychopathology. Further down are the five domains of detachment, antagonistic externalizing, disinhibited externalizing, thought disorder, and internalizing (along with a provisional sixth somatoform dimension) that align with Criterion B. The purpose of this article is to discuss the potential inclusion and placement of the self-interpersonal deficits of the DSM-5 Section III Criterion A within HiTOP.
PMID: 29746190
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38. Psychiatr Clin North Am. 2018 Jun;41(2):249-261. doi: 10.1016/j.psc.2018.01.003. Epub 2018 Mar 21.

Treatment-Resistant Depression: The Importance of Identifying and Treating Co-occurring Personality Disorders.

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Abstract

Treatment-resistant depression (TRD) presents a significant burden to individuals and society, and comprehensive, individualized approaches are needed to address this complex clinical situation. Diagnostic reevaluation is indicated in cases of TRD to determine the numerous factors that could be playing a role in the treatment resistance. Factors to assess during the diagnostic reevaluation are discussed, including assessment for personality disorders, which are common contributors to treatment resistance and are often not adequately addressed. Two case studies are presented to illustrate the importance of addressing underlying personality disorders in the setting of chronic depression and TRD.
PMID: 29739524

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A Psychodynamic Approach for the General Psychiatrist: Using Transference-Focused Psychotherapy Principles in Acute Care Settings.

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Abstract

Transference-focused psychotherapy (TFP) is one of the empirically validated treatments for patients with borderline personality disorder. TFP has roots in psychoanalytically informed psychotherapy, although important elements of the treatment have been adapted and refined for patients with significant personality disorder pathology. TFP's assessment process is informed by the structural interview, an approach that synthesizes standard DSM-5 nosology with the psychodynamic concept of the personality organization. TFP principles can be integrated into practice in general psychiatry settings in the care of patients with primary or co-occurring personality disorder pathology.
PMID: 29739522
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The Place for Psychodynamic Therapy and Obstacles to Its Provision.

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Abstract

Psychodynamic treatment provides benefits for patients with personality disorders, chronic depressive and anxiety disorders, and chronic complex disorders, and its intensity and duration have independent positive effects. Obstacles to its provision include a bias privileging brief treatments, especially cognitive behavior therapy, seen as a gold standard of treatment, despite difficulties with the design of, and ability to generalize from, its supporting research and the diagnostic nosology of the illnesses studied. Another obstacle lies in insurance company protocols that violate the mandate for mental health parity and focus on conserving insurers' costs rather than the provision of optimum treatment to patients.

Latent profiles of family background, personality and mental health factors and their association with behavioural addictions and substance use disorders in young Swiss men.

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Abstract

BACKGROUND:

Recent theories suggest that behavioural addictions and substance use disorders may be the result of the same underlying vulnerability. The present study investigates profiles of family background, personality and mental health factors and their associations with seven behavioural addictions (to the internet, gaming, smartphones, internet sex, gambling, exercise and work) and three substance use disorder scales (for alcohol, cannabis and tobacco).

METHODS:

The sample consisted of 5287 young Swiss men (mean age = 25.42) from the Cohort Study on Substance Use Risk Factors (C-SURF). A latent profile analysis was performed on family background, personality and mental health factors. The derived profiles were compared with

regards to means and prevalence rates of the behavioural addiction and substance use disorder scales.

RESULTS:

Seven latent profiles were identified, ranging from profiles with a positive family background, favourable personality patterns and low values on mental health scales to profiles with a negative family background, unfavourable personality pattern and high values on mental health scales. Addiction scale means, corresponding prevalence rates and the number of concurrent addictions were highest in profiles with high values on mental health scales and a personality pattern dominated by neuroticism. Overall, behavioural addictions and substance use disorders showed similar patterns across latent profiles.

CONCLUSION:

Patterns of family background, personality and mental health factors were associated with different levels of vulnerability to addictions. Behavioural addictions and substance use disorders may thus be the result of the same underlying vulnerabilities.

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42.

Anomalous Self-Experiences: Markers of Schizophrenia Vulnerability or Symptoms of Depersonalization Disorder? A Phenomenological Investigation of Two Cases.

Værnes TG[1,2], Røssberg JI[3], Møller P[4].

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4. Division of Mental Health and Addiction, Department of Mental Health Research and Development, Vestre Viken Hospital Trust, Asker, Norway.

Abstract

BACKGROUND:

Basic self-disturbance (BSD) is proposed to constitute the clinical core of schizophrenia spectrum disorders, including prodromal states and schizotypy. Anomalous self-experiences (ASEs) are suggested as phenotypic variants of BSD, representing markers of schizophrenia vulnerability. However, ASEs are not restricted to the schizophrenia spectrum, but may also occur in non-psychotic states like depersonalization disorder (DPD). It is unclear to what extent the prevalence and nature of ASEs are differing between the two conditions. The main aim of this paper is to assess and compare ASEs in both conditions, based on literature and two illustrating cases. This might expand the understanding of these phenomena, and strengthen the basis for clinical differentiation.

METHODS:

One patient with schizotypal personality disorder (SPD) and one with DPD were selected from an ongoing clinical high-risk (CHR) for psychosis study. ASEs were assessed with the Examination of Anomalous Self-Experience (EASE) and analyzed according to the two central dimensions of BSD: diminished self-affection and hyperreflexivity, as well as according to prototypical aspects of depersonalization. The cases were also analyzed and compared with respect to chronology, other symptomatology, and psychopathological pathways.

RESULTS:

Both cases revealed ASEs reflecting the central dimensions of BSD as well as prototypical aspects of depersonalization. Only the SPD case however, linked ASEs to psychotic-like ideas of external influence and control. The symptoms had an insidious early childhood onset with no obvious triggers in the SPD case, and an abrupt adolescence onset triggered by second-time cannabis use and panic anxiety in the DPD case.

CONCLUSIONS:

The similarities and differences in ASEs, symptomatology and developmental pathways of the two cases might be accounted for by an updated model of self-disorders. The model proposes that schizophrenia manifests as a result of a combination of early "primary"-onset ASEs, reflecting dis-turbances in early neurodevelopment, and later occurring, "secondary" ASEs of a more defensive-protective character. In line with this, the DPD case may be characterized only by secondary ASEs and thus better protected against psychotic decompensation than the SPD case, tentatively affected by a combination of primary and secondary ASEs.

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43. Pediatr Surg Int. 2018 May 4. doi: 10.1007/s00383-018-4273-x. [Epub ahead of print]

Is surgery a risk factor for separation anxiety in children?

Naldan ME[1], Karayagmurlu A[2], Ahıskalıoglu EO[3], Cevizci MN[4], Aydin P[3], Kara D[3].

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4. Department of Pediatric Surgery, Balikesir University, Balikesir, Turkey.

Abstract

OBJECTIVE:

Postoperative anxiety symptoms are distressing for both family and child. The aim of this study was to examine the prevalence of postoperative anxiety symptoms in children.

METHODS:

60 children aged 6-12 undergoing surgery were included in the study group. The study group was assessed three times in terms of separation anxiety disorder (SAD), at the time of presentation, 1 and 3 months postoperatively. A personal information form and the SAD section of the K-SADS-PL on the basis of DSM-IV diagnostic criteria for screening SAD symptoms were used.

RESULTS:

Study group consisted of 19 girls (31.7%) and 41 boys (68.3%) (mean age 8.9 ± 2.3). Four (6.6%) of the cases at the time of presentation and 13 (21.6%) in the study group met SAD diagnostic criteria in 1 month and 21 (35.0%) in 3 months. Anxiety disorder symptoms were significantly higher in the study group at 3 months postoperatively ($p < 0.05$). There is significant correlation between both SAD symptoms and duration of hospitalization. There

was also a positive correlation between duration of hospitalization and parental education and SAD symptoms.

CONCLUSION:

Greater SAD was observed in children undergoing surgical procedures. It will be useful to physicians to consider SAD after surgery in pediatric patients especially when the level of parental education and duration of hospitalization increase. Since SAD may persist long after surgery, it may cause constant fear in personality disorders and lead to psychological problems by significantly lowering quality of life.
PMID: 29728760
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44. J Neurosci. 2018 May 30;38(22):5067-5077. doi: 10.1523/JNEUROSCI.1985-17.2018. Epub 2018 May 3.

GAD65 Promoter Polymorphism rs2236418 Modulates Harm Avoidance in Women via Inhibition/Excitation Balance in the Rostral ACC.

Colic L[1,2], Li M[1,3], Demenescu LR[1], Li S[4], Müller I[5], Richter A[2], Behnisch G[2], Seidenbecher CI[2,6], Speck O[2,6,7,8], Schott BH[2,6,9], Stork O[5,6], Walter M[10,2,3,6,11,12].

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Abstract

Anxiety disorders are common and debilitating conditions with higher prevalence in women. However, factors that predispose women to anxiety phenotypes are not clarified. Here we investigated potential contribution of the single nucleotide polymorphism rs2236418 in *GAD2* gene to changes in regional inhibition/excitation balance, anxiety-like traits, and related neural activity in both sexes. One hundred and five healthy individuals were examined with high-field (7T) multimodal magnetic resonance imaging (MRI); including resting-state functional MRI in combination with assessment of GABA and glutamate (Glu) levels via MR spectroscopy. Regional GABA/Glu levels in anterior cingulate cortex (ACC) subregions were assessed as mediators of gene-personality interaction for the trait harm avoidance and moderation by sex was tested. In AA homozygotes, with putatively lower *GAD2* promoter activity, we observed increased intrinsic neuronal activity and higher inhibition/excitation balance in pregenual ACC (pgACC) compared with G carriers. The pgACC drove a significant interaction of genotype, region, and sex, where inhibition/excitation balance was significantly reduced only in female AA carriers. This finding was specific for rs2236418 as other investigated single nucleotide polymorphisms of the GABA synthesis related enzymes (*GAD1*, *GAD2*, and *GLS*) were not significant. Furthermore, only in women there was a negative association of pgACC GABA/Glu ratios with harm avoidance. A moderated-mediation model revealed that pgACC GABA/Glu also mediated the association between the genotype variant and level of harm avoidance, dependent on sex. Our data thus provide new insights into the neurochemical mechanisms that control emotional endophenotypes in humans and constitute predisposing factors for the development of anxiety disorders in women.**SIGNIFICANCE STATEMENT** Anxiety disorders are among the most common and burdensome psychiatric disorders, with higher prevalence rates in women. The causal mechanisms are, however, poorly understood. In this study we propose a neurobiological basis that could help to explain female bias of anxiety endophenotypes. Using magnetic resonance brain imaging and personality questionnaires we show an interaction of the genetic variation rs2236418 in the *GAD2* gene and sex on GABA/glutamate (Glu) balance in the pregenual anterior cingulate cortex (pgACC), a region previously connected to affect regulation and anxiety disorders. The *GAD2* gene polymorphism further influenced baseline neuronal activity in the pgACC. Importantly, GABA/Glu was shown to mediate the relationship between the genetic variant and harm avoidance, however, only in women.

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Conflict of interest statement

Conflict of interest: M.W. is member of advisory boards and/or gave presentations for the following companies: Boehringer, Bayer, and Heel. M.W. has further conducted a clinical

trial (IIT) with financial support from Janssen Research & Development, LLC unrelated to this study. The remaining authors declare no competing financial interests.

Examining the Interpersonal Nature of Criterion A of the DSM-5 Section III Alternative Model for Personality Disorders Using Bootstrapped Confidence Intervals for the Interpersonal Circumplex.

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Abstract

Criterion A of the alternative model of personality disorders (AMPD) involves the assessment of impairments in self and self in relation to other functioning and can be assessed using the Level of Personality Functioning Scale (LPFS). This study uses responses to a self-report version of the LPFS (AMPD-CAS) from 248 college students to examine the interpersonal implications of AMPD personality impairments using the interpersonal circumplex (IPC) as a nomological net. Results suggest that AMPD-CAS self-impairments are related to problems of low communion and interpersonal distress and do not appear to tap expected interpersonal problems of low agency. Additionally, AMPD-CAS identity is specifically associated with sensitivity to control, suggesting that individuals with diffuse identity find it aversive and intrusive when others take the lead. AMPD-CAS self in relation to other impairments are related to being too argumentative and suspicious of others, having difficulty connecting and caring for others, and finding others' affection and reliance aversive. Both self and self in relation to other AMPD-CAS impairments are related to interpersonal distress and misanthropy, suggesting they tap pathological aspects of personality functioning. These findings represent a first step toward fully examining the interpersonal nature of Criterion A impairments and provides preliminary evidence for the construct validity of AMPD-CAS scores.
PMID: 29723070
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Validity of the Multidimensional Schizotypy Scale: Associations with schizotypal traits and normal personality.

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Abstract

The present study provided the first examination of the construct validity of the Multidimensional Schizotypy Scale (MSS) and the first assessment of its psychometric properties outside of its derivation samples. The MSS contains 77 items that assess positive, negative, and disorganized schizotypy. A large multisite sample of 1,430 participants completed the MSS and measures of schizotypal personality traits and the five-factor model of personality. The MSS subscales had good-to-excellent internal consistency reliability that showed no shrinkage relative to the MSS derivation samples. The psychometric properties and intercorrelations of the MSS subscales were closely consistent with the derivation findings. The MSS Positive Schizotypy subscale had a strong association with cognitive-perceptual schizotypal traits (large effect), positive associations with personality traits of neuroticism and openness to experience, and negative associations with agreeableness. The MSS Negative Schizotypy subscale had a strong association with interpersonal schizotypal traits (medium effect) and negative associations with personality traits of extraversion, openness, and agreeableness. The MSS Disorganized Schizotypy subscale had a strong association with disorganized schizotypal traits (medium effect), a positive association with neuroticism, and a negative association with conscientiousness. The findings were consistent with the a priori predictions and support the construct validity of the MSS. (PsycINFO Database Record.
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From theoretical to empirical: Considering reflections of psychopathy across the thin blue line.

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Abstract

The majority of psychopathy research has focused on negative outcomes in criminal populations. However, psychopathy encompasses a variety of traits, and recent research suggests that certain features of psychopathy, such as a fearless temperament, may be related to psychological resiliency, "successful" functioning, and even heroic behavior (Hall & Benning, 2006; Lykken, 1995). Despite anecdotal discussion, little is known about the possible "successful" or adaptive reflections of psychopathic personality traits in ostensible heroes. This study expands on the knowledge of "successful" psychopathy by considering police recruits; we examined the degree to which these aspiring first responders share traits with psychopathic individuals. When compared with a student sample and the community and offender samples in the Psychopathic Personality Inventory-Revised manual (Lilienfeld & Widows, 2005), the police recruits reported higher Fearless Dominance and Coldheartedness scores and lower Self-Centered Impulsivity scores. Fearless dominance traits were positively correlated with narcissism, and self-centered impulsivity traits were positively associated with covert narcissism. These findings suggest that although our police recruit sample is not classically psychopathic, the dominance and coldheartedness associated with psychopathy may be common among those beginning a police career. Further, our results imply that certain features of psychopathy may be reflected across the thin blue line in those on the verge of entering their police careers. (PsycINFO Database Record.
PMID: 29722995
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48. Personal Ment Health. 2018 May 3. doi: 10.1002/pmh.1418. [Epub ahead of print]

The Iowa Personality Disorder Screen: A validation study in a psychiatric population that receives long-term group

psychotherapy for personality related problems.

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Abstract

Personality disorder (PD) is common among psychiatric patients, and diagnosing such disorders is of great importance for the choice of treatment. Diagnosing PD is a demanding and time-consuming process. The utilities of several PD screening instruments have been studied in different populations, but not in a population who receives long-term group psychotherapy. In the current study, we investigate the predictive properties of the Iowa Personality Disorder Screen (IPDS) in a sample of 694 psychiatric outpatients with and without PD who were admitted for psychodynamic long-term group therapy from 2012 to 2014. The definitive, reference diagnoses were defined according to the SCID-II, by which 484 patients (68%) warranted a PD diagnosis. The IPDS correctly classified 67.4 percent of all participants. Sensitivity (0.75) and specificity (0.51) were lower than in previous validation studies of IPDS. We discuss possible explanations related to the general concept of PD and, more specifically, to our study sample. Because of the weaker predictive properties of IPDS, we advise caution in use of the IPDS in similar clinical settings.

PMID: 29722177
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Probability of major depression diagnostic classification using semi-structured versus fully structured diagnostic interviews.

Levis B[1], Benedetti A[2], Riehm KE[3], Saadat N[3], Levis AW[1], Azar M[1], Rice DB[4], Chiovitti MJ[3], Sanchez TA[3], Cuijpers P[5], Gilbody S[6], Ioannidis JPA[7], Kloda LA[8], McMillan D[6], Patten SB[9], Shrier I[1], Steele RJ[10], Ziegelstein RC[11], Akena DH[12], Arroll B[13], Ayalon L[14], Baradaran HR[15], Baron M[16], Beraldi A[17], Bombardier CH[18], Butterworth P[19], Carter G[20], Chagas MH[21], Chan JCN[22], Cholera R[23], Chowdhary N[24], Clover K[25], Conwell Y[26], de Man-van Ginkel JM[27], Delgadillo J[28], Fann JR[29], Fischer FH[30], Fischler B[31], Fung D[32], Gelaye B[33], Goodyear-Smith F[13], Greeno CG[34], Hall BJ[35], Hambridge J[36], Harrison PA[37], Hegerl U[38], Hides L[39], Hobfoll SE[40], Hudson M[16], Hyphantis T[41], Inagaki M[42], Ismail K[43], Jetté N[44], Khamseh ME[15], Kiely KM[45], Lamers F[46], Liu SI[47], Lotrakul M[48], Loureiro SR[21], Löwe B[49], Marsh L[50], McGuire A[51], Mohd Sidik S[52], Munhoz TN[53], Muramatsu K[54], Osório FL[55], Patel V[56], Pence BW[57], Persoons P[58], Picardi A[59], Rooney AG[60], Santos IS[53], Shaaban J[61], Sidebottom A[62], Simning A[26], Stafford L[63], Sung S[64], Tan PLL[65], Turner A[66], van der Feltz-Cornelis CM[67], van Weert HC[68], Vöhringer PA [69], White J[70], Whooley MA[71], Winkley K[43], Yamada M[72], Zhang Y[73], Thombs BD[74].

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Abstract

BACKGROUND:

Different diagnostic interviews are used as reference standards for major depression classification in research. Semi-structured interviews involve clinical judgement, whereas fully structured interviews are completely scripted. The Mini International Neuropsychiatric Interview (MINI), a brief fully structured interview, is also sometimes used. It is not known whether interview method is associated with probability of major depression classification.AimsTo evaluate the association between interview method and odds of major depression classification, controlling for depressive symptom scores and participant characteristics.

METHOD:

Data collected for an individual participant data meta-analysis of Patient Health Questionnaire-9 (PHQ-9) diagnostic accuracy were analysed and binomial generalised linear mixed models were fit.

RESULTS:

A total of 17 158 participants (2287 with major depression) from 57 primary studies were analysed. Among fully structured interviews, odds of major depression were higher for the MINI compared with the Composite International Diagnostic Interview (CIDI) (odds ratio (OR) = 2.10; 95% CI = 1.15-3.87). Compared with semi-structured interviews, fully structured interviews (MINI excluded) were non-significantly more likely to classify participants with low-level depressive symptoms (PHQ-9 scores ≤6) as having major depression (OR = 3.13; 95% CI = 0.98-10.00), similarly likely for moderate-level symptoms

(PHQ-9 scores 7-15) (OR = 0.96; 95% CI = 0.56-1.66) and significantly less likely for high-level symptoms (PHQ-9 scores ≥16) (OR = 0.50; 95% CI = 0.26-0.97).

CONCLUSIONS:

The MINI may identify more people as depressed than the CIDI, and semi-structured and fully structured interviews may not be interchangeable methods, but these results should be replicated.Declaration of interestDrs Jetté and Patten declare that they received a grant, outside the submitted work, from the Hotchkiss Brain Institute, which was jointly funded by the Institute and Pfizer. Pfizer was the original sponsor of the development of the PHQ-9, which is now in the public domain. Dr Chan is a steering committee member or consultant of Astra Zeneca, Bayer, Lilly, MSD and Pfizer. She has received sponsorships and honorarium for giving lectures and providing consultancy and her affiliated institution has received research grants from these companies. Dr Hegerl declares that within the past 3 years, he was an advisory board member for Lundbeck, Servier and Otsuka Pharma; a consultant for Bayer Pharma; and a speaker for Medice Arzneimittel, Novartis, and Roche Pharma, all outside the submitted work. Dr Inagaki declares that he has received grants from Novartis Pharma, lecture fees from Pfizer, Mochida, Shionogi, Sumitomo Dainippon Pharma, Daiichi-Sankyo, Meiji Seika and Takeda, and royalties from Nippon Hyoron Sha, Nanzando, Seiwa Shoten, Igaku-shoin and Technomics, all outside of the submitted work. Dr Yamada reports personal fees from Meiji Seika Pharma Co., Ltd., MSD K.K., Asahi Kasei Pharma Corporation, Seishin Shobo, Seiwa Shoten Co., Ltd., Igaku-shoin Ltd., Chugai Igakusha and Sentan Igakusha, all outside the submitted work. All other authors declare no competing interests. No funder had any role in the design and conduct of the study; collection, management, analysis and interpretation of the data; preparation, review or approval of the manuscript; and decision to submit the manuscript for publication.
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50. J Neurosci. 2018 May 16;38(20):4655-4665. doi: 10.1523/JNEUROSCI.3251-17.2018. Epub 2018 Apr 30.

Mesocorticolimbic Connectivity and Volumetric Alterations in *DCC* Mutation Carriers.

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Abstract

The axon guidance cue receptor DCC (deleted in colorectal cancer) plays a critical role in the organization of mesocorticolimbic pathways in rodents. To investigate whether this occurs in humans, we measured (1) anatomical connectivity between the substantia nigra/ventral tegmental area (SN/VTA) and forebrain targets, (2) striatal and cortical volumes, and (3) putatively associated traits and behaviors. To assess translatability, morphometric data were also collected in *Dcc*-haploinsufficient mice. The human volunteers were 20 $DCC^{+/-}$ mutation carriers, 16 $DCC^{+/+}$ relatives, and 20 $DCC^{+/+}$ unrelated healthy volunteers (UHVs; 28 females). The mice were 11 $Dcc^{+/-}$ and 16 wild-type C57BL/6J animals assessed during adolescence and adulthood. Compared with both control groups, the human $DCC^{+/-}$ carriers exhibited the following: (1) reduced anatomical connectivity from the SN/VTA to the ventral striatum [$DCC^{+/+}$: $p = 0.0005$, r(*effect size*) = 0.60; UHV: $p = 0.0029$, $r = 0.48$] and ventral medial prefrontal cortex ($DCC^{+/+}$: $p = 0.0031$, $r = 0.53$; UHV: $p = 0.034$, $r = 0.35$); (2) lower novelty-seeking scores ($DCC^{+/+}$: $p = 0.034$, $d = 0.82$; UHV: $p = 0.019$, $d = 0.84$); and (3) reduced striatal volume ($DCC^{+/+}$: $p = 0.0009$, $d = 1.37$; UHV: $p = 0.0054$, $d = 0.93$). Striatal volumetric reductions were also present in $Dcc^{+/-}$ mice, and these were seen during adolescence ($p = 0.0058$, $d = 1.09$) and adulthood ($p = 0.003$, $d = 1.26$). Together these findings provide the first evidence in humans that an axon guidance gene is involved in the formation of mesocorticolimbic circuitry and related behavioral traits, providing mechanisms through which *DCC* mutations might affect susceptibility to diverse neuropsychiatric disorders.**SIGNIFICANCE STATEMENT** Opportunities to study the effects of axon guidance molecules on human brain development have been rare. Here, the identification of a large four-generational family that carries a mutation to the axon guidance molecule receptor gene, *DCC*, enabled us to demonstrate effects on mesocorticolimbic anatomical connectivity, striatal volumes, and personality traits. Reductions in striatal volumes were replicated in *DCC*-haploinsufficient mice. Together, these processes might influence mesocorticolimbic function and susceptibility to diverse neuropsychiatric disorders.

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Tempting fate: Chasing and maladaptive personality traits in gambling behavior.

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Abstract

Chasing, or continuing to gamble in an attempt to recoup losses, is a salient feature of problematic gambling. This study, which controlled for gambling severity and alcohol consumption, investigated the association between chasing and maladaptive personality trait domains among habitual gamblers. Participants comprised 126 adult habitual gamblers (73% males) aged between 18 and 69 years. They were administered the South Oaks Gambling

Screen (SOGS), the Personality Inventory for DSM-5-Brief Form (PID-5-BF), the Alcohol Use Disorders Identification Test (AUDIT), and a computerized task developed to assess chasing behavior. Participants were randomly assigned to two chasing conditions (Control and Loss). Data were submitted to correlational analysis, univariate and mixed-model ANOVAs, logistic and linear regression analyses. Results showed that the decision to chase was strongly associated with the PID-5-BF Disinhibition domain scores, whereas chasing proneness was related to the Disinhibition, Detachment and Psychoticism domains. Interestingly, chasers scored higher than nonchasers on maladaptive personality dimensions, even after controlling for gender, age, chasing condition, alcohol consumption, and gambling severity. Since these findings support the idea that chasers and nonchasers are different subtypes of gamblers, clinical interventions should take into account the additive role of chasing in gambling disorder.
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One MRI-compatible tDCS session attenuates ventromedial cortical perfusion when exposed to verbal criticism: The role of perceived criticism.

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Abstract

Transcranial direct current stimulation (tDCS) is a potential treatment strategy for mood and anxiety disorders, but how this application may influence emotional processes, and whether this is related to individual characteristics, is not well understood. It has been proposed that perceived criticism (PC) may represent a vulnerability factor for the development of such mental illnesses. To decipher whether neural mechanisms of action of tDCS potentially differ

depending on PC status (low vs. high), we evaluated mood and brain perfusion before and after applying MRI-compatible tDCS, and after participants were exposed to verbal criticism in the scanner. Experimental design 30 healthy nondepressed females were included in a sham-controlled crossover MRI-compatible tDCS study. Brain perfusion was measured by means of arterial spin labeling (ASL) before and after tDCS applied to the left dorsolateral prefrontal cortex (DLPFC), and after hearing criticism. Before the experiment, all participants provided a rating of PC in their closest environment. Principal observations at the behavioral level, criticism made participants angrier. This was unrelated to the active or sham stimulation. After being criticized, females scoring high on PC had significantly decreased brain perfusion in the pregenual anterior cingulate cortex (pgACC) and medioprefrontal cortex (mPFC), after active tDCS but not sham. The decrease in pgACC/mPFC perfusion points to a significant impact of tDCS in brain areas related to stress responses and self-referential processes, especially in females scoring high on PC, which has been shown to be related to vulnerability for mood and anxiety disorders.
PMID: 29956424
<u>Similar articles</u>

[Systematic review and meta-analysis of interventions aimed at enhancing return to work for sick-listed workers with common mental disorders, stress-related disorders, somatoform disorders and personality disorders.](#)

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Abstract

OBJECTIVES:

Mental disorders are associated with significant functional impairment, sickness absence and disability. The consequences of sickness absence warrant investigation into interventions

aimed at enhancing return to work (RTW) for workers with mental disorders. The present systematic review and meta-analysis aim to synthesise evidence on the effectiveness of interventions aimed at enhancing RTW in sick-listed workers with mental disorders.

METHODS:

EconLit, Embase, PsychInfo, PubMed, Svemed+ and Web of Science were searched for peer-reviewed, randomised or controlled studies assessing employment-related outcomes of interventions. A meta-analysis was conducted and meta-regressions were performed to explore prespecified potential sources of heterogeneity between studies.

RESULTS:

The literature search yielded 3777 publications of which 42 (n=38 938) were included in the systematic review and 32 (n=9459) had appropriate data for the meta-analysis. The pooled effect size (95 % CI) was 0.14 (0.07 to 0.22). Meta-regressions revealed that the heterogeneity could not be attributed to study quality, timing of the intervention or length of the intervention. However, it could be partly explained by number of components included in the intervention, if the intervention included contact to the work place and by the disorder targeted by the intervention.

CONCLUSIONS:

The results reveal strong evidence for interventions including contact to the work place and multicomponent interventions and moderate evidence for interventions including graded RTW. In addition, the results provide strong evidence for interventions targeting stress compared with interventions targeting other mental disorders. The findings point to important implications for policy and design of future interventions.

PMID: 29954920
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Conflict of interest statement

Competing interests: None declared.

Borderline personality disorder is equally trait-like and state-like over ten years in adult psychiatric patients.

[Conway CC](#)[1], [Hopwood CJ](#)[2], [Morey LC](#)[3], [Skodol AE](#)[4].

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4. Department of Psychiatry, University of Arizona.

Abstract

Borderline personality disorder (PD) has historically been cast as an unabating condition. Longitudinal data, however, support a more variable time course marked by remission and relapse. In the present study, we tested the possibility that borderline PD has both stable (i.e., consistently present across time and situation, as modern diagnostic systems stipulate) and dynamic (i.e., episodic and situational) elements. Participants were 668 patients from the Collaborative Longitudinal Personality Disorders Study who were administered semistructured diagnostic interviews 5 times over a decade. Trait-state-occasion modeling dissected borderline pathology into time-invariant (i.e., trait) and time-varying (i.e., state) components. Contradicting traditional views of PD intransigence, less than half of borderline PD variability (approximately 45%) was time-invariant (i.e., perfectly stable) over the study timeframe. Furthermore, we found that the time-invariant component of borderline pathology, which we termed borderline proneness, was very closely related (r = .81) to a previously validated Five Factor Model trait composite of borderline features. Moreover, the trait versus state components showed a clear pattern of discriminant validity in relation to several putative causal agents for borderline PD (i.e., environmental pathogens, temperament dimensions). We conclude that borderline pathology contains a stable core and sizable situational components, and that both elements relate systematically to normative personality dimensions and known risk factors. These findings have key implications for etiological research, prognosis, and treatment for borderline PD. (PsycINFO Database Record.
PMID: 29952598
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A meta-analysis of the five-factor internal structure of the Personality Inventory for DSM-5.

[Watters CA](#)[1], [Bagby RM](#)[1].

Author information:
1. Department of Psychology.

Abstract

The Alternative Model for Personality Disorders (AMPD) in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition, Section III, presents a new approach to conceptualizing personality psychopathology and diagnosing personality disorders. The *Personality Inventory for DSM-5* (PID-5) was designed to measure Criterion B of the AMPD and is composed of 25 lower-order facet trait scales that form 5 higher-order domain trait scales. Although the PID-5 has mostly adequate to strong psychometric qualities, the lower-order factor structure of PID-5 facet scales has shown considerable variability across studies, and several PID-5 facets scales show evidence of interstitiality-the cross-loading of facets onto more than 1 domain. This interstitiality is neither unexpected nor especially problematic because complex models of personality have traits that are by nature interstitial. What is problematic, however, is that the factor loadings of these interstitial facets vary across samples, suggesting that some PID-5 facet scales are likely susceptible to sampling error and sampling variability. Moreover, the magnitude of some cross-loadings in some studies is substantive (i.e., $\geq .30$). The objective of the current study was to conduct a meta-analysis of the internal structure of the PID-5 to offset potential variability associated with sampling error and gain a clearer picture of the lower-order structure of PID-5 facet scales. This was accomplished using weighted mean factor loadings of the PID-5 facet scales across 14 independent samples ($N = 14,743$). Results supported that the level of interstitiality decreased when multiple samples were combined, and a clearer picture of the internal structure of the PID-5 facet scales emerged. (PsycINFO Database Record.
PMID: 29952594
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shown promising results for its validity and utility in conceptualizing personality pathology. However, as its structural equivalence across sex is yet to be tested, the validity for the model across males and females remains uncertain. In the present article, we examined sex measurement invariance of the DSM-5 trait model in a large undergraduate sample using the Personality Inventory for DSM-5. A series of confirmatory and exploratory factor analyses suggested that, although the exact facet-domain relationships as specified in the DSM-5 were not observed, the facets generally organize into a model with five latent factors similar to those listed in the DSM-5 Section III Criterion B. Further, these five factors were fully measurement invariant across sex at the configural, metric, and scalar levels. Examination of the latent trait mean levels suggests that females tend to have higher scores on latent Negative Affectivity, whereas males tend to have higher scores on latent Antagonism, Detachment, Psychoticism, and Disinhibition. These results indicate that the DSM-5 Section III pathological personality trait model is fully structurally equivalent across sex, a property that is lacking in the traditional categorical model in Section II. This further validates the use of the dimensional DSM-5 trait model for personality disorder assessment and conceptualization in both research and clinical settings. (PsycINFO Database Record.

PMID: 29952589

Similar articles

7. Personal Ment Health. 2018 Jun 28. doi: 10.1002/pmh.1423. [Epub ahead of print]

Unidimensionality of the personality inventory for DSM-5 facets: Evidence from two Czech-speaking samples.

Riegel KD[1,2], Ksinan AJ[3], Samankova D[4], Preiss M[2,4], Harsa P[2], Krueger RF[5].

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Abstract

To date, numerous studies have confirmed empirical relevance of the personality trait model defined in the Alternative DSM-5 Model for Personality Disorders. The supposed single-factor structure of its facets and general domains across various samples, however, has not been researched thoroughly. This study focused on evaluating the hypothesized unidimensional factor structure of the lower-order personality trait facets, as well as the validity of the higher-order domains. The Czech version of the Personality Inventory for

DSM-5 (PID-5) was used in a sample of 351 community volunteers and 143 psychiatric patients. The fit of the model for 25 facets could not be replicated with the original PID-5, while a shortened version confirmed the single-factor structure of all facets and their relevance to the five proposed domains. The findings support unidimensional structure of the modified DSM-5 personality trait model and imply discussion of the utility of the proposed PID-5 version.

Similar articles

Associations Between the DSM-5 Section III Trait Model and Impairments in Functioning in Singaporean College Students.

Lim DSH, Gwee AJ, Hong RY[1].

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1. National University of Singapore.

Abstract

The Alternative Model for Personality Disorders (AMPD) in Section III of the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, recommends the joint consideration of personality disorder severity (i.e., dysfunction) and style (i.e., trait profile) in personality disorder diagnosis. The current study examined the association between maladaptive personality dysfunction and traits using a Singaporean student sample (N = 360). A subsample (n = 151) had informant ratings of personality traits on target participants. Results indicated that dysfunctions and traits were substantially correlated, calling into question their distinctiveness. However, the overlap was less pronounced when informant ratings were used. Consistent with prior research, the validity of the PID-5 trait model appeared to be supported, as observed in the meaningful differential relations with different impairment outcomes. These findings represent a preliminary yet critical test of the generalizability of the AMPD to a non-Western cultural group.
Similar articles

Prevalence and predictors of depression and anxiety in adult patients with type 1 diabetes in tertiary care setting.

Castellano-Guerrero AM[1], Guerrero R[1,2], Relimpio F[1,2], Losada F[1,2], Mangas MA[1,2], Pumar A[1,2], Martínez-Brocca MA[3,4].

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Abstract

AIMS:

To determine gender and age differences in the prevalence of depression and anxiety and their predictive factors in adult patients with type 1 diabetes (DM1).

METHODS:

Random sample of DM1 adult patients from a tertiary care hospital cohort. To evaluate the presence of depression and anxiety, psychological evaluation was performed using structured clinical interview (MINI). For the specific evaluation of fear of hypoglycemia (FH), FH-15 questionnaire was used.

RESULTS:

339 patients [51.6% male; 38.5 ± 12.9 years; HbA_{1c} $7.5 \pm 1.1\%$ (58.5 ± 14.2 mmol/mol); 20.1 ± 12.0 years of DM1] met the inclusion criteria. Prevalence of depression, anxiety, and FH in men vs. women was as follows (%): depression: 15.4 vs. 33.5 ($p < 0.05$); anxiety: 13.7 vs. 26.2 ($p < 0.05$); and FH: 42.8 vs. 46.0 ($p = NS$). Among midlife female patients, prevalence of depression and anxiety was higher compared to male. Moreover, comorbid

depressive and anxious symptoms were also higher in midlife female patients compared to age-matched male patients (3.5 vs. 14%, p < 0.05). Apart from age-related vulnerability, female gender, poor glycemic control, and microvascular and macrovascular complications were predictive factors for depressive and anxious symptomatology. Unawareness hypoglycemia and anxiety-prone personality were predictor factors for FH.

CONCLUSIONS:

In adults with DM1, prevalence of depression and anxiety is higher in women. Midlife patients, in particular women, show a significantly higher prevalence of anxiety symptoms and comorbid depression and anxiety. The presence of secondary complications and sustained poor glycemic control should alert to the possibility of these mental disorders, especially in the most vulnerable age population; clinical, gender and age-related patterns could help to design more effective psychological assessment and support in adult patients with DM1.
PMID: 29948408
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10. PLoS One. 2018 Jun 26;13(6):e0199795. doi: 10.1371/journal.pone.0199795. eCollection 2018.

Effectiveness of a multi-facetted blended eHealth intervention during intake supporting patients and clinicians in Shared Decision Making: A cluster randomised controlled trial in a specialist mental health outpatient setting.

Metz M[1,2,3], Elfeddali I[1,4], Veerbeek M [2], de Beurs E[5,6], Beekman A[7,8], van der Feltz-Cornelis C[1,4].

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7. GGZ inGeest, Amsterdam, The Netherlands.
8. VU University Medical Centre, Department of Psychiatry, Amsterdam, The Netherlands.

Abstract

OBJECTIVE:

To investigate the effectiveness of a multi-facetted blended eHealth intervention, called SDM-Digital Intake (SDM-DI), in which patients and clinicians are supported in Shared Decision Making during the intake process.

METHODS:

The study is a two-arm matched-paired cluster Randomised Controlled Trial in a specialist mental health outpatient setting with two conditions: SDM-DI and Intake As Usual (IAU). Four intake teams were allocated to each arm. All patients who followed an intake, were asked to participate if they were capable to complete questionnaires. Decisional Conflict (DC), referring to patients' engagement and satisfaction with clinical decisions, was the primary outcome. Secondary outcomes were patient participation, applying Shared Decision Making (SDM), working alliance, treatment adherence and symptom severity. Effects were measured at two weeks (T1) and two months (T2) after intake. Multilevel regression and intention-to-treat analyses were used. Additionally, the influence of subgroups and intervention adherence on DC were explored.

RESULTS:

At T1, 200 patients participated (47% intervention, 53% control), and at T2 175 patients (47% intervention, 53% control). At T1 and T2, no differences were found between conditions on DC. Subgroup analyses showed that effects of SDM-DI on DC were not modified by primary diagnoses mood, anxiety and personality disorders. Compared to IAU, at T2, patients reported positive effects of SDM-DI on SDM (β 7.553, p = 0.038, 95%CI:0.403-14.703, d = 0.32) and reduction of symptoms (β -7.276, p = 0.0497, 95%CI:-14.544--0.008, d = -0.43). No effects were found on patient participation, working alliance and treatment adherence. Exploratory analyses demonstrated that if SDM was applied well, patients reported less DC (β = -0.457, p = 0.000, 95%CI:-0.518--0.396, d = -1.31), which was associated with better treatment outcomes.

CONCLUSION:

Although, this trial fails to demonstrate that SDM-DI by itself is sufficient to reduce DC, the results are encouraging for further efforts in improving and implementing the SDM intervention.

Conflict of interest statement

11.

THE USE OF LONG-ACTING ANTIPSYCHOTICS FOR THE MANAGEMENT OF AGGRESSIVENESS IN SCHIZOPHRENIA: A CLINICAL OVERVIEW.

Buoli M[1,2], Rovera C[1], Esposito CM[1], Grassi S [1], Cahn W[2], Altamura AC[1].

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Abstract

Aggressive behaviour represents a challenge in the treatment of patients with schizophrenia, being often associated with clinical predictors of severity of illness such as poor insight, psychotic re-exacerbation, concomitant substance misuse or comorbidity with personality disorders. As psychotic relapses and consequent risk of aggressive behaviour are often associated with a poor compliance, purpose of the present manuscript is to give an overview of the available data about the use of depot antipsychotics for the management of violence in patients with schizophrenia. A research in the main database sources has been conducted to identify relevant papers about the topic. Few studies (most of them retrospective and with small sample sizes) have investigated the effectiveness of depot antipsychotic for the treatment of aggressive behaviour in schizophrenia. Aripiprazole depot appears to be promising for the management of aggressive behaviour of subjects with schizophrenia, however data about its efficacy in the long-term are absent and lack of evidence prevents the recommendation of this compound for the treatment of aggressiveness in subjects affected by schizophrenia. In addition, there is not sufficient evidence to conclude that a specific depot antipsychotic may have a better efficacy on aggressive behaviour of patients affected by schizophrenia. Prospective comparative studies (e.g. with oral clozapine and aripiprazole

depot) are needed to assess the real clinical advantage of the use of depot antipsychotic versus oral alternatives for the prevention of violent behaviour in schizophrenia.

Similar articles

Implementation of a Positive Technology Application in Patients With Eating Disorders: A Pilot Randomized Control Trial.

Enrique A[1], Bretón-López J[1,2], Molinari G[1], Roca P[3], Llorca G[4], Guillén V[5], Fernández-Aranda F[2,6], Baños RM[2,5], Botella C[1,2].

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5. Department of Personality, Evaluation and Psychological Treatment, University of Valencia, Valencia, Spain.
6. Department of Psychiatry, University Hospital of IDIBELL - Bellvitge Biomedical Research Institute, Barcelona, Spain.

Abstract

Background: Positive psychological interventions (PPIs) have been suggested to produce benefits in patients with eating disorders (ED) by improving well-being, which might act as a buffer of the harmful effects caused by the disorder. Best Possible Self (BPS) is a PPI which consists of writing and envisioning a future where everything has turned out in the best possible way. In this regard, positive technology (PT) can be of considerable benefit as it allows to implement specific PPIs that have already shown efficacy. **Objective:** This study tested the preliminary efficacy of the BPS exercise implemented through a PT application and carried out for 1 month, in improving positive functioning measures, compared to a control condition, in patients with ED. Follow-up effects were also explored at 1 and 3 months later. **Methods:** This is a pilot randomized controlled trial, with two experimental

conditions. Participants were 54 outpatients, who were receiving ongoing specialized treatment in ED services. 29 participants were randomly allocated to the BPS intervention and 25 to the control exercise. The sample was composed mostly by females and the mean age was 27 years. In the intervention group, participants had to write about their BPS. In the control group participants had to write about their daily activities. The exercise was conducted through the Book of Life, which is a PT application that allows users to add multimedia materials to the written content. Measures of future expectations, affect, dispositional optimism, hope and self-efficacy were assessed at different time frames. **Results:** Findings showed that all participants improved over time and there were no statistically significant differences between conditions on the specific measures. These effects were not influenced by prior levels of ED severity. Within-group effect sizes indicate a greater benefit for the participants in the BPS condition, compared to the control condition, on nearly all the measures. **Conclusion:** Results indicated that PT produced modest improvements in patients with EDs that are receiving current treatment for ED. More empirical attention is needed to explore the potential benefits of PPIs as supporting tools in the prevention and treatment of EDs. **Trial registration:** clinicaltrails.gov Identifier: NCT03003910, retrospectively registered December 27, 2016.

PMCID: PMC6004415 **Free PMC Article**
PMID: 29942272
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13. Pharmacopsychiatry. 2018 Jun 25. doi: 10.1055/a-0637-9760. [Epub ahead of print]

Kampo, A Japanese Traditional Medicinal System for Psychiatric Conditions: A Narrative Review.

Tatsumi L[1], Suzuki T[1,2], Yamada K[3], Mimura M[1,4], Uchida H[1,5].

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5. Geriatric Psychiatry Division, Centre for Addiction and Mental Health, Toronto, ON, Canada.

Abstract

INTRODUCTION:

Kampo is a Japanese traditional medicinal system and is represented by unity of mind and body. It is originally based upon Chinese traditional medicine but has uniquely developed in Japan.

METHODS:

A narrative review on the use of Kampo for psychiatric conditions is provided.

RESULTS:

Kampo formula is a combination of several crude ingredients; most derive from natural plants and some from animals and minerals. These Kampo formulae are widely prescribed in almost all medical disciplines, including psychiatry, in Japan; they have been used for various psychiatric disorders such as dementia, schizophrenia spectrum disorders, mood disorders, anxiety disorders, and personality disorders. Kampo is a versatile traditional medicine with a variety of positive effects on mental states with relatively benign side effect profiles. Kampo formulae can be adjunctively combined with or substituted for the Western psychotropic drugs, which will provide more treatment options to patients with psychiatric conditions.

DISCUSSION:

This review summarizes the current knowledge on Kampo for psychiatric conditions, highlighting a paucity of data and a need for further good-quality evidence on these medications.

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Conflict of interest statement

14. Ear Hear. 2018 Jun 22. doi: 10.1097/AUD.0000000000000626. [Epub ahead of print]

Do Personality Factors Assessed Before Cochlear Implantation Predict Hearing-Related Quality Of Life After Cochlear Implantation in Postlingually Deafened Adults?

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4. Comprehensive Hearing Center Würzburg, University-ENT-Hospital, Würzburg, Germany.

Abstract

BACKGROUND:

Studies have shown that cochlear implants improve deaf patients' hearing-related quality of life (hrQoL), but the degree of improvement varies considerably between patients. This study investigated whether personality factors contribute to hrQoL outcome after cochlear implantation.

METHOD:

Fifty adult patients with postlingual hearing loss who received a unilateral cochlear implant were administered the Neuroticism-Extraversion-Openness Five-Factor Inventory (NEO-FFI; a personality inventory) and the Nijmegen Cochlear Implant Questionnaire (NCIQ; a

hrQoL questionnaire). The NEO-FFI was administered only before implantation; the NCIQ was administered before implantation and 12 months after implant activation. A linear regression analysis was computed to detect whether NCIQ scores at 12 months were predicted by the NEO-FFI personality factors (i.e., Extraversion, Neuroticism, Openness to Experience, Agreeableness, and Conscientiousness) assessed before implantation.

RESULTS:

HrQoL scores had significantly improved 12 months after cochlear implantation in all subdomains of the NCIQ. Of the five personality factors, solely Neuroticism was negatively associated to the NCIQ subdomain self-esteem ($\beta = -0.34$; $p = 0.013$) at 12 months after cochlear implantation.

CONCLUSIONS:

While significant improvement of hrQoL was seen 12 months after implant activation, this improvement was barely predicted by the Big-Five personality traits measured before implantation. Only Neuroticism was found to moderately influence postimplantation hrQoL in our patients, in the way that higher degrees of Neuroticism tend to go along with lower degrees of self-esteem (as conceptualized by the NCIQ). The failure to detect personality effects on hrQoL could partly be due to the low levels of Extraversion and Openness to Experience observed in our sample of patients with hearing loss.
PMID: 29939862
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Wolters Kluwer

15. Personal Disord. 2018 Jun 25. doi: 10.1037/per0000286. [Epub ahead of print]

Initial development of pathological personality trait domain measures using the Personality Assessment Inventory (PAI).

Ruiz MA[1], Hopwood CJ[2], Edens JF[3], Morey LC[3], Cox J[4].

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3. Department of Psychological and Brain Sciences, Texas A&M University.
4. Department of Psychology, University of Alabama.

Abstract

This study set out to create measures of the five personality disorder trait domains outlined in Section III of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013) from the Personality Assessment Inventory items (Morey, 2007). Rasch rating scale model analyses and classical test theory analyses were applied to existing data sets (N = 3,877; community, clinical, offender, college) to identify relevant items. Five scales were created that had acceptable unidimensionality and generally conformed to Rasch model expectations. The ability of the items to cover the underlying construct and their differential item function by sex were acceptable, though a few of the proposed scales had weaknesses in these areas. Internal consistency was acceptable for all scales and the factor structure was generally consistent with expectations, but some scales had concerning cross-loadings. Preliminary analyses demonstrated validity of the scales in relation to history of mental health treatment/current symptoms, substance abuse, and, for one scale, violent rearrests. There were small-to-moderate associations with noncorresponding traits, suggesting a degree of saturation with general personality impairment. The relevance of the proposed scales for the assessment of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition personality disorder is discussed. (PsycINFO Database Record.
PMID: 29939046
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Gambling disorder and obsessive-compulsive personality disorder: A frequent but understudied comorbidity.

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2. 2 Department of Psychiatry and Behavioral Neuroscience, University of Chicago , Chicago, IL, USA.

Abstract

Background and aims Epidemiological data have suggested that the prevalence of co-occurring personality disorders is particularly high in people with gambling disorder (GD).

Among the personality disorders, obsessive-compulsive personality disorder (OCPD) appears to be the most common problem. The objective of this study was to investigate the clinical presentation of GD with and without co-occurring OCPD. Methods We studied 25 subjects with current GD and lifetime diagnosis of OCPD. They were matched for age and gender with 25 individuals with current GD but no lifetime diagnosis of any personality disorder. Results Subjects with GD and OCPD demonstrated (a) lower severity of gambling symptoms, (b) slower progression from recreational gambling to full-blown GD, (c) preferred individual forms of betting, (d) identified more triggers to gambling (specially the availability of money and stress); and (e) reported less negative impact on relational problems due to GD. Conclusions Our research provides further insight on GD co-occurring with OCPD, such as increasing social support and improvement of coping skills, especially to deal with financial difficulties and stress. Our findings may lead to more customized and effective therapeutic approaches to this frequent comorbidity.
PMID: 29936850

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Service utilization and suicide among people with schizophrenia spectrum disorders.

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Canada; Institute for Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada.

Abstract

OBJECTIVE:

To compare individuals with and without schizophrenia spectrum disorders (SSD) (schizophrenia, schizoaffective disorder, or psychotic disorder not otherwise specified) who die by suicide.

METHOD:

This is a retrospective case control study which compared all individuals who died by suicide in Ontario, Canada with (cases) and without (controls) SSD between January 1, 2008 and December 31, 2012. Cases (individuals with SSD) were compared to controls on demographics, clinical characteristics, and health service utilization proximal to suicide. A secondary analysis compared the characteristics of those with SSD and those with severe mental illness (defined as those without SSD who have had a psychiatric hospitalization within the five-years before suicide (excluding the 30 days prior to death)).

RESULTS:

Among 5650 suicides, 663 (11.7%) were by individuals with SSD. Compared to other suicides, SSD suicides were significantly more likely to be between the ages of 25-34. SSD suicide victims were significantly more likely to reside in the lowest income neighbourhoods and to reside in urban areas. SSD victims were also significantly more likely to have comorbid mood and personality disorders and all types of health service utilization, including outpatient mental health service contact in the 30 days prior to death, even when compared only with those who had a history of mental health hospitalization.

CONCLUSIONS:

Individuals with schizophrenia spectrum disorder account for over 1 in 10 suicide deaths, tend to be younger, poorer, urban, more clinically complex, and have higher rates of mental health service contact prior to death. The demographic and service utilization differences persist even when the SSD group is compared with a population with severe mental illness that is not SSD. Suicide prevention strategies for people with schizophrenia spectrum disorder should emphasize the importance of clinical suicide risk assessment during clinical encounters, particularly early in the course of illness.

PMID: 29935885
Similar articles

18. BMC Fam Pract. 2018 Jun 23;19(1):101. doi: 10.1186/s12875-018-0787-5.

Do general practice patients with and without appointment differ? Cross-sectional study.

Riedl B[1], Kehrer S[1], Werner CU[1], Schneider A[1], Linde K[2].

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Abstract

BACKGROUND:

Even in practices with a comprehensive appointment system a minority of patients walks in without prior notice, sometimes causing problems for practice service quality. We aimed to explore differences between patients consulting primary care practices with and without appointment.

METHODS:

Consecutive patients visiting five primary care practices without an appointment and following patients with an appointment were asked to fill in a four-page questionnaire addressing socio-demographic characteristics, the reason for encounter, urgency of seeing a physician, depressive, somatic and anxiety symptoms, personality traits, and satisfaction with the practice. Physicians also documented the reason for encounter and assessed the urgency. Data were analyzed using univariate and multivariate methods.

RESULTS:

Two hundred fifty-one patients without and 250 patients with appointment participated. Patients without appointment were significantly younger (mean age 44 vs. 50 years) and reported less often chronic diseases (29% vs. 45%). Also, reasons for encounter differed (e.g., 27% vs. 16% with a respiratory problem). Patients' ratings of urgency did not differ between groups (p = 0.46), but physicians rated urgency higher among patients without appointment (p < 0.001). In logistic regression analyses younger age, male gender, absence of chronic disease, positive screening for at least one mental disorder, low values on the

personality trait openness for experience, a high urgency rating by the physician, and a respiratory or musculoskeletal problem as reason for encounter were significantly associated with a higher likelihood of being a patient without appointment.

CONCLUSIONS:

In this study, younger age and a high urgency rating by physicians were the variables most consistently associated with the likelihood of being a patient without appointment. Overall, differences between patients seeking general practices with a comprehensive appointment system without prior notice and patients with appointments were relatively minor.

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People behind unhealthy obsession to healthy food: the personality profile of tendency to orthorexia nervosa.

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Abstract

PURPOSE:

Our aim was to measure the personality profile of people with high orthorexic tendency using an assessment method which is acknowledged in the research of the classical eating disorders (anorexia nervosa, bulimia nervosa) and obsessive-compulsive disorder (OCD).

METHODS:

In our research, 739 participants completed a self-administered, online questionnaire consisting of two measures: Temperament and Character Inventory-56 (TCI-56) and Ortho-11-Hu.

RESULTS:

The orthorexia nervosa (ON) grouping variable has a significant effect on three factors of TCI: MANOVA revealed higher harm avoidance ($F_{(2, 736)} = 19.01$, $p < 0.001$, $\eta^2 = 0.05$), lower self-directedness ($F_{(2, 736)} = 22.55$, $p < 0.001$, $\eta^2 = 0.06$), and higher transcendence ($F_{(2, 736)} = 3.05$, $p = 0.048$, $\eta^2 = 0.01$) in the higher ON group, compared to the lower ON group, regardless of the effect of the risk groups.

CONCLUSIONS:

According to earlier studies, high harm avoidance and low self-directedness are relevant factors of anorexia nervosa, bulimia nervosa, and OCD, but now it also seems to be an important parameter of orthorexia. Nevertheless, higher transcendence may be a unique feature, which suggests that orthorexia seems to be an independent phenomenon.

LEVEL OF EVIDENCE:

V, descriptive cross-sectional study.
PMID: 29934757
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20.

Reliability of DSM and empirically derived prototype diagnosis for mood, anxiety and personality disorders.

Nagar M[1], Westen D[2], Nakash O[3].

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Abstract

BACKGROUND:

Prominent psychiatric diagnostic systems such as the DSM-IV and ICD-10 have shown low reliability in clinical practice. An alternative approach to classification of psychiatric disorders is prototype matching. In the current study, we examined reliability of assessing mood, anxiety and personality disorders using a multi-method multi informant approach. More specifically, we examined diagnosis made by treating clinician and independent expert clinical interviewer, using three different diagnostic systems (DSM symptom count, DSM-IV prototype diagnosis and empirically derived prototype diagnosis).

METHODS:

A convenience sample of clinicians (N = 80) and patients (N = 170) from eight community mental health clinics in Israel participated in the study.

RESULTS:

Our findings show fair to excellent interrater reliability for prototype dimensional diagnostic systems (ranged from 0.40 to 0.79) for most mood and anxiety disorders examined. Overall, dimensional diagnostic systems, yielded better interrater reliability for mood, anxiety and personality disorders, as compared with categorical diagnosis. There were no significant differences between dimensional systems.

CONCLUSIONS:

Our findings provide further support to the advantages of dimensional over categorical models in increasing reliability.

PMID: 29933136
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ELSEVIER
FULL-TEXT ARTICLE

Neurological and Psychological Changes in Hemodialysis Patients Before and After the Treatment.

Lai S[1], Molfino A[1], Mecarelli O[2], Pulitano P[2], Morabito S[3], Pistolesi V[3], Romanello R[4], Zarabla A[5], Galani A[6], Frassetti N[7], Aceto P[8], Lai C[9]; Study Group on Geriatric Nephrology of the Italian Society of Nephrology.

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Abstract

Neurological, psychological, and cognitive disorders in chronic kidney disease may contribute to poor quality of life in these patients. The aim of this study was to assess the electroencephalographic, psychological, and cognitive changes before and after hemodialysis (HD) compared with healthy controls (HC). Sixteen HD patients and 15 HC were enrolled. Electroencephalogram (EEG), Minnesota multiphasic personality inventory (MMPI-2) Satisfaction profile (SAT-P), and Neuropsychological test Global z-scores (NPZ5) were performed before (T0) and after (T1) HD treatment and in HC. Renal function, inflammatory markers and mineral metabolism indexes were also evaluated. Patients did not show significant differences before and after HD in the absolute and relative power of band of EEG, except in Theta/Alpha index (P < 0.001). At T1, HD patients showed significant differences in Beta, Delta and Theta band, in addition to Theta/alpha index, with respect to HC. Moreover, HD patients showed significant differences in specific MMPI-2 clinical and content scales, SAT-P domains and NPZ5 tests of memory and concentration with respect to HC. We also observed significant correlations between renal function, mineral metabolism, inflammatory markers and psychocognitive alterations. In our sample EEG abnormalities

tend to reduce, but not significantly, after HD treatment and differences remain present with respect to HC. In HD patients cognitive and psychological alterations were associated with reduced quality of life and correlated with mineral metabolism and inflammation. Modification in EEG and in psychological and cognitive parameters should be assessed in a larger HD population to confirm our observation.

Similar articles

Subtyping attenuated psychotic symptoms: A cluster analytic approach.

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6. Institute for Health and Behavior, University of Luxembourg, Esch-sur-Alzette, Luxembourg.

Abstract

OBJECTIVE:

The aim of the present study is to examine the heterogeneity of attenuated psychotic symptoms (PS) and related personality factors using a cluster analytic approach.

METHOD:

A large sample of participants from the general population was evaluated in terms of attenuated symptomatology (psychotic and affective) and two personality factors: encoding style and impulsivity traits.

RESULTS:

Cluster analysis emphasized the existence of five independent clusters: High Psychosis, High Positive, High Negative, High Impulsive-Low Psychosis, and Low Psychosis. Cluster comparisons demonstrated that the personality factors and PS are differentially involved in the clusters.

CONCLUSIONS:

The present study demonstrated that reliable and relatively distinct clusters of individuals from the general population can be identified based on established PS and related personality factors. The fact that a variety of profiles was observed contributes to a better understanding of the nature of the heterogeneity characterizing PS and has clear theoretical and clinical implications.

Similar articles

The risk for drug abuse, alcohol use disorder, and psychosocial dysfunction in offspring from high-density pedigrees: its moderation by personal, family, and community factors.

Kendler KS[1,2], Ohlsson H[3], Bacanu S[4,5], Sundquist J[3], Sundquist K[3].

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Abstract

Previous high-risk family designs in psychiatry have focused largely on offspring of affected parents. We take a pedigree-based approach and examine the social, psychological, and psychiatric features of offspring from extended pedigrees selected for high-densities of alcohol use disorder (AUD) or drug abuse (DA). We identified, from the Swedish population, 665,715 pedigrees containing a mean of 17.9 parents, aunts/uncles, grandparents, and cousins of a core full-sibship we term the pedigree offspring. We then derived 13 empirical classes of these pedigrees based on the density of cases of AUD and DA. High rates of AUD or DA in the pedigrees were associated in the offspring with lower levels of school achievement, educational attainment, and resilience, and higher rates of psychiatric illness, neighborhood deprivation, unemployment, social welfare, early retirement, and criminal convictions. Effect sizes were large in the offspring of the highest density pedigrees and were stronger in high-density DA than in high-density AUD pedigrees. Sensitivity to the pathogenic effects of membership in these high-risk sibships was substantially attenuated by high levels of school attainment and resilience, female sex, and absence of parental divorce. Offspring of pedigrees with a high density of AUD or DA are multiply disadvantaged and typically suffer from educational difficulties, social deprivation, socio-economic dysfunction, personality problems, and elevated rates of both psychiatric disorders and externalizing syndromes. Despite these difficulties, personal strengths, including improved school achievement and resilience, and an intact parental marriage can substantially buffer these adverse effects and might form a basis for prevention efforts.
PMID: 29930388
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24. Psychiatry Res. 2018 Jun 5;267:201-209. doi: 10.1016/j.psychres.2018.06.002. [Epub ahead of print]

Schizotypal traits and their relation to rejection sensitivity in the general population: Their mediation by quality of life, agreeableness and neuroticism.

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Abstract

Schizotypal traits are a cluster of personality styles suggesting a potential liability for schizophrenia-spectrum disorders. Interpersonal schizotypal traits include cognitive disorganisation which consists of social anxiety, and introvertive anhedonia which consists of a lack of pleasure in social activities. Rejection sensitivity is evident all along this continuum. This study aimed to determine whether psychosocial quality of life (QOL), neuroticism and agreeableness mediates the relation between schizotypy and rejection sensitivity. Three hundred and eighteen participants from a predominantly University student population completed an online survey measuring schizotypy, rejection sensitivity, quality of life, and the five-factor personality traits. A regression analysis determined the prediction of rejection sensitivity by schizotypy, quality of life, and the five personality traits. Analyses examined the mediation of the relation between interpersonal schizotypy and rejection sensitivity by psychological QOL, social QOL, neuroticism, and agreeableness. Cognitive disorganisation and introvertive anhedonia predicted greater rejection sensitivity, which in turn were mediated by psychological QOL, social QOL, neuroticism, and agreeableness. The findings show that interpersonal schizotypy relates to greater rejection sensitivity. Psychosocial factors that lower one's ability to have positive feelings, trusting relationships, and prosocial behaviour, and personality traits that increase worrying mediate this association.
PMID: 29929085
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ELSEVIER
FULL-TEXT ARTICLE

Validity and clinical utility of DSM and empirically derived prototype diagnosis for personality disorders in predicting adaptive functioning.

Nakash O[1], Nagar M[1], Westen D[2].

Author information:
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Abstract

Prototype matching, which involves comparing a patient clinical presentation with a prototype description of the disorder addresses some of the clinical limitations of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and International Classification of Diseases symptom-count approach. Here, we investigated the validity and clinical utility of three diagnostic systems in predicting patient adaptive functioning using a multimethod multi-informant approach. Specifically, we compared a prototype matching approach based on DSM criteria, an empirically derived prototype matching approach, and DSM symptom count diagnostic systems. A convenience sample of clinicians ($N = 80$) and patients *($N = 170$)* participated in the study. We imposed minimal exclusion criteria for patient participation to maximize generalizability. Clinicians completed assessment of their active patients using two prototype matching diagnoses, one based on DSM and another that was empirically derived. Independent interviewers completed the Structured Clinical Interview to provide DSM symptom count. Patient global composite assessment of adaptive functioning, rated across the clinician, patient self-report, and independent interviewer, served as outcome variable. Prototype diagnosis for personality disorders, both one that is based on DSM criteria and one that was empirically derived, demonstrates some incremental validity over and above the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition symptom count, in predicting patient's adaptive functioning. Specifically, avoidant personality disorder prototype diagnosis significantly contributed to prediction of adaptive functioning. Furthermore, clinicians rated the prototype-matching approach as more useful in clinical practice compared with the current DSM-IV categorical approach. Using a dimensional approach, which is based on prototype matching that also preserves the advantages of categorical system offers a valid and efficient approach to psychiatric assessment for personality disorders. (PsycINFO Database Record.

Similar articles

The trait-type dialectic: Construct validity, clinical utility, and the diagnostic process.

Bornstein RF[1].

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Abstract

The current debate regarding how best to conceptualize, operationalize, and assess personality pathology is often framed as a choice between categorical ("type") and dimensional ("trait") models, but when viewed from the perspective of the diagnostician, these two approaches actually have much in common. It is not possible to assign symptom ratings in any categorical personality disorder framework without first evaluating the severity of each symptom on a continuum, nor to implement dimensional personality disorder assessments in clinical settings without using thresholds that demarcate the presence of personality pathology, or severity of personality dysfunction. Although recent discussions of these two frameworks have focused primarily on issues regarding construct validity (and to a lesser extent, clinical utility), it is important to consider the impact of the diagnostic process as well. When considered within this broader context, the advantages and limitations of each perspective are illuminated, and it becomes clear that the categorical and dimensional frameworks represent an evolving dialectic that will continue into the future, as new and better models alter the focus of these debates. (PsycINFO Database Record.

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Psychopathy and treatment outcome: Results from a sexual violence reduction program.

Sewall LA[1], Olver ME[2].

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2. Department of Psychology.

Abstract

The present study examined the association of psychopathy, measured by the Hare Psychopathy Checklist-Revised (PCL-R; Hare, 1991, 2003), to sexual offender treatment completion, change, and recidivism in a Canadian sample of 302 treated sexual offenders followed up in the community 17.6 years post release. Sexual violence risk and treatment change was evaluated via the Violence Risk Scale-Sexual Offense version (Wong, Olver, Nicholaichuk, & Gordon, 2003-2017), and general violence risk via the Sex Offender Risk Appraisal Guide (Quinsey, Harris, Rice, & Cormier, 1998). High-psychopathy men had significantly higher rates of sexual offender treatment noncompletion (30%) than low-psychopathy men (6%), although they did not evidence significantly less therapeutic change. The Affective facet of the PCL-R uniquely, significantly predicted decreased therapeutic

progress, and along with the Lifestyle facet, it predicted treatment noncompletion. Examination of recidivism outcomes revealed that treatment completion in and of itself was not significantly associated with decreased sexual or violent recidivism among psychopathic offenders; however, therapeutic change, reflecting risk reduction, was significantly associated with decreased sexual and violent recidivism after controlling for baseline risk and PCL-R score. Results of survival analysis indicated that a subgroup of high-risk psychopathic men who made substantial treatment gains had lower trajectories of sexual and violent recidivism over the follow-up period relative to other high-risk men who demonstrated fewer treatment benefits. The issue of therapeutic pessimism with implications for the treatment and retention of high-psychopathy sexual offenders, per the two-component model, is discussed. (PsycINFO Database Record.

PMID: 29927298

Examining the DSM-5 alternative model of personality disorders operationalization of obsessive-compulsive personality disorder in a mental health sample.

Liggett J[1], Sellbom M[2].

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Abstract

The current study evaluated the continuity between the diagnostic operationalizations of obsessive-compulsive personality disorder (OCPD) in the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, both as traditionally operationalized and from the perspective of the alternative model of personality disorders. Using both self-report and informant measures, the study had the following four aims: (a) to examine the extent to which self-report and informant data correspond, (b) to investigate whether both self-report and informant measures of the alternative model of OCPD can predict traditional OCPD, (c) to determine if any traits additional to those proposed in the alternative model of OCPD can predict traditional OCPD, and (d) to investigate whether a measure of OCPD-specific impairment is better at predicting traditional OCPD than are measures of general impairment in personality functioning. A mental health sample of 214 participants was recruited and administered measures of both the traditional and alternative models of OCPD. Self-report data moderately corresponded with informant data, which is consistent with the literature. Results further confirmed rigid perfectionism as the core trait of OCPD. Perseveration and

workaholism were also associated with OCPD. Hostility was identified as a trait deserving further research. A measure of OCPD-specific impairment demonstrated its ability to incrementally predict OCPD over general measures of impairment. (PsycINFO Database Record.
PMID: 29927297
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29. Personal Disord. 2018 Jun 21. doi: 10.1037/per0000287. [Epub ahead of print]

Psychopathy and interests: Implications of psychopathic personality traits for vocational and avocational preferences.

Nagel MG[1], Watts AL[1], Murphy BA[1], Lilienfeld SO[1].

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1. Department of Psychology.

Abstract

General personality traits and interests, both vocational and avocational, have long been considered intertwined constructs. Nevertheless, the linkages between personality disorder features, such as psychopathy, and interests are poorly understood. This study bridges this gap by examining how psychopathic traits relate to vocational and avocational interests, and to what extent these associations are distinctive to psychopathy as opposed to a broader pattern of general and abnormal personality traits. In a sample of 426 community participants, Psychopathic Personality Inventory-Revised Fearless Dominance features of psychopathy were associated with interest in a broad swath of vocational and avocational interests, whereas Self-Centered Impulsivity features were associated with realistic, artistic, enterprising, and conventional interests; most zero-order associations were in the small to medium range. Coldheartedness and the factors derived from the Levenson Self-Report Psychopathy Scale were largely unrelated to interests, although there were several notable exceptions. Narcissistic traits, as well as HEXACO (Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness) Honesty-Humility, Extraversion, and Openness to Experience, were also related broadly to interests. The patterns of interests associated with personality disorder traits may ultimately bear practical implications for interventions as individuals seek out positions or hobbies that suit their traits. (PsycINFO Database Record.
PMID: 29927296
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30. Personal Disord. 2018 Jun 21. doi: 10.1037/per0000283. [Epub ahead of print]

Examining the dimensions of schizotypy from the top down: A hierarchical comparison of item-level factor solutions.

Gerritsen CJ[1], Chmielewski M[2], Zakzanis K[3], Bagby RM[1] .

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Abstract

Numerous factor analytic studies of the Schizotypal Personality Questionnaire have supported a range of solutions, many with differing numbers of factors. Although some solutions have received more support than others, it remains unclear how clinicians and researchers may evaluate solutions with similar levels of empirical support in relation to one another, and few item-level analyses have been conducted. In the current study, we seek to explore the relationships among various factor solutions in a hierarchical manner using Goldberg's (2006) Bass-Ackward approach. A final sample of 847 undergraduate students completed the Schizotypal Personality Questionnaire with a Likert-style response format. Item-level exploratory factor analyses with between one and nine factors were extracted. Interrelationships among these solutions were examined. Each solution was evaluated in terms of its content, statistical significance, simple structure, and consistency with previous findings. Factor solutions at several levels were found to replicate findings from past factor analyses in terms of individual factor content and relative merit. Solutions with between four and six factors received the most support and solutions with up to seven factors were found to achieve support. (PsycINFO Database Record.
PMID: 29927295
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Emotional responses to receiving peer feedback on opinions in borderline personality disorder.

Jeung H[1], Walther S[1], Korn CW[2], Bertsch K[1], Herpertz SC[1].

Author information:
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2. Department of Systems Neuroscience.

Abstract

Although emotional reactivity to social rejection has been examined in patients with borderline personality disorder (BPD) in several studies, the effects of other aspects of social feedback, such as evaluation of one's opinions that concern self-esteem, have not been addressed yet. The objective of this study was to examine emotional responses of BPD patients after exchanging personal opinions in a new, ecologically valid virtual peer interaction paradigm ("chatroom paradigm"). In this paradigm, 21 BPD patients and 21 healthy controls received peer feedback on their own statements and rated the intensity of their own emotional responses (happiness, sadness, anger, and shame) and the self or other affirmation in response to agreement, disagreement, and neutral statements. Across all social feedback conditions, BPD patients reported more intense negative emotions and less happiness than healthy controls. While healthy controls showed a "positivity bias" for any type of social feedback, the emotional responses of BPD patients' corresponded to the valence of the feedback; that is, they were happiest after positive than after neutral feedback and least happy after negative feedback. Disagreement resulted in more intense anger and less other affirmation in both groups but only BPD patients also experienced higher shame in this condition. This is the first study to assess emotional responses to social feedback in an ecologically valid chatroom paradigm. Our findings underline that more negative emotional reactions in everyday interactions play a central part in interpersonal difficulties of patients with BPD. (PsycINFO Database Record.
PMID: 29927294

32.

Oxytocin-related single-nucleotide polymorphisms, family environment, and psychopathic traits.

Verona E[1], Murphy B[1], Bresin K[1].

Author information:
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Abstract

Multiple studies have linked oxytocin to social behavior and affiliation-attachment. This research would suggest that oxytocin function may relate to the absence of loving kindness and empathy in psychopathy. The current study examined the associations between 3 oxytocin-related single-nucleotide polymorphisms (SNPs), participant-reported invalidating childhood environment, and psychopathic traits in community adults, predicting that alleles associated with higher empathy in the literature would relate to lower levels of psychopathic affective traits in particular. Results showed that the *rs53576* SNP on the oxytocin receptor and cumulative risk alleles across the 3 SNPs were associated with psychopathic traits, and the interaction between cumulative risk and an emotionally invalidating environment was associated especially with affective deficits of psychopathy. Although this study requires replication in larger samples, results lend support to the role of attachment-related processes in psychopathy. (PsycINFO Database Record.

PMID: 29927293

Examining the alternative model for personality disorder in daily life: Evidence for incremental validity.

Roche MJ[1].

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Abstract

The alternative model for personality disorders includes a single dimension of personality dysfunction severity (Criterion A) and five dimensions of personality dysfunction styles (Criterion B). Some consider Criteria A and B distinctions redundant, and this appears mostly true in cross-sectional designs. The present research demonstrated that incremental validity can be found when examining personality dysfunction longitudinally. Participants (n = 175) completed a 14-day electronic diary, capturing daily levels of Criteria A and B, along with daily outcomes of personality dysfunction across several domains. Criteria A and B incremented each other across these domains. Moreover, Criterion B trait scores were associated with expected domains of functioning, evidencing convergent and discriminant validity. We discuss the implications for the alternative model for personality disorders, and the usefulness of longitudinal methods to uncover temporal dynamics in personality dysfunction. (PsycINFO Database Record.

PMID: 29927292

An integrative model of risk for high school disordered eating.

Davis HA[1], Smith GT[1].

Author information:
1. Department of Psychology.

Abstract

Binge eating and purging behaviors are associated with significant harm and distress among adolescents. The process by which these behaviors develop (often in the high school years) is not fully understood. We tested the Acquired Preparedness (AP) model of risk involving transactions among biological, personality, and psychosocial factors to predict binge eating and purging behavior in a sample of 1,906 children assessed in the spring of 5th grade (the last year of elementary school), the fall of 6th grade (the first year of middle school), spring of 6th grade, and spring of 10th grade (second year of high school). Pubertal onset in spring of 5th grade predicted increases in negative urgency, but not negative affect, in the fall of 6th grade. Negative urgency in the fall of 6th grade predicted increases in expectancies for reinforcement from eating in the spring of 6th grade, which in turn predicted increases in binge eating behavior in the spring of 10th grade. Negative affect in the fall of 6th grade predicted increases in thinness expectancies in the spring of 6th grade, which in turn predicted increases in purging in the spring of 10th grade. Results demonstrate similarities and differences in the development of these two different bulimic behaviors. Intervention efforts targeting the risk factors evident in this model may prove fruitful in the treatment of eating disorders characterized by binge eating and purging. (PsycINFO Database Record.
PMID: 29927266

Similar articles

Motivations for attempting suicide in mid- and late-life.

Alessi M[1], Szanto K[1], Dombrovski A[1].

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1. Western Psychiatric Institute & Clinic,The University of Pittsburgh Medical Center,Pittsburgh,Pennsylvania,USA.

Abstract

ABSTRACTObjectives:To understand pathways to suicide by investigating the association between personality and suicidal motivations in mid- and late-life attempts.

DESIGN:

In a two-study approach, we measured different components of suicidal motivations using an existing self-report investigating reasons for suicide and a semi-qualitative assessment of motivational states preceding attempts.

SETTING:

Inpatient and outpatient psychiatric services in Pittsburgh, PA.

PARTICIPANTS:

Study 1 (n = 50, mean age at attempt = 60.4) was a smaller sample of suicide attempters included in Study 2 (n = 69, mean age at attempt = 60.9). Non-psychiatric healthy controls (n = 50, mean age = 67.1) were used as benchmarks for dispositional measures.

MEASUREMENTS:

Motives for suicide were measured by the Reasons for Attempting Suicide Questionnaire (RASQ). Participants' written descriptions of the thoughts and feelings preceding their attempt captured motivational states. Measures of personality for both studies included assessments of impulsivity, five-factor model, interpersonal dysfunction, and borderline traits.

RESULTS:

In study 1, escape/self-punishment motives on the RASQ were associated with multiple attempts and borderline pathology, while interpersonal motives were less frequently endorsed and associated with poorly planned attempts. In study 2, experiences of defeat (i.e. powerlessness, poor coping to threats to autonomy/status) were more frequently endorsed by men and associated with disagreeableness.

CONCLUSIONS:

Study 1 revealed that attempters high in dysfunctional psychopathology were more likely to report self-oriented escape motives for suicide, while study 2 identified a putative pathway to suicide in men involving antagonism and the experience of defeat.
PMID: 29923479
Similar articles

Schizotypal personality traits and social cognition are associated with childhood trauma exposure.

Quidé Y[1,2], Cohen-Woods S[3], O'Reilly N[1], Carr VJ[1, 2,4], Elzinga BM[5,6], Green MJ[1,2].

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Abstract

OBJECTIVES:

Childhood trauma is a common risk factor for adult psychiatric disorders, such as schizophrenia (SZ) and bipolar-I disorder (BD). However, its association with schizotypal personality traits, as well as cognitive and social cognitive abilities, is less well studied in these populations.

METHODS:

In a cohort of 79 SZ cases, 84 BD cases, and 75 healthy controls (HCs), clinically significant levels of childhood trauma exposure (according to scores on the Childhood Trauma Questionnaire; CTQ) were evident in 54 SZ, 55 BD, and 26 HC individuals. Trauma-exposed and non-exposed groups were compared on schizotypal personality features (schizotypy) measured with the Schizotypal Personality Questionnaire (SPQ). Cognitive assessments included executive function, working memory, attention, and immediate and delayed memory. Social cognitive measures assessed facial emotion processing and theory-of-mind abilities.

RESULTS:

Trauma-exposed participants showed higher levels of schizotypy, especially suspiciousness, relative to non-exposed individuals, regardless of clinical or HC status. Furthermore, trauma-exposed individuals showed deficits specifically in social cognitive, but not general cognitive abilities, regardless of clinical or HC status. These trauma-related results were found in the context of higher schizotypy levels in both SZ and BD relative to HC, and lower cognitive and social cognitive performance in SZ, relative to BD and HC groups.

CONCLUSIONS:

These findings suggest that childhood trauma exposure impacts long-term schizotypy outcomes, especially paranoid ideation (suspiciousness), as well as complex social cognitive abilities in both healthy and psychotic populations. However, cognitive deficits associated with psychotic illness may not be distinguishable from those related to trauma exposure in previous studies.

PRACTITIONER POINTS:

Findings Childhood trauma exposure is associated with increased schizotypal features (in particular paranoid ideation) and complex social cognitive abilities, independently of the diagnosis of psychotic disorder. Cognitive and social cognitive deficits were larger in schizophrenia compared to bipolar-I cases and healthy controls, but increased schizotypal features were observed in both schizophrenia and bipolar-I disorder relative to healthy controls. Limitations We were unable to distinguish the specific effects of particular childhood trauma exposures due to the high rate of exposure to more than one type of maltreatment. Retrospective assessment of childhood trauma in adulthood cannot be externally validated, and associations with behavioural traits in later life may be confounded by other factors not studied here.

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PMID: 29923348
Similar articles

37. Early Interv Psychiatry. 2018 Jun 19. doi: 10.1111/eip.12688. [Epub ahead of print]

High-risk sexual behaviour in young people with mental health disorders.

Adan Sanchez AY[1,2], McMillan E[1,2], Bhaduri A[1,2,3], Pehlivan N[3], Monson K[3], Badcock P[1,2], Thompson K[1,2], Killackey E[1,2], Chanen A[1,2,3], O'Donoghue B[1,2,3].

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Abstract

AIM:

This study aimed to determine the prevalence of high-risk sexual behaviours, sequelae and associated factors in young people attending a youth mental health service.

METHODS:

The study design was a cross-sectional survey of 103 young people aged between 15-25 years carried out across four specialist mental health clinics. A questionnaire on the sexual health of secondary level students was adapted for this study. Mental health symptomatology was assessed through the Brief Psychiatric Rating Scale (BPRS).

RESULTS:

The mean age was 20.9 (SD ±2.8) years, with 50.5% being female, 41.7% male and 7.7% transgender. A total of 52.4% (N = 54) attended the psychosis [EPPIC] clinic; 15.6% (N = 16) attended the ultra-high risk for psychosis [PACE] clinic; 19.4% (N = 20) attended the personality disorders [HYPE] clinic; and 12.6% (N = 13) attended the mood clinic [YMC]. The mean BPRS score was 47.7 (SD ±12.2). A total of 77.7% of young people had previously been sexually active and of these, 37.5% did not use consistent contraception; 26.3% had been pregnant, of which 95.2% were unplanned. A total of 68.8% reported having been tested for sexually transmitted infections and 25.5% tested positive. The severity of symptoms or clinical characteristics were not associated with engagement in high-risk sexual behaviours.

CONCLUSIONS:

These results indicate that young people with mental health disorders have high needs in regard to their sexual health, which could be addressed by incorporating sexual health referral pathways into early intervention services.

Similar articles

Neural Integration in Body Perception.

Ramsey R[1].

Author information:
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Abstract

The perception of other people is instrumental in guiding social interactions. For example, the appearance of the human body cues a wide range of inferences regarding sex, age, health, and personality, as well as emotional state and intentions, which influence social behavior. To date, most neuroscience research on body perception has aimed to characterize the functional contribution of segregated patches of cortex in the ventral visual stream. In light of the growing prominence of network architectures in neuroscience, the current article reviews neuroimaging studies that measure functional integration between different brain regions during body perception. The review demonstrates that body perception is not restricted to processing in the ventral visual stream but instead reflects a functional alliance between the ventral visual stream and extended neural systems associated with action perception, executive functions, and theory of mind. Overall, these findings demonstrate how body percepts are constructed through interactions in distributed brain networks and underscore that functional segregation and integration should be considered together when formulating neurocognitive theories of body perception. Insight from such an updated model of body perception generalizes to inform the organizational structure of social perception and cognition more generally and also informs disorders of body image, such as anorexia nervosa, which may rely on atypical integration of body-related information.
PMID: 29916790
Similar articles

Maternal personality disorder symptoms in primary health care: associations with mother-toddler interactions at one-year follow-up.

Høivik MS[1,2], Lydersen S[3], Ranøyen I[3], Berg-Nielsen TS[4].

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4. The Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Oslo, Norway.

Abstract

BACKGROUND:

Research is scarce on how mothers' symptoms of personality disorders are linked to the mother-toddler relationship. In this study we have explored the extent to which these symptoms are associated with mutual mother-toddler interactions assessed 1 year after the initial assessment.

METHODS:

Mothers and their 0-24-month-old children (n = 112) were recruited by nurses at well-baby clinics due to either self-reported or observed mother-toddler interaction problems. At inclusion (T1), mothers filled out the DSM-IV and ICD-10 Personality Questionnaire (DIP-Q), which measures symptoms of ten personality disorders. A year later (T2), mother-toddler interactions were video-recorded and coded using a standardised observation measure, the Emotional Availability Scales.

RESULTS:

Only maternal schizotypal personality disorder symptoms predicted both the mothers' and the toddlers' interactional styles. Mothers with schizotypal personality symptoms appeared less sensitive, less structuring and more intrusive in their interactions with their toddlers, while mothers' borderline personality disorder symptoms were associated with increased hostility. Furthermore, toddlers who had mothers with schizotypal personality symptoms were less responsive towards their mothers.

CONCLUSION:

Measured dimensionally by self-report, maternal schizotypal personality symptoms were observed to predict the interaction styles of both mothers and their toddlers in the dyad,

while borderline personality disorder symptoms predicted mothers' interactional behaviour only.

TRIAL REGISTRATION:

Current Controlled Trials ISRCTN99793905 , retrospectively registered. Registered on (04/08/2014).

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Borderline personality symptoms and work performance: a population-based survey.

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4. Department of Social Medicine, VU University Medical Centre, Amsterdam Public Health Research Institute, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

This study aims to elucidate the interplay between borderline personality symptoms and working conditions as a pathway for impaired work performance among workers in the general population.

METHODS:

Cross-sectional data from the Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2) were used, including 3672 workers. Borderline personality symptoms were measured with the International Personality Disorder Examination (IPDE) questionnaire. Working conditions (decision latitude, psychological job demands, job security and co-worker support) were assessed with the Job Content Questionnaire (JCQ). Impaired work performance was assessed as total work loss days per month, defined as the sum of days of three types of impaired work performance (inability to work, cut-down to work, and diminished quality at work). These were assessed with the WHO Disability Assessment Schedule (WHO-DAS). Common mental disorders (CMD) were assessed with the Composite International Diagnostic Interview (CIDI).

RESULTS:

Number of borderline personality symptoms was consistently associated with impaired work performance, even after controlling for type or number of adverse working conditions and co-occurrence of CMD. Borderline personality symptoms were associated with low decision latitude, job insecurity and low co-worker support. The relationship between borderline personality symptoms and work performance diminished slightly after controlling for type or number of working conditions.

CONCLUSIONS:

The current study shows that having borderline personality symptoms is a unique determinant of work performance. This association seems partially explained through the impact of borderline personality symptoms on working conditions. Future studies are warranted to study causality and should aim at diminishing borderline personality symptoms and coping with working conditions.

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Compulsive buying in Paris psychology students: Assessment of DSM-5 personality trait domains.

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Abstract

Compulsive buying is associated with significant psychiatric comorbidity, such as personality disorders. Few studies have focused on the dimensional model of personality disorders in compulsive buying. We aimed to assess the eventual presence of personality dysfunctions in compulsive buying according to the Diagnostic and Statistical Manual of Mental Disorder, 5th edition (DSM-5) dimensional conception of personality disorders. We screened online compulsive buying (QABB), characterized purchasing behavior and explored DSM-5 personality trait domains (Personality Inventory for DSM-5-Brief Form [PID-5-BF]) in 233 Paris psychology students using an online self-reporting questionnaire. The prevalence of compulsive buying among students was 7.7% (n = 18). The favorite items purchased by compulsive buyers were clothing and cosmetic products. Three mean trait domain scores were significantly higher for CB+ than CB- students: negative affect, detachment and disinhibition. Our findings suggest that compulsive buyers distinctively feature pathological DSM-5 dimensional personality trait domains.
PMID: 29913376
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ELSEVIER FULL-TEXT ARTICLE

Development of Therapist Adherence in Relation to Treatment Outcomes of Adolescents with Behavioral Problems.

Lange AMC[1,2], van der Rijken REA[1,3], Delsing MJMH[4], Busschbach JJV[1,2], Scholte RHJ[1,4,5].

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Abstract

Therapist adherence to the treatment manual is assumed to be crucial for adequate implementation and subsequent achievement of the intended, positive treatment outcomes. Although adherence has been mostly studied as a static factor, recent studies suggest that adherence might be dynamic and changes over time. We investigated how parent-perceived adherence to the multisystemic therapy (MST) model develops during treatment and how this development is related to treatment outcomes up to 18 months posttreatment, controlling for the effect of alliance. We used routinely collected data from 848 adolescents (66% male and 76% Western, M age = 15.25 years) and their caregivers participating in MST, a family- and community-based intervention for antisocial adolescents. Adherence and alliance were measured monthly through phone interviews with the caregivers using the Therapist Adherence Measure-Revised. Outcomes were assessed at the end of the treatment and at 18 months posttreatment using the scale Rule-Breaking Behavior of the Child Behavior Checklist and two MST Ultimate Outcomes (i.e., police contact and out-of-home placement). On average, adherence showed an increasing and then flattening slope. The initial level of adherence predicted treatment outcomes at the end of treatment but not at 18 months posttreatment. Change in adherence did not predict treatment outcomes after controlling for alliance. We advocate the need to consider the dynamic nature of adherence in research as well as clinical practice. Change in adherence during treatment, as well as its association with outcome, is likely to be dependent on the adherence measure being used.
PMID: 29913088
Similar articles

43. Personal Disord. 2018 Jun 18. doi: 10.1037/per0000284. [Epub ahead of print]

The relation between narcissism and laboratory aggression is not contingent on environmental cues of competition.

Hyatt CS[1], Weiss BM[1], Carter NT[1], Zeichner A[1], Miller JD[1].

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Abstract

Narcissism has been robustly linked to self-report and lab-based measures of aggression. However, less is known about the role that a competitive context may play in the relations found between narcissism and aggression as measured in behavioral paradigms. In circumstances of competition, narcissistic individuals may be particularly attuned to external indicators of status and use aggression as a way of asserting power and a motivation to "win," rather than to do harm. The goal of the present study was to test the role of competition in understanding the relation between narcissism and related traits (i.e., psychopathy) and aggression by manipulating cues of competition. First, participants (N = 220) completed questionnaires to assess levels of trait narcissism and associated variables (e.g., psychopathy, five-factor model traits, and self-esteem). In a separate session, participants were randomly assigned to interact with an ostensible confederate under the guise of either a competitive or noncompetitive interaction, and then were given the opportunity to administer electric shocks to their partner. Results suggest that the antagonistic and grandiose features of narcissism were significantly related to aggression in both conditions, as was the antagonism factor of psychopathy and (low) Agreeableness dimension of the five-factor model. However, tests of moderation found no significant interaction effects between narcissism and condition in the hypothesized direction (and a few in the opposite direction such that narcissism was more strongly related in the noncompetition condition). Findings are discussed in terms of the importance of antagonism in predicting antisocial outcomes such as aggression. (PsycINFO Database Record.
PMID: 29911875
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Rejection sensitivity and psychopathology symptoms in early adolescence: The moderating role of personality organization.

Fontana A[1], De Panfilis C[2], Casini E[3], Preti E [4], Richetin J[3], Ammaniti M[5].

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Abstract

INTRODUCTION:

Emerging personality organization may play an important role in the psychological adjustment of early adolescents, but research in this area is still limited. The current study evaluated if personality organization moderates the association between rejection sensitivity and adverse psychological outcomes in early adolescence.

METHODS:

Three-hundred eighty-six early adolescents (age range 13-15 years; 51% Female) attending junior high schools in Italy completed the semi-structured Interview of Personality Organization Processes in Adolescence (IPOP-A), the Children's Rejection Sensitivity Questionnaire (CRSQ), and the Youth Self Report/11-18 (YSR).

RESULTS:

Disruption in the emerging personality organization was associated with increasing symptom problems in early adolescence. Conversely, the successful development of personality organization buffered the relation between rejection sensitivity and negative psychological outcomes (i.e., conduct and affective problems).

CONCLUSION:

These findings encourage to accurately evaluate personality organization in adolescence, in order to take into account difficulties but also strengths in personality organization when treating early adolescents.

PMID: 29906692
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45. J Nerv Ment Dis. 2018 Jun 15. doi: 10.1097/NMD.0000000000000839. [Epub ahead of print]

Family and Personality Predictors of Clinical Depression and Anxiety in Emerging Adults: Common, Distinctive, or a Vulnerability Continuum?

Mitkovic Voncina M, Kosutic Z[1], Pesic D[1], Todorovic D[1], Peulic A[1], Lazarevic M[1], Rakovic Dobroslavic I[1], Djuric M[1], Bradic Z[1], Pejovic Milovancevic M, Gotlib D[2], Lecic Tosevski D.

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Abstract

There is an ongoing debate on the relationship between depression and anxiety, but data on similarities and differences in their predictor profiles are scarce. The aim of our study was to compare family and personality predictors of these disorders among 220 "emerging adults." As such, two clinical groups with noncomorbid depressive and anxiety disorders, and one healthy control group were assessed by sociodemographic questionnaires, Structured Clinical Interview for DSM-IV Disorders and NEO Personality Inventory, Revised. We found significant overlap in family and personality risk profiles, with increasing effect size for predictors common to anxiety and depression when the categories "no disorder-anxiety disorder-depressive disorder" were considered as existing along a continuum. Among the contributing factors we assessed, family psychiatric history, family structure and conflicts with parents were more significant than personality traits. Our study indicates that emerging adults may be more vulnerable to depression than anxiety in the presence of family and personality risk factors.
PMID: 29905664
Similar articles

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Personality Constructs and Paradigms in the Alternative DSM-5 Model of Personality Disorder.

Mulay AL[1], Cain NM[1], Waugh MH[2,3], Hopwood CJ[4], Adler JM[5], Garcia DJ[3], Kurtz JE[6], Lenger KA[3], Skadberg R[3].

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6. f Department of Psychology , Villanova University.

Abstract

The DSM-5 Section III alternative model for personality disorders (AMPD) is a personality disorder (PD) nosology based on severity of personality dysfunction and pathological traits. We examined the degree to which the personality constructs identified by McAdams and Pals (2006; dispositional traits, characteristic adaptations, narrative identity) and the paradigms of personality assessment described by Wiggins (2003; psychodynamic, interpersonal, personological, multivariate, empirical) are represented within the AMPD. Nine raters expert with the AMPD and personality evaluated elements of Criterion A and the 25 trait facets of Criterion B for presence of type and degree of personality constructs and paradigms, as well as level of inference. Criterion B showed higher rater agreement compared to Criterion A. Criteria A and B reflect different configurations of construct, paradigm, and level of inference. The characteristic adaptation construct and interpersonal paradigm were strongly reflected in both Criteria A and B. The psychodynamic and personological paradigms and the narrative identity construct were highly correlated, and the multivariate, empirical, and dispositional traits variables were highly correlated. Results illustrate differential conceptual emphases as well as areas of overlap with Criteria A and B. This characterization highlights that PD nosology rests on personality theory and suggests implications for integrative PD assessment.
PMID: 29902081
Similar articles

[Expanding the Validity of the Level of Personality Functioning Scale Observer Report and Self-Report Versions Across Psychodynamic and Interpersonal Paradigms.](#)

[Roche MJ](#)[1], [Jacobson NC](#)[2], [Phillips JJ](#)[2].

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Abstract

The Level of Personality Functioning Scale (LPFS) operationalizes Criterion A of the DSM-5 alternative model for personality disorders. Yet, research on this measure has been slow to accumulate and questions remain regarding its reliability and validity. This study examined the LPFS observer-rated (OR) and self-report (SRA) versions of Criterion A in a sample of 240 students who provided psychological life history data and a variety of self-report measures. The results suggested the LPFS OR could be reliably coded, and the LPFS OR and LPFS SRA were significantly associated with outcome variables across psychodynamic and interpersonal paradigms. We discuss the implications of assessing personality dysfunction using the LPFS and the importance of expanding the research base for the AMPD model.
PMID: 29897794
[Similar articles](#)

[Bruno Klopfer Award Address: Five-Factor Model Personality Disorder Scales.](#)

[Widiger TA](#)[1].

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Abstract

The predominant model of general personality structure is the Five-Factor Model (FFM), consisting of the five broad domains of neuroticism, extraversion, openness, agreeableness, and conscientiousness. A hypothesis of long-standing interest has been that personality disorders can be understood as extreme or maladaptive variants of the domains and facets of the FFM. The purpose of this article was to discuss the development and validation of FFM personality disorder scales. These scales assess the DSM-5 Section II personality disorders from the perspective of the FFM, as well as maladaptive variants of both poles of all five domains of the FFM.
PMID: 29897255
Similar articles

Symptom, alexithymia and self-image outcomes of Mentalisation-based treatment for borderline personality disorder: a naturalistic study.

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5. Child and Adolescent Psychiatry Clinic, Stockholm, Sweden.

Abstract

BACKGROUND:

Mentalisation-based treatment (MBT) in borderline personality disorder (BPD) has a growing evidence base, but there is a lack of effectiveness and moderator studies. The present study examined the effectiveness of MBT in a naturalistic setting and explored psychiatric and psychological moderators of outcome.

METHOD:

Borderline and general psychiatric symptoms, suicidality, self-harm, alexithymia and self-image were measured in a group of BPD patients (n = 75) receiving MBT; assessments were made at baseline, and subsequently after 6, 12 and 18 months (when treatment ended). Borderline symptoms were the primary outcome variable.

RESULTS:

Borderline symptoms improved significantly (d = 0.79, p < .001), as did general psychiatric symptoms, suicidality, self-harm, self-rated alexithymia and self-image. BPD severity or psychological moderators had no effect on outcome. Younger patients improved more on self-harm, although this could be explained by the fact that older patients had considerably lower baseline self-harm.

CONCLUSIONS:

MBT seems to be an effective treatment in a naturalistic setting for BPD patients. This study is one of the first studies of MBT showing that outcomes related to mentalisation, self-image and self-rated alexithymia improved. Initial symptom severity did not influence results indicating that MBT treatment is well adapted to patients with severe BPD symptoms.

TRIAL REGISTRATION:

The study was retrospectively registered 25 September 2017 in the ClinicalTrials.gov PRS registry, no. NCT03295838 .

PMCID: PMC5996479 **Free PMC Article**
PMID: 29890960
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50. Eur Eat Disord Rev. 2018 Jun 8. doi: 10.1002/erv.2610. [Epub ahead of print]

Early maladaptive schemas: Similarities and differences between female patients with eating versus substance use disorders.

Pauwels E[1,2,3], Dierckx E[2,3], Schoevaerts K[2], Santens E[2,4], Peuskens H[2], Claes L[1,4].

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4. Faculty of Medicine and Health Sciences, University of Antwerp, Wilrijk, Belgium.

Abstract

Personality features are considered to be important factors in the pathogenesis of both eating disorder (ED) and substance use disorder (SUD). This study investigates similarities and differences between these early maladaptive schemas (EMSs) (a) between female patients with ED (N = 179) or SUD (N = 169) and (b) between ED subtypes of the restrictive (N = 52), bulimic type (N = 127), or SUD. In total, 348 female patients (M_{age} = 29.95; SD_{age} = 8.40) completed the Young Schema Questionnaire. Multivariate analyses of covariance with EMS scales as dependent variables and (a) ED versus SUD and (b) ED subtypes versus SUD as independent variables and age and psychopathology as control variables revealed that ED patients scored significantly higher on Unrelenting Standards, Defectiveness, Social Undesirability, and Failure than did SUD patients. Additionally, when comparing ED subtypes and SUD, bulimic and SUD patients scored significantly higher on Insufficient Self-Control than did restrictive patients. These results confirm the role of EMSs in ED (subtypes) and SUD.
PMID: 29882613
<u>Similar articles</u>

Sour Promotes Risk-Taking: An Investigation into the Effect of Taste on Risk-Taking Behaviour in Humans.

Vi CT[1], Obrist M[2].

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Abstract

Taking risks is part of everyday life. Some people actively pursue risky activities (e.g., jumping out of a plane), while others avoid any risk (e.g., people with anxiety disorders). Paradoxically, risk-taking is a primitive behaviour that may lead to a happier life by offering

a sense of excitement through self-actualization. Here, we demonstrate for the first time that sour - amongst the five basic tastes (sweet, bitter, sour, salty, and umami) - promotes risk-taking. Based on a series of three experiments, we show that sour has the potential to modulate risk-taking behaviour across two countries (UK and Vietnam), across individual differences in risk-taking personality and styles of thinking (analytic versus intuitive). Modulating risk-taking can improve everyday life for a wide range of people.

Similar articles

52.

Schizotypal Traits are Linked to Dopamine-Induced Striato-Cortical Decoupling: A Randomized Double-Blind Placebo-Controlled Study.

Rössler J[1], Unterassner L[1], Wyss T[1], Haker H[2], Brugger P[3], Rössler W[1,4,5,6], Wotruba D[1].

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6. Department of Psychiatry and Psychotherapy, Charité - Universitätsmedizin Berlin, Campus Charité Mitte, Berlin, Germany.

Abstract

The dopamine hypothesis of schizophrenia implies that alterations in the dopamine system cause functional abnormalities in the brain that may converge to aberrant salience attribution and eventually lead to psychosis. Indeed, widespread brain disconnectivity across the psychotic spectrum has been revealed by resting-state functional magnetic resonance imaging (rs-fMRI). However, the dopaminergic involvement in intrinsic functional connectivity (iFC) and its putative relationship to the development of psychotic spectrum disorders remains partly unclear-in particular at the low-end of the psychosis continuum.

Therefore, we investigated dopamine-induced changes in striatal iFC and their modulation by psychometrically assessed schizotypy. Our randomized, double-blind placebo-controlled study design included 54 healthy, right-handed male participants. Each participant was assessed with the Schizotypal Personality Questionnaire (SPQ) and underwent 10 minutes of rs-fMRI scanning. Participants then received either a placebo or 200 mg of L-DOPA, a dopamine precursor. We analyzed iFC of 6 striatal seeds that are known to evoke modulation of dopamine-related networks. The main effect of L-DOPA was a significant functional decoupling from the right ventral caudate to both occipital fusiform gyri. This dopamine-induced decoupling emerged primarily in participants with low SPQ scores, while participants with high positive SPQ scores showed decoupling indifferently of the L-DOPA challenge. Taken together, these findings demonstrate that schizotypal traits may be the result of dopamine-induced striato-occipital decoupling.

PMID: 29878280

Mental Disorders, Personality Traits, and Grievance-Fueled Targeted Violence: The Evidence Base and Implications for Research and Practice.

Corner E[1], Gill P[1], Schouten R[2], Farnham F[3].

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2. b Harvard Medical School.
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Abstract

This article aims to move away from intuitive appeals that link mental disorder with violence such as terrorism, mass murder, and other targeted violence. The article synthesizes the existing evidence base regarding the relationship between mental disorders and personality traits and (a) attitudinal affinities with violent causes, and (b) a number of violent behaviors (including mass murder and terrorism). The evidence base is mixed and the research focus changed across time: from simple and unempirical assertions of causation to an almost complete rejection of their presence to a finer grained and disaggregated understanding. Empirical research examining mental disorder in crime and violence highlights that the commission of such events is a complex synthesis of psychopathology, personal

circumstance, and environment. The article concludes with several suggestions regarding future research and practice.
PMID: 29873528

54. J Pers Assess. 2018 Jun 6:1-13. doi: 10.1080/00223891.2018.1476360. [Epub ahead of print]

Therapeutic Assessment in Personality Disorders: Toward the Restoration of Epistemic Trust.

Kamphuis JH[1], Finn SE[2].

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1. a Department of Psychology , University of Amsterdam , Amsterdam , The Netherlands.
2. b Center for Therapeutic Assessment , Austin , TX.

Abstract

Research evidence suggests Therapeutic Assessment positively affects clients with problems in living, including clients with personality disorders, who are typically quite resistant to change. Importantly, this change takes place quickly, in relatively few sessions. This article draws on a relatively new evolutionary-based theory of epistemic trust (ET) and epistemic hypervigilance (EH) as a lens to plausibly explain the efficacy of TA, and especially its influence on PD clients' alliance and motivation for subsequent psychotherapy (Fonagy, Luyten, & Alison, 2015). ET is the willingness to take in relevant interpersonally transmited information and it is essential to the immediate success of psychotherapy and its long-term impact. The collaborative, intersubjective framework of TA and many of its specific techniques might be understood as highly relevant to restoring ET in clients, especially those with PD. We close by discussing implications for psychological assessment, psychotherapy, and research.
PMID: 29873526

55. Am J Drug Alcohol Abuse. 2018 Jun 5:1-10. doi: 10.1080/00952990.2018.1476520. [Epub ahead of print]

Reliability and validity of an internalizing symptom scale based on the adolescent and

adult Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA).

Acion L[1,2,3], Kramer J[1], Liu X[1], Chan G[4], Langbehn D[1], Bucholz K[5], McCutcheon V[5], Hesselbrock V[4], Schuckit M[6], Dick D[7], Hesselbrock M[4], Kuperman S[1].

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7. g Department of Psychology , Virginia Commonwealth University , Richmond , VA, USA.

Abstract

BACKGROUND:

The Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA) is an interview that assesses psychiatric symptoms and diagnoses, including substance use disorders and anxiety and mood (i.e., internalizing) disorders. Although the SSAGA is widely used, there exists no overall internalizing characteristics scale based on items drawn from SSAGA's mood and anxiety disorder sections.

OBJECTIVES:

To design and assess a SSAGA-based measurement instrument capturing the overall internalizing dimension that underlies more specific internalizing conditions.

METHODS:

We developed, assessed, and characterized a new scale for measuring internalizing problematic characteristics derived from the SSAGA interview. All samples were drawn from the Collaborative Studies on the Genetics of Alcoholism, a prospective multi-site genetic study of families at high risk for alcohol use disorders. All participants taking part in the study between September 2005 and September 2017 were eligible (n = 904, 52.2% female).

RESULTS:

The scale had adequate internal consistency (ordinal α = 0.85, 95% CI = [0.81, 0.89]). Construct validity was supported by its association with other measures of internalizing characteristics (Internalizing Scale from Achenbach Self Reports; Neuroticism Scale from the Neuroticism-Extraversion-Openness Five-Factor Personality Inventory). Several indices of alcohol, marijuana, and nicotine misuse were also positively associated with Internalizing Scale scores.

CONCLUSIONS:

The Internalizing Scale has very good psychometric properties and can be used in studies that incorporate the SSAGA interview to study the association between internalizing characteristics and problematic alcohol and other substance use. These associations can potentially be utilized to identify individuals at risk for substance problems and to design treatments targeting such individuals.
PMID: 29870277
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Obsessive-compulsive personality disorder features and response to behavioral therapy for insomnia among patients with hypnotic-dependent insomnia.

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Abstract

OBJECTIVE:

To compare therapeutic response to behavioral therapy for insomnia (BT-I) among hypnotic-dependent insomnia (HDI) patients with and without Cluster C personality disorders.

PARTICIPANTS:

Twenty-three adults with HDI (17 females), aged between 33 and 68 (M = 53; SD = 9.9) were included in the study.

METHODS:

Participants completed a personality disorder assessment (baseline), as well as sleep diaries, polysomnography (PSG), and an insomnia severity assessment (baseline, posttreatment, and one-year follow-up). Treatment consisted of eight weeks of individual BT-I and gradual hypnotic medication withdrawal. Multilevel mixed-effects linear regression models examined the interaction between study visit and Cluster C personality disorders status on treatment response to BT-I.

RESULTS:

Obsessive-compulsive personality disorder (OCPD) was the most prevalent of the Cluster C personality disorders with 38% (n = 8) of participants meeting criteria. There were no significant treatment differences by OCPD status across time as measured by sleep diaries and insomnia severity status. However, there were significant treatment differences by OCPD status by one-year follow-up on PSG outcomes, indicating that patients with OCPD status had shorter and more disrupted sleep than patients without OCPD status.

CONCLUSIONS:

Based on self-reported sleep measures, patients with insomnia and features of OCPD responded equivalently to BT-I at one-year follow-up compared to patients without features of OCPD. However, polysomnography outcomes indicated objective sleep deteriorated in these patients, which may suggest greater vulnerability to relapse.
PMID: 29869891
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57. J Behav Addict. 2018 Jun 1;7(2):348-354. doi: 10.1556/2006.7.2018.47. Epub 2018 Jun 5.

At-risk gambling in patients with severe mental illness: Prevalence and associated features.

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Abstract

Background and aims The primary objective of this study was to investigate the prevalence of at-risk gambling in a large, unselected sample of outpatients attending two community mental health centers, to estimate rates according to the main diagnosis, and to evaluate risk factors for gambling. Methods All patients attending the centers were evaluated with the Canadian Problem Gambling Index and the Mini International Neuropsychiatric Interview. Diagnoses were checked with the treating psychiatrists and after a chart review of the university hospital discharge diagnoses. Results The rate of at-risk gambling in 900 patients was 5.3%. In those who gambled over the last year, 10.1% were at-risk gamblers. The rates in the main diagnostic groups were: 4.7% schizophrenia and related disorders, 4.9% bipolar disorder, 5.6% unipolar depression, and 6.6% cluster B personality disorder. In 52.1% of the cases, at-risk gambling preceded the onset of a major psychiatric disorder. In a linear regression analysis, a family history of gambling disorder, psychiatric comorbidities, drug abuse/dependence, and tobacco smoking were significantly associated with at-risk gambling. Discussion and conclusion The results of this study evidenced a higher rate of at-risk gambling compared to community estimates and call for a careful screening for gambling in the general psychiatric population.
PMID: 29865864
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Psychedelics and Personality.

Aixalà M[1], Dos Santos RG[1,2,3], Hallak JEC[2,3], Bouso JC[1].

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Abstract

In the past decade, an increasing number of clinical trials are reporting evidence that psychedelics or serotonergic hallucinogens (such as lysergic acid diethylamide, psilocybin, and ayahuasca/dimethyltryptamine) could be effective in the treatment of mood, anxiety, and substance use disorders. The mechanisms responsible for these effects are not fully understood but seem to involve changes in bran dynamics in areas rich in serotonergic 5-HT_{2A} receptors and in personality. In the present text, we present a brief and critical overview of the current research in this field, pointing out both promises and limitations of these studies.

Similar articles

Randomized Trial of a Group Music and Imagery Method (GrpMI) for Women with Fibromyalgia.

Torres E[1], Pedersen IN[2], Pérez-Fernández JI[3].

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Abstract

Background:

Fibromyalgia (FM) affects about 2-4% of the world population. Patients, mostly women, experience chronic widespread pain, fatigue, stiffness, sleep disturbances, and psychological disorders, especially depression and anxiety.

Objective:

The aim of this study was to examine preliminary efficacy of a Group Music and Imagery (GrpMI) intervention, which included relaxation, music listening, and spontaneous imagery,

to improve subjective psychological well-being, functional capacity and health, pain perception, anxiety, and depression in women with FM.

Methods:

Fifty-six women aged 35 to 65 years (M = 51.3) diagnosed with FM were randomly assigned to either GrpMI treatment (n = 33) or control (n = 26) condition. Experimental group participants received 12 weekly GrpMI sessions, and control group participants who did not receive any additional service completed measures at the same time points as the experimental group.

Results:

Intra-group analyses showed that GrpMI participants had a significant increase in psychological well-being and significant decrease in the impact of FM on functional capacity and health, pain perception, anxiety, and depression post-treatment, with sustained benefit at three-month follow-up for all variables except psychological well-being. Control group participants showed decreases in trait anxiety and depression at post-treatment, with no significant benefit at three-month follow-up. Inter-group analyses showed that compared with control participants, GRpMI participants had significantly higher scores for psychological well-being and lower-state anxiety post-treatment; however, no differences were observed between groups at three-month follow-up.

Conclusions:

Findings offer preliminary evidence for the benefit of GrpMI to improve well-being and reduce anxiety in women with FM. Findings also suggest that GrpMI may help diminish pain intensity, state depression, and the impact of FM on functional capacity and health, but further studies are needed to establish efficacy.
PMID: 29788133 [Indexed for MEDLINE]
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1. Curr Opin Psychiatry. 2018 Aug 29. doi: 10.1097/YCO.0000000000000462. [Epub ahead of print]

Psychotic symptoms in borderline personality disorder: an update.

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Abstract

PURPOSE OF REVIEW:

The purpose of this article is to review the most recent literature on psychotic symptoms in borderline personality disorder (BPD).

RECENT FINDINGS:

Both auditory hallucinations and delusional ideation (especially paranoid delusions) are relatively common in individuals with BPD. It is still difficult to distinguish these and related phenomena in BPD from the corresponding experiences in psychotic disorders and schizophrenia, despite numerous attempts to do so. The terminology introduced to help with this effort has not been particularly useful. The presence of auditory hallucinations may affect the course of BPD negatively. Psychotic symptoms in BPD seem to be significantly related to the context (usually stressful events) and appear or intensify in response to situational crisis. The role of certain co-occurring disorders in increasing the risk of psychotic symptoms in BPD remains uncertain.

SUMMARY:

Psychotic symptoms in BPD continue to be poorly understood. Further research should try to ascertain the relationships between hallucinations and delusions on one hand and the processing of trauma, emotion regulation, distress tolerance and interpersonal sensitivity on the other. Ultimately, such endeavor will contribute to developing more effective treatments for BPD.
PMID: 30169467

2. Open Access Maced J Med Sci. 2018 Aug 1;6(8):1533-1544. doi: 10.3889/oamjms.2018.217. eCollection 2018 Aug 20.

Effect of Stress, Depression and Type D Personality on Immune System in the Incidence of Coronary Artery Disease.

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Abstract

BACKGROUND:

Psychoneuroimmunology (PNI) is the study of the interaction between psychological processes and the nervous and immune systems of the human body. The impact of psychological factors on the immune system and the role of this system in Coronary Artery Disease (CAD) are confirmed. Coronary Heart Disease (CHD) is arisen due to the failure of blood and oxygen to the heart tissues.

AIM:

The present study aimed to describe psychoneuroimmunological processes which contribute to CAD and CHD progression.

METHOD:

Such psychological risk factors like stress, depression and type D personality were investigated here. Psychoneuroimmunological pathways of all three mentioned risk factors were described for CAD.

RESULTS:

The studies review indicated that stress could be accompanied with myocardial ischemia and help to rupture. The depression involves in the transfer of stable atherosclerotic plaque to unstable, and type D personality is effective in the initial stages of a CAD.

CONCLUSION:

As more information on cardiovascular immunity becomes available, this will provide a better understanding and thus act as the foundation for the potential development of new treatment strategies for treatment of cardiovascular disorders.

Childhood Adversity and Psychophysiological Reactivity to Pain in Adolescent Nonsuicidal Self-Injury.

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Abstract

BACKGROUND:

Nonsuicidal self-injury (NSSI), the intentional, self-directed act of injuring one's own body tissue, is a behavioral phenomenon closely linked to stress and its maladaptive regulation. NSSI is associated with childhood adversity that may underlie altered hypothalamic-pituitary-adrenal axis and autonomic nervous system response to stress in adolescents engaging in NSSI. Adolescents engaging in NSSI show decreased pain sensitivity and increased psychophysiological response to pain that may underlie the maintenance of the behavior and its stress-regulating function.

SAMPLING AND METHODS:

In a secondary analysis of previously published data we aimed to address the relationship between childhood adversity and altered psychophysiological pain response in an outpatient sample of n = 30 adolescents engaging in repetitive NSSI.

RESULTS:

Greater childhood adversity is associated with greater cortisol secretion and increased and prolonged autonomic arousal following pain induction.

CONCLUSIONS:

The findings illustrate a potential neurobiological pathway linking childhood adversity to hyporesponsiveness of endogenous stress response systems that in turn show increased reactivity to the experience of pain. This hyperreactivity may counterbalance an inadequate stress response and in turn help to cope with stressful experiences. Directions for future research are discussed.

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Suicidal patients in a psychiatric emergency unit: clinical characteristics and aggression profile.

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Abstract

OBJECTIVE:

To explore and describe a profile of patients admitted to a psychiatric emergency facility, comparing patients with and without a recent suicide attempt in terms of their clinical characteristics and aggression.

METHODS:

This was an exploratory comparative study where patients were assessed using the Brief Psychiatric Rating Scale (BPRS) and the Overt Aggression Scale (OAS). Participants with a suicide attempt in the last 24 hours (SA) were compared to participants with a prior history of suicide attempt but no recent attempt (PHSA).

RESULTS:

63 individuals (SA: 26; PHSA: 37) were selected. Both groups had similar demographic and clinical characteristics. The most prevalent diagnoses were mood (57.1%) and personality (50.8%) disorders. The majority of patients in both groups had a history of aggression episodes. Physical aggression in the week prior to admission was more prevalent in the PHSA group (51.4 vs. 19.2%, p = 0.017). The PHSA group also presented higher activation scores (p = 0.025), while the SA group presented higher affect scores on BPRS dimensions (p = 0.002).

CONCLUSION:

The majority of individuals with a history of suicide attempt also presented a history of aggression. Inpatients with recent suicide attempt were hospitalized mainly due to the risk of suicide, while those with no recent suicide attempt were hospitalized mainly due to the risk of hetero-aggression. These findings support the hypothesis of an aggressive profile in suicidal patients and may open up a path for future research.

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5. Curr Psychiatry Rep. 2018 Aug 28;20(10):84. doi: 10.1007/s11920-018-0952-5.

Hypothalamic-Pituitary-Adrenal Axis Function in Children and Adults with Severe Antisocial Behavior and the Impact of Early Adversity.

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Abstract

PURPOSE OF REVIEW:

To review recent studies investigating hypothalamic-pituitary-adrenal axis function in children and adolescents with disruptive behavior disorders (DBDs) and adults with antisocial personality disorder. We consider key concepts and methodological issues in cortisol assessment and review studies investigating basal cortisol secretion and stress reactivity in antisocial populations. Lastly, we consider whether cortisol abnormalities predict prognosis or treatment outcomes and the impact of exposure to adversity on hypothalamic-pituitary-adrena (HPA) axis activity.

RECENT FINDINGS:

Studies tracking cortisol levels across the day and assessing cortisol awakening responses (CARs) have reported broadly intact, but flatter, diurnal rhythms and lower CARs in children and adolescents with DBDs, whereas findings in antisocial adults have been mixed. Cortisol hyporeactivity to stress is consistently reported in male antisocial populations, whereas no comparable data exist in females. Severe antisocial behavior is associated with cortisol hyporeactivity to stress, and such hyporeactivity predicts poor treatment outcomes. Further research investigating sex differences and the impact of adversity is needed. Harmonization of methods for assessing hypothalamic-pituitary-adrenal axis function and antisocial behavior would enhance progress in this area.
PMID: 30155579
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Association between amygdala neurokinin-1 receptor availability and anxiety-related personality traits.

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Abstract

Animal studies indicate that substance P (SP) and its preferred neurokinin-1 (NK1) receptor
modulate stress and anxiety-related behavior. Alterations in the SP-NK1 system have also
been observed in human anxiety disorders, yet little is known about the relation between this
system and individual differences in personality traits associated with anxiety propensity and
approach-avoidance behavior, including trait anxiety, neuroticism, and extraversion.
Exploring this relation could provide important insights into the neurobiological
underpinnings of human anxiety and the etiology of anxiety disorders, as anxious traits are
associated with increased susceptibility to develop psychopathological conditions. Here we
examined the relationship between central NK1 receptor availability and self-rated measures
of trait anxiety, neuroticism, and extraversion. The amygdala was chosen as the primary
region of interest since this structure has been suggested to mediate the effect of the SP-NK1
system on anxiety. Anxious traits and NK1 receptor availability, determined with positron
emission tomography and the radiotracer [^{11}C]GR205171, were measured in 17 healthy
individuals. Voxel-wise analyses showed a significant positive correlation between bilateral
amygdala NK1 receptor availability and trait anxiety, and a trend in similar direction was
observed for neuroticism. Conversely, extraversion was found to be negatively associated
with amygdala NK1 receptor availability. Extraversion also correlated negatively with the
NK1 measure in the cuneus/precuneus and fusiform gyrus according to exploratory whole-
brain analyses. In conclusion, our findings indicate that amygdala NK1 receptor availability is
associated with anxiety-related personality traits in healthy subjects, consistent with a
modulatory role for the SP-NK1 system in human anxiety.

Prescription of potentially inappropriate psychotropic drugs in homeless people with schizophrenia and bipolar disorders. Results from the French Housing First (FHF) program.

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Abstract

BACKGROUND:

Guidelines have been edited for the treatment of schizophrenia (SZ) and bipolar disorders (BD). Background regimen is currently recommended for both illnesses (antipsychotic drug for SZ and mood stabilizer for BD). The recommendations are less clear for major depression in these disorders. Long-term anxiolytic and hypnotic prescriptions may have potential side effects and should be withdrawn as soon as possible.

OBJECTIVE:

The aim of this study was to investigate the prevalence and associated factors of Potentially Inappropriate Psychotropic drugs (PIP) in a large multicenter sample of Homeless Schizophrenia (SZ) and Bipolar Disorder (BD) (HSB) patients.

METHODS:

This multicenter study was conducted in 4 French cities: Lille, Marseille, Paris and Toulouse. PIP was defined by at least one item among: (i) absence of background regimen (antipsychotic for SZ or mood stabilizer for BD), (ii) absence of antidepressant for major depressive disorder and (iii) daily long-term anxiolytic or (iv) hypnotic prescription.

RESULTS:

Overall, 703 HSB patients, mean aged 38 years and 82.9% men were included, 487 SZ (69.3%) and 216 BD (30.7%). 619 (88.4%) of the patients reported at least one PIP. 386 (54.9%) patients had an inappropriate background regimen prescription (209(43.4%) of SZ had no antipsychotic prescription and 177(81.9%) of BD no mood stabilizer), 336 (48%) had an inappropriate antidepressant prescription (with no significant difference between SZ and BD), 326 (46.4%) had an inappropriate prescription of anxiolytics and 107 (15.2%) had an inappropriate prescription of hypnotics. 388(55%) of the subjects were diagnosed with major depression but only 52(13%) of them were administered antidepressants. In multivariate analysis, PIP was associated with bipolar disorder diagnosis (aOR = 4.67 [1.84-11.89], p = 0.001), current major depressive disorder (aOR = 27.72 [9.53-80.69], p < 0.0001), lower rate of willingness to ask for help (aOR = 0.98[0.96-0.99], p = 0.001). Potentially inappropriate background regimen prescription was associated with bipolar disorder diagnosis (aOR = 6.35 [3.89-10.36], p < 0.0001), lower willingness to ask for help (aOR = 0.99[0.98-0.99], p = 0.01) and lack of lifetime history of psychiatric care (aOR = 0.30[0.12-0.78], p = 0.01). Inappropriate antidepressant prescription was associated with antisocial personality disorder (aOR = 1.58 [1.01-2.48], p = 0.04) and current substance use disorder (aOR = 2.18[1.48-3.20], p < 0.0001).

CONCLUSION:

The present findings suggest that almost 9 on 10 HSB subjects may receive a PIP including inappropriate prescriptions or absence of appropriate prescription. Bipolar disorder and/or major depression should be targeted in priority and treated with mood stabilizers and/or antidepressants in this population, while anxiolytics and hypnotics should be withdrawn as much as possible. Major depression should be particularly explored in subjects with comorbid antisocial personality disorder and substance use disorder. The psychiatric care has been associated with better appropriate psychotropic prescriptions and should be reinforced in this population.

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8. Prog Neuropsychopharmacol Biol Psychiatry. 2018 Aug 25;89:1-8. doi: 10.1016/j.pnpbp.2018.08.025. [Epub ahead of print]

Is there an "antisocial" cerebellum? Evidence from disorders other than autism characterized by abnormal social behaviours.

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Abstract

The cerebellum is a hindbrain structure which involvement in functions not related to motor control and planning is being increasingly recognized in the last decades. Studies on Autism Spectrum Disorders (ASD) have reported cerebellar involvement on these conditions characterized by social deficits and repetitive motor behavior patterns. Although such an involvement hints at a possible cerebellar participation in the social domain, the fact that ASD patients present both social and motor deficits impedes drawing any firm conclusion regarding cerebellar involvement in pathological social behaviours, probably influenced by the classical view of the cerebellum as a purely "motor" brain structure. Here, we suggest the cerebellum can be a key node for the production and control of normal and particularly aberrant social behaviours, as indicated by its involvement in other neuropsychiatric disorders which main symptom is deregulated social behaviour. Therefore, in this work, we briefly review cerebellar involvement in social behavior in rodent models, followed by discussing the findings linking the cerebellum to those other psychiatric conditions characterized by defective social behaviours. Finally, possible commonalities between the studies and putative underlying impaired functions will be discussed and experimental approaches both in patients and experimental animals will also be proposed, aimed at stimulating research on the role of the cerebellum in social behaviours and disorders characterized by social impairments, which, if successful, will definitely help reinforcing the proposed cerebellar involvement in the social domain.

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Personality, environmental stressors, and diarrhea in Rhesus macaques: An interactionist perspective.

Gottlieb DH[1,2], Del Rosso L[2], Sheikhi F[3], Gottlieb A[4], McCowan B[5], Capitanio JP[2].

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Abstract

Previous research has repeatedly shown both personality and psychological stress to predict gastrointestinal disorders and chronic diarrhea in humans. The goal of the present research was to evaluate the role of personality, as well as psychological stressors (i.e., housing relocations and rearing environment), in predicting chronic diarrhea in captive Rhesus macaques, with particular attention to how personality regulated the impact of such stressors. Subjects were 1,930 R. macaques at the California National Primate Research Center reared in a variety of environments. All subjects took part in an extensive personality evaluation at approximately 90-120 days of age. Data were analyzed using generalized linear models to determine how personality, rearing condition, housing relocations, and personality by environment interactions, predicted both diarrhea risk (an animal's risk for having diarrhea at least once) and chronic diarrhea (how many repeated bouts of diarrhea an animal had after their initial bout). Much like the human literature, we found that certain personality types (i.e., nervous, gentle, vigilant, and not confident) were more likely to have chronic diarrhea, and that certain stressful environments (i.e., repeated housing relocations) increased diarrhea risk. We further found multiple interactions between personality and environment, supporting the "interactionist" perspective on personality and health. We conclude that while certain stressful environments increase risk for chronic diarrhea, the relative impact of these stressors is highly dependent on an animal's personality.
PMID: 30152539

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Excessive mortality and causes of death among patients with personality disorder with comorbid psychiatric disorders.

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Abstract

PURPOSE:

Excessive mortality has been seen in patients with personality disorder (PD), but it has not been well-studied when patients also have other psychiatric comorbidities. This study investigated the mortality rates and causes of death in an Asian cohort with PD.

METHOD:

We enrolled patients ≥ 18 years of age with PD as defined by DSM-IV criteria (N = 1172), who had been admitted to a psychiatric service center in northern Taiwan between 1985 and 2008. By linking with the national mortality database (1985-2008), cases of mortality (n = 156, 13.3%) were obtained. We calculated the standardized mortality ratios (SMRs) to

estimate the mortality gap between patients with PD and the general population. Stratified analyses of mortality rates by Axis I psychiatric comorbidity and sex were performed.

RESULTS:

Borderline PD (n = 391, 33.4%) was the dominant disorder among the subjects. The SMRs for all-cause mortality of PD alone, PD comorbid with non-substance use disorder(non-SUD), and PD comorbid with SUD were 4.46 (95% CI 1.94-6.98), 7.42 (5.99-8.85), and 15.96 (11.07-20.85), respectively. Among the causes of death, the SMR for suicide was the highest (46.92, 95% CI 34.29-59.56). The SMR for suicide in PD patients with comorbid SUD was unusually high (74.23, 95% CI 33.88-114.58). Women had a significant increase in suicide with an SMR of 59.00 (95% CI 37.89-80.11). Men had significant increase in SMRs for cardiovascular disease and gastrointestinal disease.

CONCLUSIONS:

We found significant synergistic effects of PD and SUD on mortality risk. A personality assessment should be mandatory in all clinical settings to prevent premature death and detect SUD early.
PMID: 30151650
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11. Brain Sci. 2018 Aug 26;8(9). pii: E162. doi: 10.3390/brainsci8090162.

A Closer Look into the Role of Protein Tau in the Identification of Promising Therapeutic Targets for Alzheimer's Disease.

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Abstract

One of the most commonly known chronic neurodegenerative disorders, Alzheimer's disease (AD), manifests the common type of dementia in 60⁻80% of cases. From a clinical standpoint, a patent cognitive decline and a severe change in personality, as caused by a loss of neurons, is usually evident in AD with about 50 million people affected in 2016. The disease progression in patients is distinguished by a gradual plummet in cognitive functions, eliciting symptoms such as memory loss, and eventually requiring full-time medical care. From a histopathological standpoint, the defining characteristics are intracellular aggregations of hyper-phosphorylated tau protein, known as neurofibrillary tangles (NFT), and depositions of amyloid β-peptides (Aβ) in the brain. The abnormal phosphorylation of tau protein is attributed to a wide gamut of neurological disorders known as tauopathies. In addition to the hyperphosphorylated tau lesions, neuroinflammatory processes could occur in a sustained manner through astro-glial activation, resulting in the disease progression. Recent findings have suggested a strong interplay between the mechanism of Tau phosphorylation, disruption of microtubules, and synaptic loss and pathology of AD. The mechanisms underlying these interactions along with their respective consequences in Tau pathology are still ill-defined. Thus, in this review: (1) we highlight the interplays existing between Tau pathology and AD; and (2) take a closer look into its role while identifying some promising therapeutic advances including state of the art imaging techniques.

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Regional grey matter volume reduction in adolescents engaging in non-suicidal self-injury.

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Abstract

There is a high prevalence of non-suicidal self-injury (NSSI) amongst adolescents worldwide and therefore an urgency to investigate the underlying mechanisms that may facilitate such behaviours. This study aimed to investigate neurobiological alterations, specifically in regional brain volumes of the frontolimbic system, in adolescents engaging in NSSI in comparison to healthy controls. Regional grey matter volumes were compared between 29 adolescent female patients who presented with incidents of NSSI on ≥5 days within the last 12 months (DSM-5 criteria for NSSI) and 21 healthy age, gender and education matched controls who had never received any psychiatric diagnosis/treatment, or engaged in NSSI. Significant group effects in regional brain volumes were observed in insula, and a suggested change in the anterior cingulate cortex (ACC), while controlling for total segmented volume. Additionally, ACC volume showed a significant association with past suicide attempts, where estimated marginal means showed even smaller ACC volume in adolescents engaging in NSSI with a history of suicide attempt in comparison to those with no history of suicide attempt, including healthy controls. This study provides the first evidence of volumetric changes in adolescents engaging in NSSI and a potential neurobiological link between NSSI and suicide attempt.
PMID: 30149362
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13. J Affect Disord. 2018 Aug 14;241:492-498. doi: 10.1016/j.jad.2018.08.046. [Epub ahead of print]

Affective instability in those with and without mental disorders: A case control study.

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Abstract

BACKGROUND:

Affective instability (AI) is transdiagnostic, and associated with suicidality and healthcare use. It has rarely been compared between diagnoses or to controls. We investigated: whether AI differs between clinical cases and controls and between diagnoses; how different AI components are correlated; and whether AI is associated with functioning in clinical cases.

METHODS:

Cases (N = 69) from psychiatric services had a diagnosis of borderline personality disorder, bipolar disorder, major depression or psychosis and were compared to primary care controls (N = 25). Participants completed the affective lability scale (ALS), affective intensity measure (AIM), affective control scale (ACS), scored mood fluctuation rate and the WHO-DAS.

RESULTS:

There was a significant difference in affective lability between cases and controls and across diagnostic groups ($p < 0.001$). Compared to controls, cases showed lower affective control ($p < 0.05$). There were no differences in affective intensity between cases and controls or between diagnostic groups, or in mood fluctuation rate between groups. ALS score ($p < 0.001$), and total number of medications ($p < 0.046$), were associated with functioning, independent of diagnosis.

LIMITATIONS:

The sample size was modest. Cases were not in an acute illness episode and this could bias estimates of group difference towards the null.

CONCLUSION:

Individuals with mental disorder demonstrate higher levels of affective lability and lower affect control than those without mental disorder. In contrast affective intensity may not be useful in demarcating abnormal affective experience. Independent of diagnosis, affective instability, as measured by affect lability, adversely impacts day-to-day functioning. It could be an important target for clinical intervention.

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Affective instability across the lifespan in borderline personality disorder - a cross-sectional e-diary study.

Santangelo PS[1,2], Koenig J[3,4], Kockler TD[1], Eid M [5], Holtmann J[5], Koudela-Hamila S[1], Parzer P[4], Resch F[4], Bohus M[2], Kaess M[3,4], Ebner-Priemer UW[1,2].

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Abstract

OBJECTIVE:

Longitudinal and cross-sectional studies suggest that affective instability is inversely related to greater age in borderline personality disorder (BPD). However, existing studies relied on retrospective self-reports of perceived instability. We examined affective instability in everyday life in patients with BPD and healthy controls (HCs) by age in a cross-sectional e-diary study.

METHODS:

Two hundred and sixty female participants between 14 and 53 years of age (130 patients with BPD and 130 HCs) carried an e-diary over 4 days. The e-diaries emitted a prompting signal in approximately hourly intervals asking participants to rate their current affective state, that is valence (ranging from pleasant to unpleasant) and tense arousal (ranging from calm/relaxed to restless/under tension).

RESULTS:

Multilevel analyses revealed a significant interaction of age and group predicting affective instability (valence: $F_{(1,255.6)} = 7.59$; $P < 0.01$; tense arousal: $F_{(1,252)} = 6.08$; $P < 0.01$), suggesting that affective instability significantly declines with greater age in patients with BPD. Controlling for the number of comorbid disorders and BPD severity did not change the results, illustrating an inverse relationship between age and affective instability in BPD (significant interaction of age*group for valence: $F_{(1,238.7)} = 5.74$; $P < 0.02$ and tense arousal: $F_{(1,235.2)} = 5.28$; $P < 0.02$).

CONCLUSION:

Affective instability during daily life declines with greater age in BPD. This decline is irrespective of comorbidity and BPD severity.

Similar articles

15. Eur Psychiatry. 2018 Sep;53:123-133. doi: 10.1016/j.eurpsy.2018.06.006.

Early life experiences and social cognition in major psychiatric disorders: A systematic review.

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Abstract

OBJECTIVE:

To present a systematic review of the literature on the associations between early social environment, early life adversity, and social cognition in major psychiatric disorders, including schizophrenia, bipolar disorder, borderline personality disorder, major depressive disorder and posttraumatic stress disorder.

METHOD:

Relevant studies were identified via electronic and manual searches of the literature and included articles written in English and published in peer-reviewed journals up to May 2018. Quality assessment was performed using the quality evaluation scale employed in previous systematic reviews.

RESULTS:

A total of 25 studies were included in the systematic review with the quality assessment scores ranging from 3 to 6 (out of 6). The vast majority of the studies reviewed showed a significant association between early childhood social experience, including both insecure attachment and adversity relating to neglect or abuse, and poorer social cognitive performance.

CONCLUSION:

We discuss these findings in the context of an attachment model, suggesting that childhood social adversity may result in poor internal working models, selective attention toward emotional stimuli and greater difficulties with emotional self-regulation. We outline some of the steps required to translate this understanding of social cognitive dysfunction in major

psychiatric disorders into a target for interventions that mitigate the adverse effects of childhood maltreatment and poor parental attachment on social cognition.

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Malaise with praise: A narrative review of 10 years of research on the concept of Fear of Positive Evaluation in social anxiety.

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Abstract

Social anxiety is characterized by a fear of being negatively evaluated by others (i.e., Fear of Negative Evaluation [FNE]). In 2008, Weeks, Heimberg, and Rodebaugh proposed Fear of Positive Evaluation (FPE) as a second cognitive component in social anxiety. The article presents an overview of FPE, its psycho-evolutionary theoretical foundation and assessment by the Fear of Positive Evaluation Scale as well as relevant psychometric research on demographic characteristics. The relationship of FPE with a wide range of established dimensions from clinical, personality, and social psychology (i.e., self-esteem, perfectionism, or quality of life) will be reviewed. The role of FPE for psychological comorbidities such as other anxiety disorders, depression, eating, and substance use disorders as well as for treatment of social anxiety will be discussed. Future research might address questions of causality of FPE relative to related constructs, further data on psychometric properties, as well as on its independence from FNE in longitudinal studies. In sum, FPE seems to be a valid and reliable construct that explains cognitions, emotions, and behavior related to social anxiety at subclinical and clinical levels and therefore enriches the psychometric repertoire in the fields of social psychology, personality, and clinical psychology.
PMID: 30144225
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NOCICEPTIN/ORPHANIN FQ RECEPTOR AGONISTS INCREASE AGGRESSIVENESS IN THE MOUSE RESIDENT-INTRUDER TEST.

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Abstract

Aggressive behaviors can be considered symptoms of bipolar disorder, schizophrenia, post-traumatic stress, intermittent explosive, and personality disorders. Nociceptin/orphanin FQ (N/OFQ) is a peptide acting as endogenous ligand of the NOP receptor. Preclinical and clinical findings suggest the NOP receptor as an innovative target for the treatment of psychopathologies, such as anxiety, depression, and drug abuse. This study investigated the effects of NOP ligands and the behavioral phenotype of mice lacking the NOP receptor in an animal model of aggressiveness, the resident-intruder test. Mood stabilizers, such as valproate, lithium, and carbamazepine reduced aggressive behaviors of resident mice, while diazepam was inactive. In contrast, para-chlorophenylalanine (PCPA), an inhibitor of 5-HT synthesis, increased aggressiveness in mice. Similar to PCPA, the treatment with the NOP agonists Ro 65-6570 and AT-090 also increased aggressive behaviors. The systemic administration of the NOP antagonist SB-612111 did not modify the behavior of resident mice, but it prevented the aggressive behavior of Ro 65-6570. NOP receptor knockout mice

did not display any behavioral difference compared to wild-type animals in the resident-intruder test. None of the treatments affected non-agonistic behaviors and spontaneous locomotion. In conclusion, NOP receptor agonists increased aggressiveness, while the pharmacological and genetic blockade of NOP receptor signaling did not modify agonistic behaviors. Ultimately, the aggressive profile of action of NOP agonists should be taken into account in the development of innovative psychiatric drugs targeting the NOP receptor.
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18.

Associations between dimensions of anorexia nervosa and obsessive-compulsive disorder: An examination of personality and psychological factors in patients with anorexia nervosa.

Levinson CA[1], Zerwas SC[2], Brosof LC[1], Thornton LM[2], Strober M[3], Pivarunas B[4], Crowley JJ[5], Yilmaz Z[2], Berrettini WH[6], Brandt H[7], Crawford S[7], Fichter MM[8], Halmi KA[9], Johnson C[10], Kaplan AS[11], La Via M[2], Mitchell J[12], Rotondo A[13], Woodside DB[14], Kaye WH[15], Bulik CM[2,16,17] .

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Abstract

OBJECTIVE:

Anorexia nervosa (AN) and obsessive-compulsive disorder (OCD) are highly comorbid. However, the factors that account for this comorbidity are poorly understood. We examined the core dimensions of AN and OCD and psychological and personality factors shared by both disorders.

METHOD:

In path analyses (N = 732 women with either current AN or recovered from AN), we examined which factors were uniquely and independently associated with the core dimensions of AN and OCD. We also examined recovery from AN as a moderator.

RESULTS:

When individuals with AN reported greater concern over mistakes, they endorsed more severity in both AN and OCD core dimensions. These unique associations existed above and beyond all other transdiagnostic personality and psychological factors and regardless of AN recovery status.

CONCLUSIONS:

Concern over mistakes partially accounts for severity in the core dimensions of both AN and OCD. Concern over mistakes may represent an important target in the aetiology of AN and OCD.

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Increased BDNF methylation in saliva, but not blood, of patients with borderline personality disorder.

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Abstract

BACKGROUND:

The importance of epigenetic alterations in psychiatric disorders is increasingly acknowledged and the use of DNA methylation patterns as markers of disease is a topic of ongoing investigation. Recent studies suggest that patients suffering from Borderline Personality Disorder (BPD) display differential DNA methylation of various genes relevant for neuropsychiatric conditions. For example, several studies report differential methylation in the promoter region of the brain-derived neurotrophic factor gene (BDNF) in blood. However, little is known about BDNF methylation in other tissues.

RESULTS:

In the present study, we analyzed DNA methylation of the BDNF IV promoter in saliva and blood of 41 BPD patients and 41 matched healthy controls and found significant hypermethylation in the BPD patient's saliva, but not blood. Further, we report that BDNF methylation in saliva of BPD patients significantly decreased after a 12-week psychotherapeutic intervention.

CONCLUSIONS:

Providing a direct comparison of BDNF methylation in blood and saliva of the same individuals, our results demonstrate the importance of choice of tissue for the study of DNA

methylation. In addition, they indicate a better suitability of saliva for the study of differential BDNF methylation in BPD patients. Further, our data appear to indicate a reversal of disease-specific alterations in BDNF methylation in response to psychotherapy, though further experiments are necessary to validate these results and determine the specificity of the effect.

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Response Inhibition Deficits in Insomnia Disorder: An Event-Related Potential Study With the Stop-Signal Task.

Zhao W[1,2], Gao D[3], Yue F[3], Wang Y[3], Mao D[3], Chen X[1,2], Lei X[1,2].

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Abstract

Background: Response inhibition is a hallmark of executive function, which was detected impaired in various psychiatric disorders. However, whether insomnia disorder (ID) impairs response inhibition has caused great controversy. **Methods:** Using the auditory stop-signal paradigm coupled with event-related potentials (ERPs), we carried out this study to examine whether individuals with ID presented response inhibition deficits and further investigated the neural mechanism correlated to these deficits. Twelve individuals with ID and 13 matched good sleepers (GSs) had participated in this study, and then they performed an auditory stop-signal task (SST) in the laboratory setting with high density EEG recordings. **Results:** The behavioral results revealed that compared to GSs, patients with ID presented significantly longer stop-signal reaction time (SSRT), suggesting the impairment of motor inhibition among insomniacs. Their reaction time in go trials, however, showed no significant between-group difference. Considering the electrophysiological correlate underlying the longer SSRT, we found reduced P3 amplitude in patients with insomnia in the successful stop trials, which might reflect their poor efficiency of response inhibition.

Finally, when we performed exploratory analyses in the failed stop and go trials, patients with ID presented reduced Pe and N1 amplitude in the failed sop trials and go trials respectively. **Discussion:** Taken together, these findings indicate that individuals with ID would present response inhibition deficits. Moreover, the electrophysiological correlate underlying these deficits mainly revolves around the successful stop P3 component. The present study is the first to investigate the electrophysiological correlate underlying the impaired response inhibition among insomniacs.

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21.

Too Imperfect to Fall Asleep: Perfectionism, Pre-sleep Counterfactual Processing, and Insomnia.

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Abstract

Previous research suggests that certain dimensions of perfectionism are associated with insomnia. However, the exact processes whereby perfectionism may influence sleep have as yet remained unexplored. The present study tested the hypothesis that perfectionistic individuals are particularly prone to engage in counterfactual thinking and to experience counterfactual emotions (regret, shame, and guilt) at bedtime, which have been shown to impair sleep. One hundred eighty university students completed questionnaires on perfectionism, counterfactual processing, and insomnia severity. Analyses revealed that three dimensions of perfectionism were significantly related to insomnia severity: Concern over

mistakes and doubts about action showed positive correlations, whereas organization showed a negative correlation. Moreover, the frequency of counterfactual thoughts and emotions at bedtime largely mediated the effects of these dimensions of perfectionism on insomnia severity. These findings highlight how personality-related patterns of behavior may translate into affective arousal at bedtime, thereby increasing the risk of insomnia.

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Mental health status among female sex workers in Tabriz, Iran.

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Abstract

Female sex workers are a deprived part of Islamic communities. It is necessary for public health policy makers to have knowledge about their mental health status. This study aims to have an evaluation of mental health among female sex workers in Tabriz for the first time in northwest of Iran. In this cross-sectional study, 48 female sex workers who had accepted to be evaluated were included. Sociodemographic and general mental health statuses, using General Health Questionnaire (GHQ-28), were recorded. Those with GHQ-28 score more than 23/24 in the first session were thoroughly interviewed in a second session in order to find out their specific mental disorder, using Structured Clinical Interview for DSM-IV axis 1 and 2 Disorders (SCID 1 and 2). This study suggests that 62.5% of female sex workers suffer from a mental health problem which is in accordance with previous studies. Mood and anxiety disorder were two of the most common, and there were also records of personality disorders among participants of this survey. There were also high rates of addiction in female sex workers of this study. Based on findings of this study, high rates of mental disorders such as personality disorders, anxiety disorder, and mood disorder were detected among female sex workers in the northwest of Iran. Financial incentive was reported to be the primary motivation for choosing sex work as a source of income.
PMID: 30128846

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Depressive vulnerability in women with Alzheimer's disease: Relationship with personality traits and abnormal personality dimensions.

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Abstract

BACKGROUND:

This study sought to determine the evaluation of current and pre-morbid depressive vulnerability dimensions in Alzheimer's disease. Sidney Blatt´s personality developmental perspective, the Five-Factor model and Axis II personality disorders were taken as references.

METHODS:

The study was conducted with two groups which were assessed using the Depressive Experiences Questionnaire, the NEO-FFI and the Personality Diagnostic Questionnaire-4+, in the form of individual interview sessions. Current personality measure: Alzheimer's disease Group, consisting of 44 female participants (M_{Age} = 81.36 years); Pre-morbid personality measure: Alzheimer's disease Group Informants (n = 40).

RESULTS:

Self-Criticism personality vulnerability is a general indicator of psychopathology. In pre-morbidity, Neuroticism (β = 0.41), Agreeableness (β = -0.63) and Conscientiousness (β = -0.08) predicted Self-Criticism, explaining 64% of the variance; additionally, Self-Criticism (β = 0.72) and Neediness (β = 2.05) predicted the PDQ-4+ total, explaining 58% of the variance. In terms of current personality, the PDQ-4+ total was predicted by Self-Criticism (β = 0.55), explaining 30% of the variance.

LIMITATIONS:

The small size of the samples, especially since it is difficult to access individuals diagnosed with AD at the onset or in its early stages; measuring personality changes by means of retrospective assessment by proxies may have introduced some memory bias.

CONCLUSIONS:

These findings are relevant to research relating depressive vulnerability to personality traits and psychopathology in Alzheimer's disease.

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Clinical Correlates of Cannabis Use Among Individuals With Attention Deficit Hyperactivity Disorder.

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Abstract

In this study, we explored patterns and clinical correlates of cannabis use among individuals with attention-deficit/hyperactivity disorder (ADHD). Data were obtained from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (2004-2005). Psychiatric disorders were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule. We used multivariate logistic regression models adjusting for sociodemographics, psychiatric disorders, and substance use disorders. Prevalence of cannabis use among individuals with and without ADHD was 14.3% and 4.3%, respectively. Diagnosis of any psychiatric disorder was significantly higher among those with ADHD and concurrent cannabis use compared with nonusers (adjusted odds ratio [AOR], 2.8; 95% confidence interval [CI], 1.08-6.41), as were odds of a lifetime personality disorder (AOR, 4.04; 95% CI, 1.84-8.84). Individuals with the hyperactive subtype initiated cannabis at a significantly earlier age compared with those with the inattentive subtype (13.8 ± 0.56 vs. 16.3 ± 0.5 years, respectively; $p = 0.0017$). Longitudinal prospective studies are required to further clarify the effects and patterns of cannabis use in this clinical population.
PMID: 30124577
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A Cross-Sectional Study on the Prevalence and Risk Correlates of Mental Disorders: The GRANADΣP Study.

Cervilla JA, Gutiérrez B[1], Rodríguez-Barranco M[2], Ibanez-Casas I [3], Pérez-García M[3], Valmisa E[4], Carmona J[4], Molina E[1], Moreno-Kustner B[5], Rivera M[1], Lozano V[1], Muñoz-Negro JE[6], Ching A[1], Guerrero M[6], Porras-Segovia A[6], Ruiz-Pérez I[2].

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Abstract

This is a cross-sectional study of participants from a population census living in the province of Granada (Spain). A total of 1176 persons were contacted, 367 (31%) refused and 54 (6.7%) needed substitution. A final sample of 809 participants (response rate, 69.3%) were screened for mental disorder (MD) using the MINI International Neuropsychiatric Interview, a comprehensive interview validated to generate diagnoses compatible with ICD-10/DSM-4 criteria. Current (1-month) prevalence for any MD was 11.3% (95% confidence interval [CI], 9.7%-13.4%; affective 8.2%, anxiety 9.6%, psychotic 2.1%, addiction 1.8%, personality disorder 3.6%). Lifetime MD prevalence was 24.6% (95% CI, 21.6-27.6; affective 14.9%, anxiety 15.5%, psychotic 3.4%, addiction 4.4%, personality disorder 3.6%). Female sex was associated with MD, but this appeared partially due to higher levels of neuroticism among women. MD also correlated significantly with cannabis use, family history of MD, higher social adversity, higher suicide risk, poorer physical health, poorer cognitive performance, and personality problems.
PMID: 30124573
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Serial Progression from Attention-Deficit/Hyperactivity Disorder to Alcohol Use Disorder: Serial Multiple Mediated Effects of Externalizing Disorders and Depression.

Jo JM[1], Won SD[1].

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1. Department of Clinical Psychology, Keyo Medical Foundation Keyo Mental Hospital, Uiwang, Korea.

Abstract

Objective:

Externalizing disorders such as attention-deficit/hyperactivity disorder (ADHD), conduct disorder and antisocial personality disorder, as well as depression are common comorbidities in alcohol use disorder (AUD). The current study focused on the temporal relationship between the onsets of these disorders and AUD, and investigated the serial multiple mediator model of externalizing disorders (e.g., ADHD) and depression on AUD.

Methods:

We analyzed the mediated effects of the Adult ADHD Self-Report Scale (ASRS), the Barratt Impulsiveness Scale motor (BIS_M) and the Beck Depression Inventory (BDI) on Korean version of the Alcohol Dependence Scale (ADS_K) using the multiple-step multiple mediation procedure regression analysis. In addition, we comparatively analyzed different clinical characteristics in relation to conduct problems.

Results:

The multiple-step multiple mediation procedure found the serial multiple mediated effects of the BIS_M and the BDI on the relationship between the ASRS and the ADS_K. Also, the group with conduct problem was significantly high in ADHD symptoms, depression, anxiety, impulsivity, legal problems and alcohol-related problems, compared to the group without conduct problems.

Conclusion:

To sum up, the results of this study show that ADHD symptoms in childhood could exert significant effects on the severity of AUD in adulthood, and both disorders might be mediated by the externalizing disorders characterized by the core feature of motor impulsivity, and depression serially. Thus, the treatment of preceding disorders in accordance with developmental stages is an overarching clinical component for preventing the subsequent development of AUD and for its treatment.

The Social Impact of Suspected Adverse Drug Reactions: An analysis of the Canada Vigilance Spontaneous Reporting Database.

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Abstract

INTRODUCTION:

Some adverse drug reactions (ADRs) may involve direct social issues, such as impaired quality of life, work productivity, or social functioning, as opposed to being social consequences of medical adverse events. Data on ADRs with a direct social impact remain scarce in the literature.

OBJECTIVE:

Our objective was to describe the ADRs consisting of direct social issues that have been recorded in the Canadian national spontaneous reporting system (Canada Vigilance).

METHODS:

We conducted an analysis of the online Canada Vigilance spontaneous reporting database from 1 January 1965 (inception) to 31 December 2015 (last date available). We manually examined all Medical Dictionary for Regulatory Activities (MedDRA) preferred terms (PTs) found in the Canada Vigilance database to identify those that involved direct social issues. We then used those PTs to search for relevant individual case safety reports (ICSRs). We conducted a descriptive analysis of the following ICSR characteristics: patient and reporter characteristics, type of ADR, seriousness (as assessed by the reporter and according to the

International Conference on Harmonisation criteria of seriousness), and suspected drug(s). We compared the characteristics of ADRs with and without direct social impact.

RESULTS:

Among the 11,946 MedDRA PTs recorded in Canada Vigilance, we retained 40 that had a direct social impact. Using these PTs, we identified 9557 relevant ICSRs (corresponding to 6670 patients). The proportion of ADRs consisting of direct social issues increased over time, with a sharp transient peak in 2008. The majority were reported by healthcare professionals and consumers (56.7 and 37.8%, respectively). The mean age of patients was 45.4 years, and 53.3% were females. Direct social issues consisted of personality disorders and behaviour disturbances (41.6%) followed by neurological disorders (34.2%). The majority of ADRs were considered serious by reporters (76.5%), with 26.8% resulting in hospitalization. Commonly suspected health products included nervous system drugs (63.3%) and antineoplastic and immunomodulating agents (23.6%). Compared with other ADRs, those with a direct social impact were more often reported by consumers, involved patients who were on average 5 years younger, and were more frequently assessed as being serious by the reporters.

CONCLUSIONS:

Findings from this study support the consideration of direct social issues as ADRs in the detection of drug safety signals.
PMID: 30121742
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28. BMJ Case Rep. 2018 Aug 17;2018. pii: bcr-2018-225473. doi: 10.1136/bcr-2018-225473.

Delirium and topographical disorientation associated with glioblastoma multiforme tumour progression into the isthmus of the cingulate gyrus.

Zervos TM[1], Robin AM[1], Lee I[1].

Author information:
1. Neurosurgery, Henry Ford Health System, Detroit, Michigan, USA.

Abstract

Since there is no cure for glioblastoma multiforme (GBM), the goal of treatment becomes prolonging the survival through cytoreduction while minimising neurological deficits. In this case report, laser interstitial thermal therapy (LITT) was used once the tumour progressed into the isthmus of the cingulate gyrus. One year after temporal lobectomy, disorders of memory, emotion, personality and navigation, likely related to limbic system involvement along with hallucinations and fluctuating cognition occurred as the tumour progressed. After ablation of the posterior cingulum, worsening of topographical disorientation was observed.Per literature review, delirium has been noted in patients with strokes involving the right-sided temporo-parieto-occipital junction, and topographical disorientation has been associated with lesions of the right posterior cingulum. Alternative causes of these deficits were ruled out, leaving structural changes as the primary explanation. This is the first report of the neurological deficits associated with tumour progression and vasogenic oedema in this region.
PMID: 30121566
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BMJ Full Text

Conflict of interest statement

Competing interests: None declared.

29. Brain Res Bull. 2018 Aug 15. pii: S0361-9230(18)30045-5. doi: 10.1016/j.brainresbull.2018.08.009. [Epub ahead of print]

Excitotoxic lesion of the medial prefrontal cortex in Wistar rats: Effects on trait and state anxiety.

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Abstract

The neural substrate of anxiety response (state anxiety) to a threatening situation is well defined. However, a lot less is known about brain structures implicated in the individual's predisposition to anxiety (trait anxiety). Scientific evidences lead us to suppose that the medial prefrontal cortex (mPFC) is involved in both trait and state anxiety. Thus, the aim of this study was to investigate the involvement of mPFC in trait anxiety and to further evaluate its participation in state anxiety. Sixty six adult, Wistar, male rats were first tested in the free-exploratory paradigm (FEP) and were categorized according to their levels of trait anxiety (high, medium and low). Three to six days after this exposure, all animals were submitted to stereotaxic brain surgery. Half the animals from each anxiety category was allocated to the mPFC-lesioned group and the other half to the Sham-lesioned group. After seven to nine days, all animals were again tested in FEP. Eight to 10 days later, the animals were tested in the Hole Board test, a model of state anxiety. The mPFC lesion decreased levels of trait anxiety of highly anxious rats, whereas it reduced the state anxiety of all animals, regardless the level of trait anxiety. These data extend evidence of the participation of the mPFC in state anxiety and it demonstrate the involvement of this brain structure in trait anxiety, a personality trait supposed to be a predisposing factor for anxiety disorders.
PMID: 30120930

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Psychiatric comorbidity as a risk factor for mortality in people with anorexia nervosa.

Himmerich H[1,2], Hotopf M[1,2], Shetty H[2], Schmidt U [1,2], Treasure J[1,2], Hayes RD[1], Stewart R[1,2], Chang CK[3,4,5].

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Abstract

Anorexia nervosa (AN) is found associated with increased mortality. Frequent comorbidities of AN include substance use disorders (SUD), affective disorders (AD) and personality disorders (PD). We investigated the influence of these psychiatric comorbidities on all-cause mortality with demographic and socioeconomic factors considered as confounders in the observation window between January 2007 and March 2016 for 1970 people with AN, using data from the case register of the South London and Maudsley (SLaM) NHS Foundation Trust, an almost monopoly-secondary mental healthcare service provider in southeast London. We retrieved data from its Clinical Records Interactive Search (CRIS) system as data source. Mortality was ascertained through nationwide tracing by the UK Office for National Statistics (ONS) linked to CRIS database on a monthly basis. A total of 43 people with AN died during the observation period. Standardized Mortality Ratio (SMR) with England and Wales population in 2012 as standard population for our study cohort was 5.21 (95% CI 3.77, 7.02). In univariate analyses, the comorbidity of SUD or PD was found to significantly increase the relative risks of mortality (HRs = 3.10, 95% CI 1.21, 7.92; and 2.58, 95% CI 1.23, 5.40, respectively). After adjustment for demographic and socioeconomic covariates as confounders, moderately but not significantly elevated risks were identified for SUD (adjusted HR = 1.39, 95% CI 0.53, 3.65) and PD (adjusted HR = 1.58, 95% CI 0.70, 3.56). These results suggest an elevated mortality in people with AN, which might be, at least partially, explained by the existence of the comorbidities SUD or PD.
PMID: 30120534
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31.

Common and distinct patterns of abnormal cortical gyrification in major depression and borderline personality disorder.

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Abstract

Abnormal gray matter volume has been consistently reported in patients with major depressive disorder (MDD), but markers of cortical neurodevelopment have been rarely investigated. Also, it is unclear whether there exist common versus distinct spatial patterns of abnormal cortical development across different disorders presenting with negative emotions and deficient affective regulation. In this study, we used structural MRI at 3T to investigate the local gyrification index (LGI), a marker of fetal/infant neurodevelopment, in adult female patients with MDD (n = 22), in adult female patients with borderline personality disorder (BPD) (n = 17), and in controls (n = 22). Reduced cortical folding of the precuneus, the superior parietal gyrus and the parahippocampal gyrus was found in both MDD and BPD patients when compared to controls (p < 0.05, cluster-wise probability [CWP] corrected). MDD patients showed additional hypogyrification of the middle frontal gyrus and the fusiform gyrus when compared to both controls and BPD patients (p < 0.05, CWP corrected). In MDD patients, lower LGI of prefrontal regions was significantly associated with the age of disease onset and with the number of depressive episodes. In BPD patients, lower LGI of orbitofrontal regions was associated with impulsivity. Our findings suggest abnormal early cortical development in MDD, affecting brain regions that have been frequently implied in MDD pathophysiology. However, LGI abnormalities may not be specific for MDD, since MDD and BPD patients also exhibited common patterns of hypogyrification. Hypogyrification of cortical regions associated with higher-order cognition appears to be most pronounced in MDD. Abnormal early cortical neurodevelopment may mediate vulnerability to disorders of emotion.
PMID: 30119924
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Prevalence and correlates of HIV testing and HIV-positive status in the US: Results from the National Epidemiological Survey

on Alcohol and Related Conditions III (NESARC-III).

Blanco C[1], Wall MM[2], Compton WM[3], Kahana S[3], Feng T[2], Saha T[4], Elliott JC[5], Hall HI[6], Grant BF[4].

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6. Centers for Disease Control and Prevention, USA.

Abstract

We used the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC-III), a nationally representative sample of US adults (n = 34,653), to estimate the prevalence and correlates of HIV testing and HIV status. The diagnostic interview used was the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-5 Version. We found that in 2012-2013, the prevalence of a history of HIV testing was 53.0% among females and 47.0% among males. Among individuals tested, the prevalence of HIV was 1.06%, resulting in a known estimated prevalence of 0.54% in the full sample. In adjusted results, being non-white, aged 30-44, having college, being non-heterosexual, having history of unprotected sex or history of childhood sexual abuse and lower mental health-related quality of life increased the odds of having been tested, whereas being foreign-born, 45 years or older, family income ≥$20,000, being unemployed or a student, living in a rural setting and older age at first sex lowered those odds. Among those tested, being 30-64, being non-heterosexual, having history of unprotected sex or having a sexually transmitted disease in the last year was associated with greater odds of being HIV+. Having some college decreased those odds. In the adjusted results all psychiatric disorders were associated with increased rates of HIV testing, but only a lifetime history of drug use disorder and antisocial personality disorders were associated with HIV status among those tested. Despite CDC recommendations, only about half of US adults have ever been tested for HIV, interfering with efforts to eradicate HIV infection.

PMID: 30118996
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33. J Headache Pain. 2018 Aug 3;19(1):62. doi: 10.1186/s10194-018-0894-7.

Psychological distress, neuroticism and disability associated with secondary chronic headache in the general population - the Akershus study of chronic headache.

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Abstract

BACKGROUND:

Primary headaches are associated with psychological distress, neuroticism and disability. However, little is known about headache-related disability and psychological distress among people with secondary chronic headaches.

METHODS:

30,000 persons aged 30-44 from the general population was screened for headache by a questionnaire. The responder rate was 71%. The International Classification of Headache Disorders with supplementary definitions for chronic rhinosinusitis and cervicogenic headache were used. The Hopkins Symptom Checklist-25 assessed high psychological distress, the Migraine Disability Assessment questionnaire assessed disability, and Eysenck Personality Questionnaire assessed neuroticism.

RESULTS:

Ninety-five of the 113 eligible participants (84%) completed the self-reported questionnaire. A total of 38 people had chronic post-traumatic headache, 21 had cervicogenic headache,

and 39 had headache attributed to chronic rhinosinusitis, while 9 had co-occurrence of chronic post-traumatic and cervicogenic headache. Six persons had miscellaneous secondary chronic headaches. Overall, 49% of those with secondary chronic headache reported high psychological distress, which is significantly higher than in the general population. A high level of neuroticism was significantly more common in those with secondary chronic headache than in the general population. Severe headache-related disability was reported by 69%. 92 persons were followed up after 3 years. A low headache frequency was the only significant predictor of improvement of ≥ 25% in headache days. Having post-traumatic or cervicogenic headache and not headache attributed to chronic rhinosinusitis predicted an increased risk > 25% worsening of headache days or having a severe disability at 3 years follow-up.

CONCLUSION:

Psychological distress and neuroticism were more common among people with secondary chronic headache than in the general population. Only a high headache frequency was significantly associated with increased headache disability at baseline and a poor prognosis in the long term.

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Association of Schizoid and Schizotypal Personality disorder with violent crimes and homicides in Greek prisons.

Apostolopoulos A[1], Michopoulos I[1], Zachos I[2], Rizos E [1], Tzeferakos G[1], Manthou V[2], Papageorgiou C[3], Douzenis A[1].

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Abstract

Background:

Personality disorders (PDs) have been associated with both violent crimes and homicides in many studies. The proportion of PDs among prisoners reaches up to 80%. For male prisoners, the most common PD in the literature is antisocial PD. The aim of this study was to investigate the association between PDs and violent crimes/homicides of male prisoners in Greece.

Methods:

A sample of 308 subjects was randomly selected from a population of 1300 male prisoners incarcerated in two Greek prisons, one urban and one rural. The presence of PDs was assessed using the Mini International Neuropsychiatric Interview (MINI) and the Personality Diagnostic Questionnaire-4 (PDQ-4). Using logistic regression models PD types and PD "Clusters" (independent variables) were associated with "violent/non-violent crimes" and "homicides/non homicides" (dependent variables).

Results:

"Cluster A" PDs (Paranoid, Schizoid, and Schizotypal) were diagnosed in 16.2%, "Cluster B" (Antisocial, Borderline, Histrionic, Narcissistic) in 66.9% and "Cluster C" (Obsessive-Compulsive, Dependent, Avoidant) in 2.9% of the studied population. Violent crimes and homicides were found significantly associated with "Cluster A" PDs ($p = 0.022$, $p = 0.020$). The odds ratio of committing violent crimes was 2.86 times higher for patients with "Cluster A" PDs than the ones without PDs. In addition, the odds ratio of committing homicides was 4.25 times higher for patients with "Cluster A" PDs. In separate analyses, the commitment of violent crimes as well as homicides, was significantly associated with Schizoid ($p = 0.043$, $p = 0.020$) and Schizotypal PD ($p = 0.017$, $p = 0.030$).

Conclusions:

The majority of prisoners was found to suffer from a PD, mainly the Antisocial "Cluster B", but the commitment of violent crimes and homicides was significantly associated only with "Cluster A" PDs and specifically with Schizoid and Schizotypal PD.

35. Personal Disord. 2018 Aug 16. doi: 10.1037/per0000309. [Epub ahead of print]

[Pierced identities: Body modification, borderline personality features, identity, and self-concept disturbances.](#)

[Vizgaitis AL](#)[1], [Lenzenweger MF](#)[1].

Author information:
1. Department of Psychology.

Abstract

Little is known about the connection between body modification and borderline personality disorder (BPD). This study investigated the relation between a wide range of body modification practices (piercing, tattooing, scarification, pubic hair removal, and cosmetic surgery) and BPD features, with a special focus on identity and identity dysfunction, in an adult community sample ($N = 330$). Results indicated BPD features were positively correlated with total number of body modifications and breadth of body modification practices endorsed, as well as, specifically, increased piercings, tattoos, and scarifications. Furthermore, identity problems (i.e., identity diffusion and low self-concept clarity) were associated with body modifications. Implications of these findings are discussed, including their heuristic value in understanding body modification in light of its connection to BPD (and particularly identity/self-concept functions). (PsycINFO Database Record.
PMID: 30113185
[Similar articles](#)

[Is perceived criticism an independent construct? Evidence for divergent validity across two samples.](#)

[Masland SR](#)[1], [Drabu S](#)[2], [Hooley JM](#)[2].

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1. Psychology Department.
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Abstract

Perceived criticism (PC) is a predictor of poor outcomes across a range of psychological disorders. Yet what is being measured when people are asked to report on how critical a key individual is of them is far from clear. In two community-based studies, we examined the divergent validity of PC in relation to measures of personality, psychopathology, early experiences with parents, and other cognitive and affective variables. In Study 1, an unselected sample of participants completed measures in the laboratory. In Study 2, participants were required to be married or partnered, and measures were completed online. Across both studies, PC was not consistently or reliably related to any measure. This suggests that PC may not simply be a proxy for another variable. Rather, our findings suggest that PC may be an independent construct worthy of research and clinical attention in its own right. (PsycINFO Database Record.

Symptom severity and mindreading in narcissistic personality disorder.

Bilotta E[1], Carcione A[1], Fera T[1], Moroni F[1], Nicolò G[1], Pedone R[1,2], Pellecchia G[1], Semerari A[1], Colle L[1,3].

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Abstract

BACKGROUND:

Grandiose narcissism has been associated with poor ability to understand one's own mental states and the mental states of others. In particular, two manifestations of Narcissistic Personality Disorder (NPD) can be explained by poor mindreading abilities: absence of symptomatic subjective distress and lack of empathy.

METHODS:

We conducted two studies to investigate the relationships between mindreading capacity, symptomatic subjective distress and narcissistic personality. In the first study (N = 246), we compared mindreading capacities and symptomatic distress in three outpatient samples: narcissistic patients (NPD); patients with other Personality Disorders (PD); patients without

PD. In the second study (N = 1357), we explored the relationships between symptomatic distress, mindreading and specific NPD criteria.

RESULTS:

In the first study, the NPD patients showed poorer mindreading than the patients without PD and comparable to patients with other PDs. Symptomatic subjective distress in the narcissistic group was less severe than in the other PDs group and comparable to the group without PDs. However, no relationship emerged between mindreading and symptomatic subjective distress. In the second study, taking the clinical sample as a whole, symptomatic distress appeared negatively linked to grandiosity traits, while mindreading scores were negatively linked to empathy.

CONCLUSIONS:

NPD showed specific mindreading impairments. However, mindreading capacity did not appear to be directly connected with subjective distress, but did appear to be connected with specific aspects of narcissistic pathology.

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Conflict of interest statement

The authors have declared that no competing interests exist.

Moving beyond categories and dimensions in personality pathology assessment and diagnosis.

Huprich SK[1].

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1. Professor, Department of Psychology,University of Detroit Mercy,USA.

Abstract

It has been suggested that a dimensional model of personality pathology should be adopted for the development and refinement of personality disorder classification. In this article, the

advantages and challenges of moving toward a dimensional model are briefly reviewed. However, it is suggested that although categories and dimensions are valuable frameworks for personality pathology diagnosis, an expansion beyond categories and dimensions is needed to improve the shortcoming seen in current diagnostic systems. Ideas and examples are offered for how this might occur.Declaration of interestNone.
PMID: 30106357
Similar articles

39. Depress Anxiety. 2018 Aug 13. doi: 10.1002/da.22813. [Epub ahead of print]

Agreement between self and psychiatrist reporting of suicidal ideation at a Veterans Administration psychiatric emergency clinic.

McClure JR[1], Tal I[1], Macera CA[2,3], Ji M[4], Nievergelt CM[1,5], Lee SY[5], Kayman J[6], Zisook S[1,3,5,7].

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7. Department of Psychiatry, VA San Diego Healthcare System, San Diego, California.

Abstract

BACKGROUND:

With suicide rising in the United States, identifying and preventing suicides is increasingly important. To provide a valuable step toward achieving effective suicide risk assessment, this study examines the agreement between self-report measures and psychiatrist documentation of suicidal ideation and behaviors (SI) at a Veterans Administration (VA) psychiatric emergency clinic.

METHODS:

A total of 377 veterans presenting at a VA psychiatric emergency clinic completed a self-report survey on SI and other acute risk factors for suicidal behavior. We examined agreement between veterans' self-reported SI and psychiatrists' clinical notes regarding SI.

RESULTS:

A total of 199 veterans (53%) self-reported SI; 80 psychiatrist notes (21%) indicated SI. Psychiatrists and veterans differed in 44% (164/377) of cases. Among the discordant cases, the veterans' self-report was more severe than the psychiatrists' in 97% of cases. Of the 120 veterans with SI and documented as having no SI by psychiatrists, 31 (26%) reported having a suicide plan and 18 (15%) plan preparations. Findings were similar when controlling for presenting problem, current depression, presence of a standardized suicide risk assessment, psychiatrist training level, past suicide attempt, homelessness, diagnosis of personality, or substance use disorder.

CONCLUSIONS:

Agreement between veterans' self-reports and psychiatrists' documentation of SI was generally low, with veterans self-reporting SI significantly more often than psychiatrists documented SI in their clinical notes. This suggests that inclusion of a self-report questionnaire provides an additional source of data to complement information gleaned from the clinical interview for a more comprehensive risk assessment, but only if actually examined by the clinician.

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PMID: 30102445
Similar articles

40. Psychol Psychother. 2018 Aug 11. doi: 10.1111/papt.12194. [Epub ahead of print]

Is mentalization-based therapy effective in treating the symptoms of borderline personality disorder? A systematic review.

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Abstract

OBJECTIVE:

This review sought to systematically review evidence on the efficacy of mentalization-based therapy (MBT) for the treatment of borderline personality disorder (BPD), in particular, in decreasing psychiatric symptoms associated with BPD and its comorbid disorders.

METHOD:

Fourteen papers were included in the review which examined the effectiveness of MBT in the context of BPD; these included 11 original studies and three follow-up papers.

RESULTS:

Mentalization-based therapy was found to achieve either superior or equal reductions in psychiatric symptoms when compared with other treatments (supportive group therapy, treatment as usual/standard psychiatric care, structured clinical management, and specialized clinical management).

DISCUSSION:

Mentalization-based therapy can achieve significant reductions in BPD symptom severity and the severity of comorbid disorders as well as increase quality of life. However, caution is required, as the need for better quality research such as randomized controlled trials is pressing. Research is also needed on the proposed mediators of MBT.

PRACTITIONER POINTS:

Mentalization-based therapy (MBT) is increasingly being considered as a treatment for people with borderline personality disorder (BPD), and a systematic review was required to investigate its effectiveness. MBT was found to be equally as effective or superior to well-established comparison treatments of BPD, however, the majority of studies was of unsatisfying quality. Little is known about the mechanisms of MBT. Further, better quality trials are needed to investigate its efficacy in treating BPD.

Similar articles

Glucocorticoid administration restores salience network activity in patients with spider phobia.

Soravia LM[1], Schwab S[1,2], Weber N[1], Nakataki M[1,3], Wiest R[4], Strik W[1], Heinrichs M[5,6], de Quervain D[7], Federspiel A[1].

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Abstract

BACKGROUND:

Glucocorticoids reduce phobic fear in patients with anxiety disorders. Although the neurobiology of anxiety disorders is not fully understood, convergent structural and functional neuroimaging studies have identified abnormalities in various brain regions, including those in the salience network (SN) and default mode network (DMN). Here, we examine the effects of glucocorticoid administration on SN and DMN activity during the processing of phobic stimuli.

METHODS:

We use functional magnetic resonance imaging to record brain activity in 24 female patients with spider phobia who were administered either 20 mg of cortisol or placebo while viewing pictures of spiders. Fourteen healthy female participants were tested with the same task but without substance administration. Independent component analysis (ICA) performed during stimulus encoding identified the SN and DMN as exhibiting synchronized activation in

diverse brain regions; thus, we examined the effects of cortisol on these networks. Furthermore, participants had to rate their level of fear at various time points.

RESULTS:

Glucocorticoids reduced phobic fear in patients with spider phobia. The ICA performed during stimulus encoding revealed that activity in the SN and DMN was reduced in placebo-treated patients versus healthy controls. Brain activity in the SN, but not the DMN, was altered in cortisol- versus placebo-treated patients to a level that was similar to that observed in healthy controls.

CONCLUSIONS:

Activity in both the SN and DMN was reduced in patients with spider phobia. Cortisol administration altered the SN activity to a level that was comparable to that found in healthy controls. This alteration in SN activity might reflect the fear-reducing effects of glucocorticoids in phobia.

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PMID: 30099829
Similar articles

42. Int J Bipolar Disord. 2018 Aug 11;6(1):18. doi: 10.1186/s40345-018-0126-8.

Aggression among 216 patients with a first-psychotic episode of bipolar I disorder.

Khalsa HK[1,2,3], Baldessarini RJ[4,5], Tohen M[4,5,6], Salvatore P[4,5,7].

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Abstract

BACKGROUND:

Aggression by patients with bipolar I disorder (BD-I) is not uncommon. Identifying potential risk factors early in the illness-course should inform clinical management and reduce risk.

METHODS:

In a study sample of 216 initially hospitalized, first-psychotic episode subjects diagnosed with DSM-IV-TR BD-I, we identified recent (within 1 month before hospitalization) aggression by ratings on the Brief Psychiatric Rating Scale-Expanded and review of detailed clinical research records. We compared subjects with versus without aggressive behavior for associations with selected demographic and clinical factors.

RESULTS:

Aggression was identified in 23/216 subjects (10.6%). It was associated significantly with recent suicide attempt (OR = 4.86), alcohol abuse (OR = 3.63), learning disability (OR = 3.14), and initial manic episode (OR = 2.59), but not with age, sex, onset-type, personality disorder, time to recovery, or functional status.

CONCLUSIONS:

Among first-major episode BD-I patients with psychotic features, recent serious aggression towards others was identified in 10.6%. The odds of aggression increased by 4.9-times in association with a recent suicide attempt, more than 3-times with alcohol-abuse or learning disability, and by 2.6-times if the episode polarity was manic. The findings encourage closer management of alcohol misuse, suicide risk, and manic symptoms, and early detection of learning problems in BD-I patients.
PMID: 30097737
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43.

Comorbidity of Physical and Anxiety Symptoms in Adolescent: Functional

Impairment, Self-Rated Health and Subjective Well-Being.

Balázs J[1,2], Miklósi M[3,4], Keresztény A[5,6], Hoven CW[7,8], Carli V[9], Wasserman C[10,11], Hadlaczky G[12], Apter A[13], Bobes J[14], Brunner R[15,16], Corcoran P[17], Cosman D[18], Haring C[19], Kahn JP[20], Postuvan V[21], Kaess M[22,23], Varnik A[24], Sarchiapone M[25], Wasserman D[26].

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Abstract

Physical disorders and anxiety are frequently comorbid. This study investigates the characteristics of physical disorders, self-rated heath, subjective well-being and anxiety in adolescents. Data were drawn from the *Saving and Empowering Young Lives in Europe* cohort study. From 11 countries 11,230 adolescents, aged 14⁻16 years were included. Zung Self-Rating Anxiety Scale (SAS), WHO-5 Well-Being Index and five questions prepared for this study to evaluate physical illnesses and self-rated heath were administered. Anxiety levels were significantly higher in adolescents who reported having physical disability ($p < 0.001$, Cohen's $d = 0.40$), suffering from chronic illnesses ($p < 0.001$, Cohen's $d = 0.40$), impairments associated to health conditions ($p < 0.001$, Cohen's $d = 0.61$), or reported poor to very poor self-rated health ($p < 0.001$, Cohen's $d = 1.11$). Mediational analyses revealed no direct effect of having a chronic illness/physical disability on subjective well-being, but the indirect effects through higher levels of anxiety were significant. Functional impairment related to health conditions was both directly and indirectly (through higher levels of anxiety) associated with lower well-being. The co-occurrence of anxiety and physical disorders may confer a greater level of disability and lower levels of subjective well-being. Clinicians have to screen anxiety, even in a subthreshold level in patients with choric physical illness or with medically unexplained physical symptoms.

Clinician attitudes towards borderline personality disorder: A 15-year comparison.

Day NJS[1], Hunt A[1], Cortis-Jones L[1], Grenyer BFS[1].

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Abstract

Stigma towards people with borderline personality disorder has been a common theme reported within mental health services staff. A longitudinal, mixed method design investigated attitudes of mental health staff working at the same public health service in 2000 and 2015. Participants from both the 2000 and 2015 samples completed a short 10-item version of the Attitude to Personality Disorders Questionnaire and identical qualitative questions. The 2015 sample also completed the Attitude to Deliberate Self-Harm Questionnaire and the Attitude and Skills Questionnaire. Qualitatively, the 2000 sample endorsed much more negative descriptions (e.g. 'attention seeking' and 'manipulative'), and the 2015 sample focused more on treatment approaches and skills (e.g. 'management plan' and 'empathy'). Quantitatively, the 2015 sample endorsed more positive attitudes than the 2000 sample. This positive attitudinal shift is an encouraging step in successful treatment of borderline personality disorder and may reflect a changing landscape of the mental health system and greater awareness and use of effective treatments.

Similar articles

Current Knowledge on Gene-Environment Interactions in Personality Disorders: an Update.

Bulbena-Cabre A[1,2,3], Bassir Nia A[1], Perez-Rodriguez MM[4,5,6].

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Abstract

PURPOSE OF REVIEW:

We review the existing literature on gene-environment interactions (G×E) and epigenetic changes primarily in borderline personality disorder (BPD) but also in antisocial, schizotypal, and avoidant personality disorders.

RECENT FINDINGS:

Research supports that susceptibility genes to BPD or its underlying traits may be expressed under certain environmental conditions such as physical or childhood sexual abuse. Epigenetic modifications of neurodevelopment- and stress-related genes are suggested to underlie the relationship between early life adversary and borderline personality disorder. Only limited studies have investigated the role of gene-environment interactions and epigenetic changes in the genesis of antisocial, schizotypal, and avoidant personality disorders. Considering the lack of pharmacological treatment for most personality disorders, the emerging evidence on the critical role of G×E and epigenetic changes in the genesis of personality disorders could help develop more biologically oriented therapeutic approaches. Future studies should explore the potential of this new therapeutic dimension.
PMID: 30094700

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46. Prog Neuropsychopharmacol Biol Psychiatry. 2018 Aug 6;88:265-275. doi: 10.1016/j.pnpbp.2018.08.001. [Epub ahead of print]

Posttraumatic stress disorder with secondary psychotic features (PTSD-SP): Diagnostic and treatment challenges.

Compean E[1], Hamner M[2].

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Abstract

Trauma exposure leads to various psychiatric disorders including depression, anxiety, bipolar disorders, personality disorders, psychotic disorders, and trauma related disorders, especially posttraumatic stress disorder (PTSD). There are some overlapping symptoms of both PTSD and psychosis that make diagnosis challenging. Despite this overlap, the evidence of PTSD with comorbid psychosis as a distinct entity lies in the research showing biologic, genetic and treatment management differences between psychotic PTSD, non-psychotic PTSD, psychotic disorders and healthy controls. There is emerging evidence that PTSD with secondary psychotic features (PTSD-SP) might be a discrete entity of PTSD with known risk factors that increase its prevalence. This review has presented evidence for individuals with PTSD-SP being distinct in genetics and neurobiological factors. Individuals with PTSD and comorbid psychosis can benefit from evidence based psychotherapy (EBT). There is not enough evidence to recommend second generation antipsychotics (SGA) for PTSD-SP given that risperidone and quetiapine are the only SGAs studied in randomized controlled trials. Hence, developing an operational diagnostic criteria and treatment framework for clinical and research use is critical.

PMID: 30092241
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[The role of emotion regulation difficulties in the connection between childhood emotional abuse and borderline personality features.](#)

[Rosenstein LK](#)[1], [Ellison WD](#)[1], [Walsh E](#)[2], [Chelminski I](#) [3], [Dalrymple K](#)[3], [Zimmerman M](#)[3].

Author information:
1. Department of Psychology.
2. Columbia Center for Eating Disorders.
3. Department of Psychiatry and Human Behavior.

Abstract

In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services project, we examined the role of emotion dysregulation as a mediator between childhood abuse and borderline personality disorder (BPD) feature severity among a sample of 964 adults presenting for treatment at an outpatient clinic. A structural equation model suggested that emotional abuse relates to BPD features both directly and through difficulties with emotion regulation, whereas physical abuse showed only a weak indirect relation with BPD features. There was no link between sexual abuse and BPD feature severity in the model. Results add specificity to etiological theories of BPD and suggest that future research in treatment should focus on developing and strengthening emotion regulation strategies in clinical populations with a history of emotional abuse. Clinicians should be sure to assess the presence of childhood emotional abuse in addition to sexual and physical abuse. (PsycINFO Database Record.
PMID: 30091618
[Similar articles](#)

48. Psychol Psychother. 2018 Aug 9. doi: 10.1111/papt.12195. [Epub ahead of print]

[Mentalization-based treatment and its evidence-base status: A systematic literature review.](#)

[Malda-Castillo J](#)[1], [Browne C](#)[2], [Perez-Algorta G](#)[1].

Author information:
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2. Central Manchester University Hospitals NHS Foundation Trust, UK.

Abstract

PURPOSE:

This study reviewed the evidence-base status of mentalization-based treatment (MBT), its quality, strengths, and limitations. The aim was to pave the way for further MBT research.

METHOD:

An electronic database and reference lists search identified MBT outcome papers, and these were systematically reviewed. The quality of the studies and the risk of bias were determined using two validated checklist tools.

RESULTS:

Twenty-three studies were included in the review. This included nine randomized controlled trials, seven uncontrolled pre- and post-effectiveness studies, three retrospective cohort studies, two uncontrolled randomized trials, and two case studies. The methodological quality of almost half of the papers was assessed as fair (43%), followed by good (34%), poor (17%), and excellent (4%) ratings. Nevertheless, the review identified risk of confounding bias across the majority of studies (60%) and fidelity to treatment was poorly reported in almost half of the studies (47%). Most of the studies focused on borderline personality disorder (BPD), showing positive clinical outcomes for this population but the evidence-base for other presentations was still developing. The treatment of adolescents who self-harm and at-risk mothers in substance abuse treatment showed particularly promising results, as these are client groups that have previously shown limited positive response to psychological interventions.

CONCLUSIONS:

Mentalization-based treatment is a potentially effective method across a wide range of clinical presentations but further research should focus on increasing the quality and the quantity of the MBT evidence outside the treatment of BPD.

PRACTITIONER POINTS:

MBT can be a particularly effective intervention for the treatment of adults with a diagnosis of BPD and of adolescents who self-harm and mothers enrolled in substance abuse treatments. MBT can be an effective intervention for depression and eating disorders but the

evidence is currently limited. Professionals supporting mothers of children at risk may benefit from receiving training in the principles of MBT.

Similar articles

Predictors of initiation of nicotine, alcohol, cannabis, and cocaine use: Results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).

Blanco C[1,2], Flórez-Salamanca L[1], Secades-Villa R[3], Wang S[1], Hasin DS[1,4].

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

Abstract

BACKGROUND AND OBJECTIVES:

There may be substantial overlap in the risk factors for substance use and substance use disorders (SUD). Identifying risk factors for substance use initiation is essential for understanding the etiology and natural history of SUD and to develop empirically-based preventive interventions to reduce initiation.

METHODS:

Analyses were done on Wave 1 participants of the National Epidemiological Survey of Alcohol and Related Conditions (NESARC) (n = 43,093). Estimates of the cumulative probability of substance use initiation were obtained separately for nicotine, alcohol,

cannabis, and cocaine. Survival analyses with time-varying covariates were implemented to identify risk factors for substance initiation.

RESULTS:

The lifetime cumulative probabilities of substance initiation were 45.5% for nicotine, 82% for alcohol, 19.6% for cannabis, and 6.4% for cocaine. Among respondents with lifetime nicotine use, 50% had used it by age 15.3, whereas for alcohol, cannabis, and cocaine the respective ages were 17.8, 16.6, and 19.8. Previous use of another substance, being male, having a cluster B personality disorder, family history of SUD, and being separated, divorced, or widowed increased the risk of use of all the substances assessed, whereas social anxiety disorder and some personality disorders were associated with specific substances.

DISCUSSION AND CONCLUSIONS:

Although the age of substance use initiation varies by substance, in more than 50% of cases initiation of use occurs in the first two decades of life. Although most risk factors for substance use initiation are common across substances, some are substance-specific.

SCIENTIFIC SIGNIFICANCE:

This information may help in the development of empirically-based preventive interventions. (Am J Addict 2018;27:477-484).

PMID: 30088294
Similar articles

50. Int Arch Occup Environ Health. 2018 Aug 7. doi: 10.1007/s00420-018-1346-z. [Epub ahead of print]

Perspectives on multisensory perception disruption in idiopathic environmental intolerance: a systematic review.

Viziano A[1], Micarelli A[2], Pasquantonio G[2], Della-Morte D[3,4,5], Alessandrini M[2].

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Abstract

PURPOSE:

Multiple chemical sensitivity (MCS) also known as idiopathic environmental intolerance/illness (IEI) encompasses a cohort of subjective symptoms characterized by susceptibility to a wide spectrum of environmental compounds, causing symptoms involving various organs and a decrease in quality of life. The aim of this systematic review is to summarize evidence about MCS, with focus on indexed studies analyzing sensory pathway-related disorders.

METHODS:

Medical databases were searched for English language articles related to the topic, published between 1965 and 2017 in academic, peer-reviewed journals. Particular focus was concentrated on articles depicting disturbances involving sensory organs. References of the relevant articles were examined to identify additional significant documents.

RESULTS:

Fifty-eight studies were eligible for full text review. Of these, 34 studies met the selection criteria and were included in this analysis. Many variables, such as different diagnostic criteria, lack of homogeneous symptom questionnaires and the general incidence of personality traits in control subjects, biased studies as confounding factors. However, moderate evidences show that sensory pathways are somewhat altered, especially with respect to information processing in the limbic system and related cortical areas. Recent studies suggested the presence, in MCS cohorts, of attention bias, sensitization and limbic kindling, as well as recently revealed subclinical organic alterations along sensory pathways.

CONCLUSIONS:

Evidences are consistent with MCS/IEI to be the result of a neural altered processing of sensorial ascending pathways, which combined with peculiar personality traits constitutes the underpinning of a multisensory condition needing multidisciplinary clinical approach.
PMID: 30088144

Similar articles

51. BMC Psychiatry. 2018 Aug 7;18(1):252. doi: 10.1186/s12888-018-1829-1.

Optimizing psychotherapy dosage for comorbid depression and personality disorders (PsyDos): a pragmatic randomized factorial trial using schema therapy and short-term psychodynamic psychotherapy.

Kool M[1], Van HL[2], Bartak A[2], de Maat SCM[2], Arntz A[3], van den Eshof JW[2], Peen J[4], Blankers M[4,5,6], Bosmans JE [7], Dekker JJM[4,8].

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Abstract

BACKGROUND:

Patients with comorbid depression and personality disorders suffer from a heavy disease burden while tailored treatment options are limited, accounting for a high psychological and economic burden. Little is known about the effect of treatment dosage and type of psychotherapy for this specific co-morbid patient population, in terms of treatment-effect and cost-effectiveness. This study aims to compare treatment outcome of 25 versus 50 individual therapy sessions in a year. We expect the 50-session condition to be more effective in treating depression and maintaining the effect. Secondary objectives will be addressed in order to find therapy-specific and non-specific mechanisms of change.

METHODS:

In a mono-center pragmatic randomized controlled trial with a 2 × 2 factorial design, 200 patients with a depressive disorder and personality disorder(s) will be included. Patients will be recruited from a Dutch mental health care institute for personality disorders. They will be randomized over therapy dosage (25 vs 50 sessions in a year) and type of therapy (schema therapy vs short-term psychodynamic supportive psychotherapy). The primary clinical outcome measure will be depression severity and remission. Changes in personality functioning and quality of life will be investigated as secondary outcomes. A priori postulated effect moderators and mediators will be collected as well. All patients are assessed at baseline and at 1, 2, 3, 6, 9-12 months (end of therapy) and at follow up (6 and 12 months after end of treatment). Alongside the trial, an economic evaluation will be conducted. Costs will be collected from a societal perspective.

DISCUSSION:

This trial will be the first to compare two psychotherapy dosages in patients with both depression and personality disorders. Insight in the effect of treatment dosage for this patient group will contribute to both higher treatment effectiveness and lower costs. In addition, this study will contribute to the limited evidence base on treating patients with both depression and personality disorders. Understanding the processes that account for the therapeutic changes could help to gain insight in what works for whom.

TRIAL REGISTRATION:

This trial has been registered on July 20th 2016, Netherlands Trial Register, part of the Dutch Cochrane Centre (NTR5941).

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PMID: 30086730
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52. J Pers Assess. 2018 Aug 7:1-12. doi: 10.1080/00223891.2018.1483377. [Epub ahead of print]

Interrater Reliability of the Structured Clinical Interview for the DSM-5 Alternative Model of Personality Disorders

Module i: Level of Personality Functioning Scale.

Buer Christensen T[1], Paap MCS[2], Arnesen M[3], Koritzinsky K[3], Nysaeter TE[1], Eikenaes I[4], Germans Selvik S[5,6], Walther K[7], Torgersen S[3], Bender DS[8], Skodol AE[9], Kvarstein E[7], Pedersen G[7,10], Hummelen B[7,11].

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Abstract

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) presents an alternative model for personality disorders in which severity of personality pathology is evaluated by the Level of Personality Functioning Scale (LPFS). The Structured Interview for the DSM-5 Alternative Model for Personality Disorders, Module I (SCID-5-AMPD I) is a new tool for LPFS assessment, but its interrater reliability (IRR) has not yet been tested. Here we examined the reliability of the Norwegian translation of the SCID-5-AMPD I, applying two different designs: IRR assessment based on ratings of 17 video-recorded SCID-5-AMPD I interviews by five raters; and test-retest IRR based on interviews of 33 patients administered by two different raters within a short interval. For the video-based investigation, intraclass correlation coefficient (ICC) values ranged from .77 to .94 for subdomains, .89 to .95 for domains, and .96 for total LPFS. For the test-retest investigation, ICC ranged from .24 to .72 for subdomains, .59 to .90 for domains, and .75 for total LPFS. The test-retest study revealed questionable reliability estimates for some subdomains.

However, overall the level of personality functioning was measured with a sufficient degree of IRR when assessed by the SCID-5-AMPD I.

PMID: 30084661

<u>Similar articles</u>

53. Personal Disord. 2018 Aug 6. doi: 10.1037/per0000306. [Epub ahead of print]

<u>Hervey Cleckley (1903-1984): Contributions to the study of psychopathy.</u>

<u>Lilienfeld SO</u>[1], <u>Watts AL</u>[1], <u>Smith SF</u>[1], <u>Patrick CJ</u>[1], <u>Hare RD</u>[1].

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Abstract

Hervey Cleckley (1903-1984) was probably among the most influential psychiatrists of the 20th century, but the history of his intellectual contributions to psychopathy is not especially well known. Not all of Cleckley's writings have stood the test of time, but others seem prescient, arguably anticipating current debates regarding such contentious issues as successful psychopathy and the treatability of psychopathy. Although Cleckley's seminal writings on psychopathy are familiar to many contemporary scholars, Cleckley's role as an expert witness and his writings on other topics, such as dissociative identity disorder, may be less familiar to many readers. Cleckley's rich and diverse body of work is worth revisiting for its keen insights regarding psychopathy and personality pathology more broadly. (PsycINFO Database Record.

PMID: 30080062

<u>Similar articles</u>

54. Personal Disord. 2018 Aug 6. doi: 10.1037/per0000303. [Epub ahead of print]

<u>Trajectories of alcohol and marijuana use among primary versus secondary psychopathy variants within an adjudicated adolescent male sample.</u>

<u>Waller R</u>[1], <u>Hicks BM</u>[2].

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Abstract

The distinction between low-anxious primary versus high-anxious secondary psychopathy is well-established among incarcerated adults and adolescents. However, no studies have used a prospective longitudinal approach to explore whether primary versus secondary psychopathy variants have different rates of alcohol and marijuana use across adolescence, and what mechanisms account for these differences. The sample was 1,170 male adolescents who had interacted with the justice system, with data collected as part of the Pathways to Desistance project. We used interviewer assessments of psychopathy and self-reported anxiety at baseline to identify primary and secondary psychopathy subgroups. We explored subgroup differences via self-reported measures of psychopathic traits and anxiety, aggression, depression, and posttraumatic stress disorder symptoms at baseline and a 6-month follow-up. Finally, we tested whether groups had different trajectories of alcohol and marijuana use over 4 years, and whether poor impulse control or anxiety mediated these differences. Latent profile analysis identified four groups: low-anxious primary psychopathy, high-anxious secondary psychopathy, anxious only, and low risk. The secondary group had similar levels of aggression and psychopathy to the primary group, but more depression, anxiety, and posttraumatic stress symptoms. The primary and secondary psychopathy variants did not differ in rates of alcohol or marijuana use across adolescence, but alcohol use among secondary variants was specifically mediated via poor impulse control. The findings establish two psychopathy groups that differ meaningfully in their internalizing psychopathology and pathways to alcohol use. (PsycINFO Database Record.
PMID: 30080061
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55. Personal Disord. 2018 Aug 6. doi: 10.1037/per0000308. [Epub ahead of print]

A systematic review examining the link between psychopathic personality traits, antisocial behavior, and neural reactivity during reward and loss processing.

Murray L[1], Waller R[1], Hyde LW[1].

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Abstract

Antisocial Behavior (AB) has a tremendous societal cost, motivating investigation of the mechanisms that cause individuals to engage and persist in AB. Recent theories of AB emphasize the role of reward-related neural processes in the etiology of severe and chronic forms of AB, including antisocial personality disorder and psychopathy. However, no systematic reviews have evaluated the hypothesis that reward-related neural dysfunction is an etiologic factor in AB in adult samples. Moreover, it is unclear whether AB is linked to a hyper- or hyposensitive reward system and whether AB is related to neural sensitivity to losses. Thus, the current systematic review examined whether AB (including antisocial personality disorder) and psychopathic traits are related to neural reactivity during reward processing, loss processing, or both. Our review identified seven task-based functional MRI or functional connectivity studies that examined associations between neural response to reward and loss, and dimensional and categorical measures of adult AB and/or psychopathy. Across studies, there was evidence that AB is associated with variability in neural functioning during both reward and loss processing. In particular, impulsive-antisocial traits appeared to be specifically associated with hypersensitivity in the ventral striatum during the anticipation, but not the receipt, of rewards. (PsycINFO Database Record.
PMID: 30080060

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1. Psychol Addict Behav. 2018 Sep 27. doi: 10.1037/adb0000390. [Epub ahead of print]

Alcohol use moderates the relationship between symptoms of mental illness and aggression.

Quigley BM[1], Houston RJ[1], Antonius D[2], Testa M[1], Leonard KE[1].

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2. Department of Psychiatry.

Abstract

Diagnosis of mental illness (MI) inconsistently predicts aggressive behavior although co-occurrence of substance use appears to increase the frequency of aggression in MI populations. We propose that alcohol use should moderate the relationship between mental disorders marked by deficits in self-control and aggression and victimization. In the present study, alcohol use, physical aggression perpetration, physical aggression victimization, injury and psychiatric symptoms were assessed in a sample of 297 substance use disorder patients (102 women; $M_{age} = 38.9$, $SD = 20.2$) recruited from a residential treatment facility. Negative binomial regression analyses examined the relationship of physical aggression, victimization, and injury over the previous 12 months to symptoms of bipolar mania, psychosis, posttraumatic stress disorder, antisocial personality disorder (ASPD), and daily volume of alcohol consumed. Consistent with past research relating MI to aggression, rates of victimization were higher than rates of perpetration. Results demonstrated that alcohol use moderated the relationship of manic symptoms of bipolar disorder to perpetration of aggression and causing injury to others. Three way-interactions between gender, alcohol use, and both psychotic and ASPD symptoms were related to victimization. The combination of heavy alcohol use and increased psychotic or ASPD symptoms was related to greater victimization for women but not for men. Women with more psychotic symptoms who were heavy drinkers were also more likely to report causing injury to another person. Results were generally consistent with the multiple-thresholds model of alcohol-related aggression; however, the moderating effects of alcohol use were dependent on gender and type MI. (PsycINFO Database Record

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2.

Internet gaming disorder in adolescence: Psychological characteristics of a clinical sample.

Torres-Rodríguez A[1], Griffiths MD[2], Carbonell X[1], Oberst U[1] .

Author information:
1. 1 Department of Psychology, FPCEE Blanquerna, Universitat Ramon Llull , Barcelona, Spain.
2. 2 International Gaming Research Unit, Psychology Department, Nottingham Trent University , Nottingham, UK.

Abstract

BACKGROUND AND AIMS:

Internet gaming disorder (IGD) has become a topic of increasing research interest since its inclusion in Section 3 of the DSM-5. Given the lack of clinical studies concerning IGD, exploring the characteristics of clinical samples with IGD will help to delineate the gaming disorder construct and inform future treatment studies.

METHODS:

Data collection consisted of clinical interviews comprising 31 male adolescents diagnosed with IGD. Alongside the clinical interviews, the participants were administered a battery of psychometric tests assessing the following: IGD, personality traits, comorbid symptomatology, emotional intelligence (EI), and family environment characteristics.

RESULTS:

The results showed that the adolescents with IGD and their relatives reported a high number of hours per week and high presence of stressful life events in the majority of the sample. High scores on scales assessing depression, anxiety, and somatic disorders were found. However, the findings indicate the presence of several other comorbid disorders meaning that some of the adolescent sample with IGD had different clinical profiles. Several personality traits were found to be highly associated with IGD including introversion, inhibition, submissiveness, self-devaluation, interpersonal sensibility, obsessive-compulsive tendencies, phobic anxiety, and hostility, as well as paranoid and borderline personality traits. Other negative characteristics found in the present sample included a high level of social problems, low EI, and dysfunctional family relationships.

DISCUSSION AND CONCLUSIONS:

The findings suggest a more global pattern of key psychological characteristics associated with Internet gaming disorder in adolescence. This may help in understanding the complexity of this proposed disorder and it may also help in designing more specialized interventions for adolescents with IGD. The findings have important implications for clinical practice and interventions.

PMID: 30264606

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Prevalence of personality disorders in the general adult population in Western countries: systematic review and meta-analysis.

Volkert J[1], Gablonski TC[2], Rabung S[3].

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3. Associate Professor,Institute of Psychology, Alpen-Adria-Universität Klagenfurt,Austria.

Abstract

BACKGROUND:

Personality disorder is a severe health issue. However, the epidemiology of personality disorders is insufficiently described and surveys report very heterogeneous rates.AimsWe aimed to conduct a meta-analysis on the prevalence of personality disorders in adult populations and examine potential moderators that affect heterogeneity.

METHOD:

We searched PsycINFO, PSYNDEX and Medline for studies that used standardised diagnostics (DSM-IV/-5, ICD-10) to report prevalence rates of personality disorders in community populations in Western countries. Prevalence rates were extracted and aggregated by random-effects models. Meta-regression and sensitivity analyses were performed and publication bias was assessed.

RESULTS:

The final sample comprised ten studies, with a total of 113 998 individuals. Prevalence rates were fairly high for any personality disorder (12.16%; 95% CI, 8.01-17.02%) and similarly high for DSM Clusters A, B and C, between 5.53 (95% CI, 3.20-8.43%) and 7.23% (95% CI, 2.37-14.42%). Prevalence was highest for obsessive-compulsive personality disorder (4.32%; 95% CI, 2.16-7.16%) and lowest for dependent personality disorder (0.78%; 95% CI, 0.37-1.32%). A low prevalence was significantly associated with expert-rated assessment (versus self-rated) and reporting of descriptive statistics for antisocial personality disorder.

CONCLUSIONS:

Epidemiological studies on personality disorders in community samples are rare, whereas prevalence rates are fairly high and vary substantially depending on samples and methods. Future studies investigating the epidemiology of personality disorders based on the DSM-5 and ICD-11 and models of personality functioning and traits are needed, and efficient treatment should be a priority for healthcare systems to reduce disease burden.Declaration of interestNone.
PMID: 30261937
Similar articles

4. Eur Eat Disord Rev. 2018 Sep 26. doi: 10.1002/erv.2642. [Epub ahead of print]

Compulsive "grazing" and addictive tendencies towards food.

Bonder R[1], Davis C[1], Kuk JL[1], Loxton NJ[2].

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2. School of Applied Psychology, Griffith University, Brisbane, QLD, Australia.

Abstract

Evidence suggests that palatable foods can promote an addictive process akin to drugs of abuse. To date, research in the field of food addiction has focused largely on binge eating as a

symptom of this condition. The present study investigated relationships between food addiction and other patterns of overeating, such as compulsive grazing-a behaviour with high relevance to bariatric surgery outcomes. Adults between the ages of 20 and 50 years (n = 232) were recruited for the study. Participants completed questionnaires to assess various eating behaviours and related personality measures. Regression analysis employed the Yale Food Addiction Scale (YFAS) as the dependent variable. Results indicated that addictive personality traits, reward-driven eating, and compulsive grazing each contributed unique variance to the YFAS symptom score. These findings provide novel insight into the association between a grazing pattern of overeating and food addiction, and emphasize that similar to traditional addiction disorders such as alcoholism, binge consumption is not the only pattern of compulsive intake.

PMID: 30259593

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5. Contemp Clin Trials Commun. 2018 Sep 18;12:55-59. doi: 10.1016/j.conctc.2018.09.002. eCollection 2018 Dec.

Temperament and character in men with autism spectrum disorder: A reanalysis of scores on the Temperament and Character Inventory by individual case matching.

Vuijk R[1], de Nijs PFA[2], Deen M[3,4], Vitale S[5], Simons-Sprong M[1], Hengeveld MW[5].

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5. Erasmus MC, Department of Psychiatry, 's Gravendijkwal 230, 3015 CE, Rotterdam, the Netherlands.

Abstract

Background:

Interest in autism spectrum disorders (ASD) in adulthood is increasing. Although a person may be diagnosed with ASD, the diagnosis reveals little about the individual's temperament, character, and personality. Also, relatively little is known about the personality of adults with ASD.

Method:

A reanalysis of scores on the Temperament and Character Inventory (TCI) administered to a group of 66 normally intelligent men aged 18-63 years, diagnosed with ASD, by individual case matching to a comparison group of 66 men from the general population drawn from the TCI manual.

Results:

Compared to the comparison group, men with ASD scored significantly higher on the scale for Harm Avoidance, and lower on Novelty Seeking, Reward Dependence, Self-Directedness, and Cooperativeness.

Conclusions:

In this study the score pattern for temperament and character found in men with ASD by individual case matching confirms and strengthens earlier general group matching findings emerging from our 2012 study and from studies from Sweden and the Netherlands.

PMCID: PMC6151855 **Free PMC Article**
PMID: 30259003
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6. Psychiatr Q. 2018 Sep 26. doi: 10.1007/s11126-018-9602-7. [Epub ahead of print]

Treatment of Adult ADHD without Stimulants: Effectiveness in A Dually Diagnosed Correctional Population.

Bastiaens L[1], Scott O[2], Galus J[2].

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2. Renewal Treatment, Inc., 700 Fifth Ave, Pittsburgh, PA, 15219, USA.

Abstract

Adult ADHD has received increased attention in the past two decades. There is a complex relationship between ADHD and substance use disorders, with ADHD being a risk factor for and a moderator in the treatment of addiction. ADHD is also a risk factor for the development of antisocial personality disorder. As a result, ADHD is prevalent in a correctional dually diagnosed population. This retrospective chart review reports on the effectiveness of the treatment for ADHD in a population with substance use disorders, residing in a correctional community center for treatment and reintegration purposes. Only patients with a primary diagnosis of ADHD were included and only nonstimulants were used. After an average of four visits, or approximately four months, patient showed a moderate response with a pretreatment to posttreatment effect size of 1.4. Sixty-four percent of patients responded and 35% remitted, according to the Clinical Global Index Severity Scale as the primary outcome measure. While stimulants are considered the first-line treatment for ADHD, they clearly present challenges in certain populations, especially in patients with significant antisocial and addiction histories. It does appear that non-stimulants are effective in this population. It is speculated that the response and remission rate could be improved by adding ADHD specific psychosocial interventions.
PMID: 30255422

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FULL-TEXT ARTICLE

Psychic euosmia and obsessive compulsive personality disorder.

Pasquini M[1], Maraone A[2], Roselli V[3], Tarsitani L[3].

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Abstract

Patients with obsessive compulsive personality disorder (OCPD) often refer to a prompt mood improvement upon encountering good scents in general, or fresh laundry borax on their clothes, pillows or home settings. The Authors propose the new term psychic euosmia in the mean of an overstated psychological predisposition for a real pleasant smell that elicits an

immediate sense of pleasure, order and calm. The prompt reactions to a pleasant odor might be explained by the involvement of rhinencephalon and its proximity to mood-related limbic circuits, which bypass the cognitive awareness. Cleanliness may not preclude a subject to enjoy a good smell, even if we are representing smells that resemble freshness, in other words order. A potentially even more important argument is given by the continuum of personality disorders and their variability. Not all personality characteristics led to disturbed behaviors. In evolutionary perspectives having the ability to differentiate between unpleasant and pleasant odors should have made the difference in surviving. On the other hand, psychic euosmia could be considered a normal reaction, but in our clinical experience it is over-represented among OCPD subjects with marked orderliness and disgust. Therefore, detecting psychic euosmia might vicariously confirm the relevance of disgust as a cognitive driver of OCPD. Hereby we support research to characterize psychic euosmia as a feature of orderliness and cleanliness for OCPD.

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Conflict of interest statement

Conflict-of-interest statement: The authors have no conflict of interest to declare.

Risk-taking behaviors and stressors differentially predict suicidal preparation, non-fatal suicide attempts, and suicide deaths.

Athey A[1], Overholser J[2], Bagge C[3], Dieter L[4], Vallender E[5], Stockmeier CA[6].

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Abstract

Negative life events are elevated in suicidal populations. Diathesis-stress and kindling effects models suggest different mechanisms by which negative life events increase suicide risk. Different forms of negative life events - risk-taking behaviors and stressors - may have different effects on non-fatal suicide attempts and suicide. We assessed the effects of risk-taking behaviors and stressors on suicide, history of non-fatal suicide attempts, and active preparation for suicide in a sample of adults who died by suicide or other causes (N = 377). Psychological autopsy procedures using family member interviews and collateral record review were used to complete a risk-taking behaviors composite measure from the Structured Interview for DSM-IV Personality Disorders, the Modified Life Experiences Scale, and the planning subscale of the Suicide Intent Scale. Stressors were significantly associated with death by suicide, even when accounting for demographic and diagnostic characteristics. Risk-taking behaviors were significantly associated with non-fatal suicide attempts, even when accounting for demographic and diagnostic characteristics. Suicide decedents who did not actively prepare for suicide showed significantly higher risk-taking scores than suicide decedents who actively planned for suicide. Our results suggest that risk-taking behaviors and stressors impact suicide risk through separate mechanisms. Risk-taking behaviors may represent a longstanding vulnerability to act impulsively on suicidal thoughts. Stressors may impact risk for fatal suicidal behaviors in mood disordered populations.
PMID: 30253320
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9. Borderline Personal Disord Emot Dysregul. 2018 Sep 19;5:15. doi: 10.1186/s40479-018-0093-9. eCollection 2018.

Borderline personality disorder and substance use disorders: an updated review.

Trull TJ[1], Freeman LK[1], Vebares TJ[1], Choate AM[1], Helle AC[1], Wycoff AM[1].

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Abstract

For decades, clinicians and researchers have recognized that borderline personality disorder (BPD) and substance use disorders (SUDs) are often diagnosed within the same person (e.g., (Gunderson JG. Borderline personality disorder: A clinical guide. Washington, D.C.: American Psychiatric Press, 2001; Leichsenring et al., Lancet 377:74-84, 2011; Paris J. Borderline personality disorder: A multidimensional approach. American Psychiatric Pub, 1994; Trull et al., Clin Psychol Rev 20:235-53, 2000)). Previously, we documented the extent of this co-occurrence and offered a number of methodological and theoretical explanations for the co-occurrence (Trull et al., Clin Psychol Rev 20:235-53, 2000). Here, we provide an updated review of the literature on the co-occurrence between borderline personality disorder (BPD) and substance use disorders (SUDs) from 70 studies published from 2000 to 2017, and we compare the co-occurrence of these disorders to that documented by a previous review of 36 studies over 15 years ago (Trull et al., Clin Psychol Rev 20:235-53, 2000).

Similar articles

Conflict of interest statement

Not applicable; review of published studies.Not applicable; review of published studies.The authors declare that they have no competing interests.Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Associations Between the Dopamine D4 Receptor and DAT1 Dopamine Transporter Genes Polymorphisms and Personality Traits in Addicted Patients.

Chmielowiec J[1], Chmielowiec K[2], Suchanecka A[3], Trybek G[4], Mroczek B[5], Małecka I[6], Grzywacz A[7].

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Abstract

Many factors are involved in addiction. The dopaminergic system is thought to be the key element in this process. The mesolimbic dopamine system is a crucial element in the reward system. Changes in this system are thought to be leading to substance use disorders and dependence. Therefore, for our study we chose an analysis of two polymorphisms in genes (Variable Number of Tandem Repeats in *DRD4* and *DAT1*) responsible for dopaminergic transmission, which might be implicated in the scores of personality traits measured by the NEO-FFI test. The study group consisted of 600 male volunteers-299 addicted subjects and 301 controls. Both groups were recruited by psychiatrists; in the case group addiction was diagnosed; in the controls a mental illness was excluded. In both groups the same psychometric test and genotyping by the PCR VNTR method were performed. The results were investigated by a multivariate analysis of the main effects ANOVA. In the presented study no *DRD4* main effects were found for any of the analyzed traits but the *DRD4* main effects approximated to the statistical significance for the extraversion scale. However, no *DAT1* main effects were found for any of the analyzed traits but the *DAT1* main effects approximated to the statistical significance for the agreeability scale.These associations open new possibilities for addiction research.

FULL TEXT OPEN ACCESS MDPI

11. J Affect Disord. 2018 Sep 17;243:232-240. doi: 10.1016/j.jad.2018.09.042. [Epub ahead of print]

Neuroticism and extraversion mediate the relationship between having a sibling with developmental disabilities and anxiety and depression symptoms.

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Abstract

Background Children growing up with a sibling with disabilities report higher levels of depression and anxiety symptoms as adults. Here, we examined whether personality characteristics also play a part in mediating this relationship. Method We tested for differences in personality traits between 132 individuals who have a sibling with developmental disabilities and 132 closely matched comparisons. Results Differences in Big Five factors of personality were demonstrated across the disability groups and between the disability groups and the comparisons, especially in Extraversion, Neuroticism and Openness. Individuals growing up alongside a sibling with developmental disabilities have a higher tendency to experience anxiety and depression symptoms, and this research is the first demonstration that personality traits mediate this relationship. Specifically, Neuroticism is a strong mediator of anxiety while both Neuroticism and Extraversion contribute mediating effects toward the development of depression. Limitations Our study made use of self-report methodology which, although having recognized limitations, is more reliable than parental reports. Given the cross-sectional nature of our design, we were not able to examine pre-existing developmental factors that may have influenced the participant's propensity to particular personality traits and affective disorders. However, we obtained a large sample and closely matched participants to examine differences between those with a sibling with disabilities and those without. Conclusions As such, differences in personality traits have important implications for the understanding and treatment of siblings presenting with anxiety and depression symptoms. We recommend that intervention should target those high in Neuroticism among individuals who have a sibling with disabilities, and that more social support is put in place for siblings to mitigate their tendency towards introversion and buffer them against psychological maladjustment.
PMID: 30248634
Similar articles

Facial emotion recognition deficits and alexithymia in borderline, narcissistic, and histrionic personality disorders.

Ritzl A[1], Csukly G[2], Balázs K[3], Égerházi A[4].

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3. Institute of Psychology, University of Debrecen, Hungary.
4. Department of Psychiatry, Medical Center, University of Debrecen, Hungary.

Abstract

Previous studies that aimed to support emotion recognition deficits and alexithymia in B cluster personality disorders have mainly focused on borderline personality disorder (BPD), and resulted in mixed findings. In our study we examine emotion recognition and alexithymia in patients with histrionic (HPD), narcissistic (NPD) and borderline (BPD) personality disorders compared to each other and healthy controls. Furthermore, the possibility is investigated that it is not the type of PD but the severity of psychopathology which predicts the severity of emotion recognition deficits and alexithymia. Patients with HPD, NPD, BPD and healthy controls (N = 20 for each group) were examined by using the Ekman 60 Faces Test (FEEST) and the Toronto Alexithymia Scale (TAS-20). To measure the extent and severity of psychopathology, the Symptom-Checklist-90 Revised (SCL-90-R) was used. Patient groups performed significantly worse compared to healthy controls on the Ekman test and TAS-20, while we found no significant differences among patient groups in emotion recognition and alexithymia. Furthermore, higher scores on the SCL-90-R predicted poorer emotion recognition performance and higher alexithymic features. The empirical data supports the conclusion that the severity of psychopathology plays an important role in predicting emotion recognition deficits and alexithymia in borderline, narcissistic, and histrionic personality disorders.

PMID: 30248486
Similar articles

Theory of mind disturbances in borderline personality disorder: A meta-analysis.

Németh N[1], Mátrai P[2], Hegyi P[3], Czéh B[4], Czopf L[5], Hussain A[6], Pammer J[6], Szabó I[7], Solymár M[8], Kiss L[9], Hartmann P[10], Szilágyi ÁL[10], Kiss Z[11], Simon M[12].

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Abstract

Impairments of theory of mind (ToM) are widely accepted underlying factors of disturbed relatedness in borderline personality disorder (BPD). The aim of this meta-analysis a was to assess the weighted mean effect sizes of ToM performances in BPD compared to healthy controls (HC), and to investigate the effect of demographic variables and comorbidities on the variability of effect sizes across the studies. Seventeen studies involving 585 BPD patients and 501 HC were selected after literature search. Effect sizes for overall ToM, mental state decoding and reasoning, cognitive and affective ToM, and for task types were calculated. BPD patients significantly underperformed HC in overall ToM, mental state reasoning, and cognitive ToM, but had no deficits in mental state decoding. Affective ToM

performance was largely task dependent in BPD. Comorbid anxiety disorders had a positive moderating effect on overall and affective ToM in BPD. Our results support the notion that BPD patients' have specific ToM impairments. Further research is necessary to evaluate the role of confounding factors, especially those of clinical comorbidities, neurocognitive functions, and adverse childhood life events. Complex ToM tasks with high contextual demands seem to be the most appropriate tests to assess ToM in patients with BPD.
PMID: 30248485

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Cognitive functions, emotions and personality in woman with fibromyalgia.

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Abstract

Background: Fibromyalgia (FM) is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue and cognitive difficulties. A person with FM suffers from pain diffused throughout the body, and accompanied by the feeling of exhaustion and concentration problems, which often impede even simple tasks. Many studies have shown that people with FM suffer from cognitive disorders, including memory disorders. The aim of the study was to evaluate the relationship between fibromyalgia and cognitive functioning (direct memory, arbitrary attention, learning processes), emotional functioning (anxiety and depression), personality traits, and interpersonal relationships. *Material and methods:* The sample in the study consisted of 60 women: 30 suffering from FM and 30 with other painful spinal disorders as a reference group. The following research tools were used: Wisconsin Card Sorting Test (WCST), 10 Words Test, NEO-FFI, Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), Benton Visual Memory Test, and Flexibility and Cohesion Evaluation Scales (FACES-IV). *Results:* Results indicate a poorer memory function in FM patients. NEO-FFI analyses showed that women suffering from fibromyalgia are more agreeable and conscientious than population and reference group. Fibromyalgia patients were also more depressive and anxious than the reference group. *Conclusions:* In fibromyalgia patients, cognitive impairment in the field of direct memory was confirmed. There could be a specific type of personality in people who develop fibromyalgia; these

people are more conscientious and agreeable than people in the reference group and the population. The presence and intensity of depressive symptoms correlate significantly with the symptoms of fibromyalgia. Anxiety is a relatively constant feature of the personality of people with fibromyalgia. People suffering from fibromyalgia assess their family relationships equally well as those suffering from other painful spine disorders. The study underlines the importance of involving psychotherapy in the therapy of patients with fibromyalgia.

PMID: 30246211

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15.

Direct Experience While Eating in a Sample With Eating Disorders and Obesity.

Soler J[1,2], Cebolla A[3,4], Elices M[2,5], Campos D[6,7], Llorca G[6,8], Martínez-Rubio D[9], Martínez-Brotóns C[9], Jorquera M[10], Allirot X[11], Carmona C[1], Guillen V[3,4], Botella C[2,6], Baños RM[3,4].

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Abstract

Background: Individuals with eating disorders might be characterized by lower levels of direct engagement with the eating experience. This study aims to explore similarities and differences in direct experience while eating in four different weight conditions and healthy controls (HCs): anorexia nervosa (AN), bulimia nervosa (BN), eating disorders not otherwise specified (EDNOS), and obesity (OB). **Methods**: A total sample of 143 women were recruited. Participants were asked to eat an orange slice and write down 10 things about the experience of eating, classifying the focus of these thoughts as either experiential ("direct experience") or analytical ("thinking about"). A direct experience index (DEI) was calculated

by dividing the number of times a participant classified an experience as a "direct experience" (the numerator) by the total number of observations. Participants completed the Five Facet Mindfulness Questionnaire (FFMQ) and rated their level of anxiety after the task. **Results** : Between-groups significant differences were found on the DEI, with individuals in the OB group scoring higher than AN and BN, and similar to HC. After the task, the AN group reported significantly higher anxiety levels than HC, and EDNOS reported more anxiety than HC and OB. Between-group significant differences were also found for all the FFMQ facets. **Conclusion**: AN and BN presented lower access to direct experience while eating. Individuals with OB did not respond in the same way as the other clinical groups, showing a similar performance to HC.

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PMID: 30245645
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16. Addict Behav. 2018 Sep 16;89:35-43. doi: 10.1016/j.addbeh.2018.09.020. [Epub ahead of print]

Epidemiology of hallucinogen use in the U.S. results from the National epidemiologic survey on alcohol and related conditions III.

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Abstract

BACKGROUND:

Population-based data regarding the epidemiology of hallucinogen use and co-occurring psychiatric disorders is largely absent from the literature. We aim to present findings on the prevalence, sociodemographic correlates, psychiatric comorbidity, treatment utilization, social support and associated disability of hallucinogen use using nationally representative data.

METHOD:

We analyzed data from the National Epidemiologic Study on Alcohol and Related Conditions-III (2011-2012, N = 36,309). We conducted multivariate logistic regression analyses in unadjusted and adjusted models in order to explore the odds of psychiatric disorders and associated disability among hallucinogen users.

RESULTS:

Prevalence of twelve-month and lifetime hallucinogen use was 0.62% and 9.32%, respectively. Hallucinogen use was found to be significantly associated with mood disorders, anxiety disorders, eating disorders, personality disorders and substance use disorders. Following adjustment, significant associations were retained with several substance use disorders (adjusted odds ratio (AOR) for heroin use disorder = 4.89 (95% CI, 1.90-12.58), personality disorders (AOR = 2.10 (95% CI, 1.81-2.44)), Post-Traumatic Stress Disorder (AOR = 1.86, 95% CI 1.00-3.45) and past suicide attempts (AOR = 1.49, 95% CI 1.21-1.85).

CONCLUSIONS:

Lifetime hallucinogen use in the US is prevalent and highly comorbid with other substance use and psychiatric disorders. Hallucinogen Use Disorder is relatively uncommon, with a low risk of development following exposure to hallucinogens. There are significant associations between hallucinogen use and substance use disorders, personality disorders, PTSD and past suicide attempts. The evolving therapeutic utility of this class of substances requires further assessment of short- and long-term risks of use, before large scale clinical application is pursued.

PMID: 30245407
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17.

Psychopathic personality factor "Fearless dominance" is related to low self-reported

stress-levels, fewer psychiatric symptoms, and more adaptive stress coping in psychiatric disorders.

Dalkner N[1], Reininghaus EZ[2], Riedrich K[3], Rieger A[4], Birner A[1], Fellendorf FT[1], Bengesser SA[1], Queissner R[1], Platzer M[1], Mayr-Mauhart M[3], Dorn M[3], Reininghaus B[3].

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Abstract

The aim of this cross-sectional study was to test the idea that the psychopathic trait "Fearless dominance" (FD) may be associated with reduced psychological stress symptoms and better stress coping strategies in psychiatric patients, whereas the factor "Self-centered impulsivity" (SCI) may be associated with more stress and maladaptive stress coping. The investigation included 626 individuals with psychiatric disorders treated in a psychiatric rehabilitation program. The participants were tested with the Psychopathic Personality Inventory Revised (PPI-R) and completed several clinical scales measuring stress experience and stress coping (Symptom-Checklist Revised, Trier Inventory for Chronic Stress, The Stress Coping Style Questionnaire 78). Consistent with the hypothesis, structural equation modeling results showed that self-reported stress levels and adaptive stress coping strategies might be explained by psychopathic FD traits in the psychiatric sample. Supplemental subscale analyses showed that especially the PPI-R scales Stress Immunity and Social Influence were positively related to adaptive stress coping. The second model of SCI did not fit our data well. In conclusion, individuals with psychopathic FD traits may experience less stress symptoms during residential care. Well-designed prospective trials may ultimately answer the question whether psychopathic traits could be viewed as serving a buffer function in the development of depression.

PMID: 30245379

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Mineralocorticoid receptor function and cognition in health and disease.

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Abstract

The steroid hormone cortisol is released in response to stress and exerts its effects in the brain via two different receptors: the mineralocorticoid receptor (MR) and the glucocorticoid receptor (GR). This review - dedicated to Dirk Hellhammer - focusses on the role of MR on cognitive and emotional function in healthy individuals and in stress-associated disorders such as major depressive disorder (MDD) or borderline personality disorder (BPD). Animal data and studies from healthy individuals converge such that MR play an important role in the appraisal of new situations and the following response selection. Decision-making and empathy are important determinants of this response selection and both are affected by MR function. Furthermore, MR are crucially involved in visuospatial navigation and memory in young and elderly healthy individuals whereas the exact physiological role of MR in verbal learning and verbal memory needs to be further characterized. In contrast to studies in healthy participants, age played a moderating role on the effects of MR stimulation on cognition in depressed patients. In young depressed patients, MR stimulation exerted beneficial effects on verbal memory and executive function, whereas in elderly depressed patients MR stimulation led to impaired verbal learning and visuospatial memory. Similar to healthy controls, BPD patients showed enhanced emotional empathy but not cognitive empathy after MR stimulation. Accordingly, this make MR an interesting target for potential pharmacological augmentation of psychotherapy in BPD. Given the important role MR play in cognitive and emotional function in health and disease, further studies should examine whether MR modulation can alleviate cognitive and emotional problems in patients with stress-associated disorders.
PMID: 30243757
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Validity and clinical utility of DSM and prototype diagnosis for depressive and anxiety spectrum disorders in predicting adaptive functioning.

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Abstract

Prototype matching, which involves comparing a patient clinical presentation with a prototype description of the disorder, addresses some of the clinical limitations of categorical approaches. Most research to-date on prototype matching has been conducted with personality disorders. Here, we examined the validity and clinical utility of prototype diagnosis for mood and anxiety disorders. We compared clinicians prototype diagnosis (based on DSM IV and empirically derived) to categorical diagnosis (based on independent SCID interview) in predicting patient global adaptive functioning rated across the clinician, patient and independent interviewer among N = 80 clinicians and N = 170 patients. Our findings show that prototype diagnosis (both one that is based on DSM criteria and empirically derived) demonstrates some incremental validity over and above the categorical DSM IV, in predicting patient's global adaptive functioning. This is particularly pronounced for mood disorders (MDD and dysthymia) as well as several anxiety disorders (OCD, social phobia) across a range of experience level of diagnosticians. Furthermore, clinicians rated the prototype matching approach as more useful in clinical practice compared with the binary categorical system. Using a dimensional approach, which is based on prototype matching that also preserves the advantages of categorical system offers a valid and efficient approach to psychiatric assessment.

Association of vitiligo with hospitalization for mental health disorders in US adults.

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Abstract

BACKGROUND:

Vitiligo has a complex bidirectional relationship with mental health (MH) disturbances. However, little is known about the relationship between vitiligo and MH emergencies.

OBJECTIVE:

To examine the associations of vitiligo and MH hospitalizations in the United States.

METHODS:

Data from the 2002-2012 National Inpatient Sample were analyzed, including a ~20% sample of all US hospitalizations (n=87,053,155 children and adults). Prevalence of hospitalization for MH disorders, their length of stay (LOS), and cost of care were determined for those with vitiligo compared to those without vitiligo..

RESULTS:

Hospitalization for MH disorders occurred more commonly in those with vitiligo compared to those without vitiligo (4.17% vs. 2.18%). In multivariable logistic regression models, vitiligo was associated with higher odds of admission for any MH disorder (adjusted odds ratio [95% confidence interval]: 1.69 [1.61-1.78]), including 14 of 15 MH disorders examined. Associated MH disorders included, anxiety, schizophrenia, depression, suicidal risk, personality disorder, ADD/ADHD and conduct disorder, substance use disorder,

childhood and adolescent psychiatric illnesses, alcohol-related disorders, adjustment disorders, developmental disorders, impulse control disorders, history of mental health disorders, and miscellaneous mental health disorders. Vitiligo patients hospitalized with any MH disorder had higher geometric-mean [95% confidence interval] cost of inpatient care ($10,992 [$10,477-$11,507] vs. $10,082 [$9,728-$10,435]) and LOS (5.6 [5.3-5.8] vs. 4.8 [4.6-4.9]) (P<0.0001) compared to those without vitiligo, with $10.5 million excess annual costs from hospitalization with MH disorders in persons with vitiligo.

CONCLUSIONS:

Persons with vitiligo had increased hospitalization for multiple MH disorders, which were associated with a considerable cost-burden. This article is protected by copyright. All rights reserved.

PMID: 30242917
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21. J Neural Transm (Vienna). 2018 Sep 21. doi: 10.1007/s00702-018-1929-6. [Epub ahead of print]

Epigenetic signature of MAOA and MAOB genes in mental disorders.

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Abstract

Epigenetic processes such as DNA methylation are considered key mechanisms at the crossroads between genetics and environment in the etiology of mental disorders. The monoamine oxidases A and B (MAOA/MAOB) are prime candidates for the investigation into the role of DNA methylation in mental disorders, given their pivotal role in the metabolism of monoamines and as pharmacological targets of potent antidepressant drugs such as tranylcypromine, phenelzine or moclobemide. The present mini-review aims at summarizing and critically discussing the growing body of the literature supporting a role of

DNA methylation of the MAOA gene promoter/exon I/intron I region and its interaction with environmental factors in several mental disorders, i.e., anxiety disorders, depression, posttraumatic stress disorder, substance use disorder, conduct disorder/antisocial personality disorder, borderline personality disorder and schizophrenia, as well as some pilot data on MAOB methylation in smokers and patients with borderline personality disorder. Furthermore, first evidence for MAOA methylation to be involved in treatment response prediction and as a potential mechanistic correlate of fear extinction is presented. Altered MAOA gene DNA methylation emerges as a possible pathogenetically relevant epigenetic mechanism in mental disorders. Given robust replication and further functional characterization, MAOA methylation patterns might serve as a peripheral biomarker of disease risk and treatment response informing preventive and personalized therapeutic approaches in the future.

PMID: 30242487

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The influence of phasic alerting on multisensory temporal precision.

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Abstract

The relationship between attention and multisensory integration has attracted the attention of many researchers but remains a topic of debate. As a mechanism that regulates the intensity of attention, little is known regarding whether and how phasic alerting affects multisensory perception. Three experiments and warning cues were employed to investigate the influence of phasic alerting on multisensory temporal processing. Experiments 1 and 2 used a temporal order judgement task and a simultaneity judgement task with audiovisual target stimuli presented at varying stimulus onset asynchronies. Experiment 3 further adopted a dual task to generate a new estimate of participants' performance. Although these tasks differ in terms of the required cognitive mechanisms, decreased just noticeable difference scores in trials with warning cues consistently indicated that participants under phasic alerting had enhanced

multisensory temporal precision. The point of subjective simultaneity values differed among the three tasks, suggesting that the influence of phasic alerting on perceptual deviation might be modulated by specific task demands. Experiment 4 adopted a strict method to verify that the mechanisms by which warning cues facilitate multisensory temporal precision are most likely transient general arousal rather than temporal expectancy. There is a close relationship between multisensory integration and some neurodevelopmental disorders. Considering that phasic alerting may heighten attentional capacity, future research could explore the potential medical interventions for the patients with relatively limited attention resources.

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Craniopharyngiomas primarily involving the hypothalamus: a model of neurosurgical lesions to elucidate the neurobiological basis of psychiatric disorders.

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Abstract

OBJECTIVE:

This study provides a systematic review and meta-analysis of psychiatric disorders caused by craniopharyngiomas and the hypothalamic alterations underlying these symptoms.

METHODS:

We investigated a collection of 210 craniopharyngiomas published from 1823 to 2017 providing detailed clinical and pathological information about psychiatric disturbances, including 10 of our own series, and compared the hypothalamic damage in this cohort with the present in a control cohort of 105 cases without psychiatric symptoms.

RESULTS:

Psychiatric disorders occurred predominantly in patients with craniopharyngiomas developing primarily at the infundibulo-tuberal region (45%) or entirely within the third ventricle (30%), mostly affecting adult patients (61%, p<0.001). Most tumors without psychic symptoms developed beneath the third ventricle floor (53.5%, p<0.001), in young patients (57%, p<0.001). Psychiatric disturbances were classified in six major categories: i) Korsakoff-like memory deficits, 66%; ii) behavior/personality changes, 48.5%; iii) impaired emotional expression/control, 42%; iv) cognitive impairments, 40%; v) mood alterations, 32%; and vi) psychotic symptoms, 22%. None of these was associated with hydrocephalus. Severe memory deficits occurred with damage of the mammillary bodies (p<0.001). Mood disorders occurred with compression/invasion of the third ventricle floor and/or walls (p<0.012). Coexistence of other hypothalamic symptoms such as temperature/metabolic dysregulation or sleepiness favored the emergence of psychotic disorders (p<0.008). Postoperative psychiatric outcome was better in strictly intraventricular craniopharyngiomas than in other topographies (p<0.001). A multivariate model including the hypothalamic structures involved, age, hydrocephalus and hypothalamic symptoms, predicts the appearance of psychiatric disorders in 81% of patients.

CONCLUSIONS:

CPs primarily involving the hypothalamus represent a neurobiological model of psychiatric and behavioral disorders.

Predictors of 30-day Postdischarge Readmission to a Multistate National Sample of State Psychiatric Hospitals.

Ortiz G.

Abstract

BACKGROUND:

Early discharge from psychiatric inpatient care may pose challenges for the patient's recovery and may incite a rapid return to the hospital. This study identified demographic, clinical, and the continuing of care characteristics associated with rapid readmission into a sample of psychiatric inpatient hospitals.

METHODS:

Cross-sectional analysis of 60,254 discharges from state psychiatric hospitals. Logistic regression explored the relationship between predictors of rapid readmission.

RESULTS:

Eight percent of discharges were readmitted to the same hospital within 30 days after discharge. Factors significantly related with rapid readmission included white (odds ratio, 1.23; 95% confidence interval, 1.13-1.34), non-Hispanic (1.48, 1.26-1.73), not married (1.53, 1.32-1.76), voluntarily admitted (1.18, 1.05-1.33), with length of stay (LOS) ≤ 7 days (3.52, 3.04-4.08), or LOS 8-31 days (3.20, 2.79-3.66), or LOS 32-92 days (1.91, 1.65-2.22), with a schizophrenia or other psychotic disorders (1.69, 1.46-1.96) or personality disorder (1.76, 1.50-2.06), referred to a setting different from the outpatient (1.27, 1.16-1.40), or with a living arrangement different from private residence (1.54, 1.40-1.68).

CONCLUSIONS:

Disparities in rapid readmission rates exist among state psychiatric hospitals. A national overview of the individuals with mental illness at risk of being prematurely discharged may suggests insights into quality initiatives aimed at reducing rapid readmissions into psychiatric inpatient care.

Relationship between attention-deficit hyperactivity disorder symptoms and problem gambling: A mediation analysis of influential factors among 7,403 individuals from the UK.

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Abstract

BACKGROUND AND AIMS:

Our goal was to examine the association between attention-deficit hyperactivity disorder (ADHD) symptoms and gambling problems, and to identify potential mediating factors of this association.

METHODS:

This study used cross-sectional, community-based data from 7,403 people aged ≥16 years who participated in the Adult Psychiatric Morbidity Survey 2007. ADHD symptoms were assessed using the Adult ADHD Self-Report Scale (ASRS) Screener. Problem gambling was assessed using a questionnaire based on the 10 DSM-IV diagnostic criteria for pathological gambling. Respondents were classified as having no problem, at-risk, or problem gambling. Logistic regression and mediation analyses were conducted to analyze the association between ADHD symptoms (i.e., ASRS score ≥14) and problem gambling and the role of several variables in this association.

RESULTS:

The prevalence of at-risk (5.3% vs. 2.4%) and problem gambling (2.4% vs. 0.6%) was higher in individuals with ADHD symptoms than in those without ADHD symptoms. ADHD symptoms were significantly associated with both at-risk (OR = 2.15; 95% CI = 1.22-3.79) and problem gambling (OR = 3.57; 95% CI = 1.53-8.31) when adjusted for age, sex, and ethnicity. Common mental disorders (CMDs; i.e., depression and anxiety disorders) (mediated percentage = 22.4%), borderline personality disorder (BPD) traits (22.1%), stressful life events (13.2%), stress at work or home (12.6%), alcohol dependence (11.8%), and impulsivity (11.2%) were significant mediators in the ADHD-gambling association.

DISCUSSION AND CONCLUSIONS:

Overall, ADHD symptoms were positively associated with problem gambling. CMDs, BPD traits, and stressful life events were important mediators in this relationship.
PMID: 30238788
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Electrophysiological Signatures of the Resting-state fMRI Global Signal: A Simultaneous EEG-fMRI Study.

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Abstract

BACKGROUND:

The global signal of resting-state functional magnetic resonance imaging (fMRI) constitutes an intrinsic fluctuation and presents an opportunity to characterize and understand the activity of the whole brain. Recently, evidence that the global signal contains neurophysiologic information has been growing, but the global signal of electroencephalography (EEG) has never been determined.

NEW METHODS:

We developed a new method to obtain the EEG global signal. The EEG global signal was reconstructed by the reference electrode standardization technique and represented the outer cortical electrophysiological activity. To investigate its relationship with the global signal of resting-state fMRI, a simultaneous EEG-fMRI signal was recorded, and this was analyzed in 24 subjects.

RESULTS:

We found that the global signal of resting-state fMRI showed a positive correlation with power fluctuations of the EEG global signal in the γ band (30-45 Hz) and a negative correlation in the low-frequency band (4-20 Hz). Comparison with existing method(s): Compared with the global signal of fMRI, the global signal of EEG provides more temporal information about outer cortical neural activity.

CONCLUSIONS:

These results provide new evidence for the electrophysiology information of the global signal of resting-state fMRI. More importantly, due to its high correlation with the fMRI global signal, the EEG global signal may serve as a new biomarker for neurological disorders.

PMID: 30236777
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ELSEVIER
FULL-TEXT ARTICLE

Diagnosis and classification of personality disorders: novel approaches.

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Abstract

PURPOSE OF REVIEW:

To provide an update of the recent studies, which have evaluated the radical changes in personality disorder classification in DSM-5 and ICD-11.

RECENT FINDINGS:

Although the DSM-5 Committee rejected the personality disorders Work Group proposal for personality disorder classification, the model was published in DSM-5 Section III. This Alternative Model of Personality Disorders (AMPD) has been widely adopted by the research community resulting in multiple studies evaluating its reliability and clinical utility. The ICD-11 Personality Classification has recently been accepted by the WHO and is also receiving increasing study. Both models emphasize personality disorder severity, which most studies report is consistently linked to impairment and outcome. Both models propose five descriptive domains, which appear to capture most of the current personality disorder diagnoses, and can also be linked to disease extremes of normal personality such as the Five Factor Model.

SUMMARY:

The changes in DSM-5 AMPD and ICD-11 represent a significant paradigm shift in the diagnosis of personality disorders. Early research suggests that the changes may be beneficial for clinicians and researchers. The models more closely align with the large body of literature supporting dimensional models of normal personality. The severity dimensions are consistent with the large body of evidence that personality disorder severity is a strong determinant of impairment and outcome. It remains to be seen if clinicians will use the classification to plan and predict treatment for a wide range of mental disorders.
PMID: 30234525
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Adverse Childhood Experiences and the Consequences on Neurobiological,

Psychosocial, and Somatic Conditions Across the Lifespan.

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Abstract

Introduction: Adverse childhood experiences (ACE) such as sexual and physical abuse or neglect are frequent in childhood and constitute a massive stressor with long-lasting adverse effects on the brain, mental and physical health.The aim of this qualitative review is to present a concise overview of the present literature on the impact of ACE on neurobiology, mental and somatic health in later adulthood. **Methods:** The authors reviewed the existing literature on the impact of ACE on neurobiology, mental and somatic health in later adulthood and summarized the results for a concise qualitative overview. **Results:** In adulthood, the history of ACE can result in complex clinical profiles with several co-occurring mental and somatic disorders such as posttraumatic stress disorder, depression, borderline personality disorder, obesity and diabetes. Although a general stress effect in the development of the disorders and neural alterations can be assumed, the role of type and timing of ACE is of particular interest in terms of prevention and treatment of ACE-related mental and somatic conditions. It has been suggested that during certain vulnerable developmental phases the risk for subsequent ACE-related disorders is increased. Moreover, emerging evidence points to sensitive periods and specificity of ACE-subtypes in the development of neurobiological alterations, e.g., volumetric and functional changes in the amygdala and hippocampus. **Conclusion:** Longitudinal studies are needed to investigate complex ACE-related characteristics and mechanisms relevant for mental and somatic disorders by integrating *state of the art* knowledge and methods. By identifying and validating psychosocial and somatic risk factors and diagnostic markers one might improve the development of innovative somatic and psychological treatment options for individuals suffering from ACE-related disorders.

29. Front Psychiatry. 2018 Sep 3;9:419. doi: 10.3389/fpsyt.2018.00419. eCollection 2018.

Age-Related Differences in Alcohol Intake and Control Over Alcohol Seeking in Rats.

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Abstract

Alcohol use disorder (AUD) is characterized by excessive and persistent alcohol use, despite adverse consequences. AUD often originates during adolescence, as do other substance use disorders. However, despite periods of excessive alcohol intake, many adolescents reduce their alcohol use by early adulthood. Brain development, social context, personality traits, and genetic makeup are thought to play an important role in these age-dependent fluctuations in alcohol use. However, studies that directly investigate age-related differences in the effects of alcohol exposure on brain and behavior are sparse. Therefore, to better understand the relationship between adolescent alcohol consumption and AUD-like behavior, this study compared the degree of control over alcohol seeking in rats that differed in terms of age of onset of alcohol drinking and in their level of alcohol consumption. We hypothesized that control over alcohol seeking is more prominent in adolescent-onset rats than in adult-onset rats, and that control over alcohol seeking is related to the consumed amount of alcohol. To test this hypothesis, alcohol seeking in the presence of a conditioned aversive stimulus was assessed after 2 months of intermittent alcohol access (IAA) in rats that consumed alcohol from postnatal day 42 (adolescence) or day 77 (adulthood). The rats were subdivided into low (LD), medium (MD), or high (HD) alcohol drinking rats, in order to assess the impact of the extent of alcohol intake on control over alcohol seeking. The adolescent-onset animals consumed slightly, but significantly less alcohol compared to the adult-onset rats. In adult-onset rats, we found that conditioned suppression of alcohol seeking, i.e., reduction of alcohol seeking by presentation of a conditioned aversive stimulus, was most pronounced in LD. By contrast, in the adolescent-onset rats, MD and HD showed increased alcohol seeking compared to LD, which was suppressed by conditioned aversive stimuli. Taken together, these findings reveal a complex relationship between the age of onset and level of alcohol intake with control over alcohol seeking, whereby adolescent rats consume less alcohol than adults. In adult rats, control over alcohol seeking is negatively related to preceding levels of

alcohol intake. By contrast, adolescent rats appear to retain control over alcohol seeking, even after a history of high levels of alcohol intake.

Similar articles

Prescreening clinical trial volunteers using an online personality questionnaire.

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Abstract

Background:

The cost of a clinical trial is affected by the efficiency of participant recruitment. It would be desirable to create a prescreening method that identifies appropriate candidates for full screening, in order to prevent inconvenience for both trial and volunteers. This study presents an online prescreening tool for this purpose.

Methods:

In order to facilitate recruitment of 24 individuals meeting the criteria for generalized anxiety disorder to a pharmacological functional magnetic resonance imaging trial, we created an online personality questionnaire that generated a personality profile for each respondent and screened for the trial's basic criteria.

Results:

Our online platform screened 6,293 people for anxious personality traits in 1 year. A total of 862 eligible individuals were identified through this route, each of whom automatically received an email invitation to contact the study team for further telephone screening, if interested. Of those, 266 individuals contacted the team and 173 were telephone screened, with 53 attending the study site for medical checks. Twenty-eight individuals were fully eligible, and 24 completed the trial. This permitted completion on time and on budget.

Conclusion:

Our online prescreening personality questionnaire platform did not remove the need for telephone screening or onsite medical checks, but increased the efficiency of recruitment through noninvasive identification of those meeting key requirements. Thus, our platform is a useful recruitment technique for clinical trials and is time-saving for both the trial and potential participants.

PMCID: PMC6130292 **Free PMC Article**
PMID: 30233187
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31. Cogn Behav Ther. 2018 Sep 19:1-15. doi: 10.1080/16506073.2018.1509119. [Epub ahead of print]

Predictors of improvement in an open-trial multisite evaluation of emotion regulation group therapy.

Sahlin H[1,2], Bjureberg J[1,2], Gratz KL[3], Tull MT[3], Hedman-Lagerlöf E[1,2], Bjärehed J[4], Jokinen J[1,5], Lundh LG[4], Hellner C[1], Ljótsson B[1,2].

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Abstract

Emotion regulation group therapy (ERGT) is a novel treatment specifically targeting deliberate non-suicidal self-harm (DSH) in individuals with borderline personality disorder (BPD). Identifying robust predictors of positive response to ERGT could aid clinicians in treatment selection; however, to date, only one such study has been conducted. Thus, we aimed to replicate previously identified predictors of treatment response to ERGT by investigating demographic, clinical, and diagnostic predictors in 95 women with BPD or subclinical BPD who had participated in an open-trial evaluation of ERGT. Outcomes evaluated were frequency of DSH and emotion dysregulation. Assessments were conducted at pretreatment, post-treatment, and 6-month follow-up. Multilevel mixed linear models and multilevel negative binomial generalized estimated equations were used to identify significant interactions between the predictors and outcomes. We found that greater pretreatment DSH frequency was associated with greater improvements in DSH during treatment (b = 0.998, SE = 0.00, p = 0.03) and follow-up (b = 0.997, SE = 0.00, p < 0.01) and that greater BPD severity was associated with greater improvements in DSH during treatment (b = 0.84, SE = 0.06, p = 0.02) and in emotion dysregulation at follow-up (b = -3.05, SE = 1.47, p = 0.04). Co-occurring disorders were associated with poorer treatment response during follow-up. Results were generally consistent with a previous study of the predictors of response to ERGT. The findings provide further support for the utility of this treatment across a range of BPD patients, including patients with severe DSH and BPD.
PMID: 30230412
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32. Personal Ment Health. 2018 Sep 19. doi: 10.1002/pmh.1434. [Epub ahead of print]

The Level of Personality Functioning Scale-Brief Form 2.0: Update of a brief

instrument for assessing level of personality functioning.

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Abstract

Section III of the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) introduced the alternative model of personality disorders that includes assessing levels of personality functioning. Here, we describe the development, preliminary psychometric evaluation and sensitivity to change of a revised brief self-report questionnaire, the Level of Personality Functioning Scale-Brief Form 2.0 (LPFS-BF 2.0). Patients (N = 201) referred to a specialized centre for the assessment and treatment of personality disorders completed the LPFS-BF 2.0, the Brief Symptom Inventory and the Severity Indices of Personality Problems Short Form and were administered the Structured Clinical Interview for DSM-IV Axis I and Axis II Disorders. Internal structure and aspects of construct validity were examined. A subsample of 39 patients also completed the questionnaires after 3 months of inpatient treatment. Confirmatory factor analyses demonstrated better fit for a two-factor solution (interpretable as self-functioning and interpersonal functioning) than for a unidimensional model, though acceptable model fit was evident only after two post hoc modifications. The LPFS-BF 2.0 demonstrated satisfactory internal consistency and promising construct validity. Sensitivity to change after 3 months of treatment was high. The LPFS-BF 2.0 constitutes a short, user-friendly instrument that provides a quick impression of the severity of personality pathology.

Variations of cingulate sulcal organization and link with cognitive performance.

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Abstract

The sulcal morphology of the human medial frontal cortex has received marked interest because of (1) its remarkable link with the functional organization of this region, and (2) observations that deviations from 'normal' sulcal morphological variability correlate with the prevalence of some psychiatric disorders, cognitive abilities, or personality traits. Unfortunately, background studies on environmental or genetic factors influencing the ontogenesis of the sulcal organization in this region are critically lacking. We analysed the sulcal morphological organization in this region in twins and non-twin siblings, as well as in control subjects for a total of 599 subjects from the Human Connectome Project. The data first confirm significant biases in the presence of paracingulate sulci in left vs right hemispheres in the whole population (twin: $p < 2.4.10^{-9}$; non-twin: $p < 2.10^{-6}$) demonstrating a clear general laterality in human subjects. Second, measures of similarity between siblings and estimations of heritability suggest significant environmental factors, in particular in-womb environment, and weak additive genetic factors influencing the presence of a paracingulate sulcus. Finally, we found that relationships between sulcal organization and performance in cognitive, motor, and affective tests depend on the twin status (Twins versus Non-twins). These results provide important new insights to the issue of the significance of sulcal organization in the human medial frontal cortex.

Similar articles

An exploration of self-compassion and self-criticism in the context of personal recovery from borderline personality disorder.

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Abstract

OBJECTIVES:

A lack of compassion for oneself, or harsh self-criticism, is associated with a range of psychiatric disorders including borderline personality disorder (BPD). Personal recovery in the context of a mental illness such as BPD involves building a life that is subjectively meaningful and satisfying. Limited self-compassion or harsh self-criticism may be an impediment to recovery from BPD. The association between self-compassion and recovery and self- criticism and recovery were examined.

METHOD:

Nineteen individuals diagnosed with BPD completed the Neff Self-Compassion Scale, the Forms of Self-Criticising/Attacking and Self-Reassuring Scale and the Recovery Assessment Scale at a single time point.

RESULTS:

There was a strong positive correlation between self-compassion and recovery (r = 0.75) and a strong negative correlation (rho = -0.67) between self- criticism and recovery.

CONCLUSIONS:

Although preliminary in nature, these results suggest the importance of fostering self-compassion and working to address self-criticism within clinical interventions supporting recovery from BPD.
PMID: 30226078
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Corrigendum: Alexithymia and Autism Spectrum Disorder: A Complex Relationship.

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Erratum for

- Alexithymia and Autism Spectrum Disorder: A Complex Relationship. [Front Psychol. 2018]

Abstract

[This corrects the article DOI: 10.3389/fpsyg.2018.01196.].

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Personality functioning in anxiety disorders.

Doering S[1], Blüml V[2], Parth K[2,3], Feichtinger K[2], Gruber M[4], Aigner M[5], Rössler-Schülein H[6], Freidl M[4], Wininger A[2].

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Abstract

BACKGROUND:

The Alternative DSM-5 Model for Personality Disorders as well as the upcoming IDC-11 have established a new focus on diagnosing personality disorders (PD): personality functioning. An impairment of self and interpersonal functioning in these models represents a general diagnostic criterion for a personality disorder. Little is known so far about the impairment of personality functioning in patients with other mental disorders than PD. This study aims to assess personality functioning in patients with anxiety disorders.

METHODS:

Ninety-seven patients with the diagnosis of generalized anxiety disorder, panic disorder, or phobia, and 16 healthy control persons were diagnosed using the Structured Clinical Interview for DSM-IV (SCID-I and -II) and were assessed by means of the Structured Interview for Personality Organization (STIPO) to determine the level of personality functioning.

RESULTS:

While all three patient groups showed significant impairment in personality functioning compared to the control group, no significant differences were observed between the different patient groups. In all three groups of anxiety disorders patients with comorbid PD showed significantly worse personality functioning than patients without. Patients without comorbid PD also yielded a significant impairment in their personality functioning when compared to the control group.

CONCLUSIONS:

Anxiety disorders are associated with a significant impairment in personality functioning, which is significantly increased by comorbid PD. There are no differences in terms of personality functioning between patients with different anxiety disorders.

The effect of being left home alone at age 3 years on schizotypy and antisocial behavior at ages 17 and 23 years.

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Abstract

OBJECTIVE:

Negative home environments are associated with both schizophrenia-spectrum disorders and crime, but whether this is due to the social or cognitive sequelae of such environments is unclear. This study investigates the effect of early home environments on adult mental health.

METHOD:

Using data from the Mauritius Child Health Project, a multiple time-point prospective study where all children born in 1969 in two towns (Quatre Bornes and Vacaos) were recruited at age 3 years (N = 1794), a group of children left home alone at age 3 (n = 34) were compared to children cared for by siblings/relatives (n = 222), or by mothers (n = 1498) on antisocial behavior and schizotypal personality at ages 11, 17, and 23 years.

RESULTS:

Home alone children showed higher scores on psychotic behavior and conduct disorder at age 17, and also schizotypal personality and crime at 23 years compared to the other groups. No negative behavioral or cognitive effects were observed at age 11. Findings were not accounted for by social adversity or ethnicity and appear to be 'sleeper effects' in that they do not emerge until later adolescence and into adulthood.

CONCLUSIONS:

Findings appear to be the first to show the negative effects of dual-parental daytime absence on adult schizotypy and crime, a finding that cannot be accounted for by verbal and spatial cognitive impairments. Results suggest an early common psychosocial denominator to the two comorbid conditions of antisocial behavior and schizotypy.

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Frequency and association of mitochondrial genetic variants with neurological disorders.

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Abstract

Mitochondria are small cytosolic organelles and the main source of energy production for the cells, especially in the brain. This organelle has its own genome, the mitochondrial DNA (mtDNA), and genetic variants in this molecule can alter the normal energy metabolism in the brain, contributing to the development of a wide assortment of Neurological Disorders (ND), including neurodevelopmental syndromes, neurodegenerative diseases and

neuropsychiatric disorders. These ND are comprised by a heterogeneous group of syndromes and diseases that encompass different cognitive phenotypes and behavioral disorders, such as autism, Asperger's syndrome, pervasive developmental disorder, attention deficit hyperactivity disorder, Huntington disease, Leigh Syndrome and bipolar disorder. In this work we carried out a Systematic Literature Review (SLR) to identify and describe the mitochondrial genetic variants associated with the occurrence of ND. Majority of genetic variants found in mtDNA were associated with Single Nucleotide Polimorphisms (SNPs), ~79%, with ~15% corresponding to deletions, ~3% to Copy Number Variations (CNVs), ~2% to insertions and another 1% included mtDNA replication problems and genetic rearrangements. We also found that most of the variants were associated with coding regions of mitochondrial proteins but were also found in regulatory transcripts (tRNA and rRNA) and in the D-Loop replication region of the mtDNA. After analysis of mtDNA deletions and CNV, none of them occur in the D-Loop region. This SLR shows that all transcribed mtDNA molecules have mutations correlated with ND. Finally, we describe that all mtDNA variants found were associated with deterioration of cognitive (dementia) and intellectual functions, learning disabilities, developmental delays, and personality and behavior problems.

PMID: 30218715

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Preliminary findings for the validity of the Morningness-Eveningness-Stability Scale improved (MESSi): Correlations with activity levels and personality.

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Abstract

Aim of the present study is an additional validation of the Morningness-Eveningness-Stability Scale improved (MESSi). We screened a total of 97 German students using the reduced Morningness-Eveningness Questionnaire (rMEQ) to identify a subsample (N = 42) of definite morning and evening types (31% males, mean age: 24.8 ± 5.8 years). The participants provided information about their sleep-wake rhythm (diary), personality traits (questionnaire) and experienced actigraphic monitoring. Correlations of the MESSi components "Morning affect subscale" (MA) (r = 0.91, p < 0.01) and "Eveningness subscale" (r = -0.87, p < 0.01) with the rMEQ showed good convergent validity. MA was also significantly negatively correlated with the acrophase and the midpoint of sleep as measured by actigraphy.
PMID: 30212241
Similar articles

40. J Behav Addict. 2018 Sep 11:1-6. doi: 10.1556/2006.7.2018.71. [Epub ahead of print]

Sleepiness and impulsivity: Findings in non-treatment seeking young adults.

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Abstract

Background and aims Although inadequate sleep has been linked to problematic behaviors, such as poor impulse control and emotion dysregulation, little research interest has been the role of sleep and sleep deprivation on impulsive behaviors in young adults. To further examine the relationship of sleepiness to impulsivity and impulsive behaviors, this study was designed to collect data on sleepiness, and a range of impulse control disorders and cognitive measures. Methods Young non-treatment-seeking adults were recruited from two US cities and completed a screening form for sleepiness, along with demographic, clinical, and cognitive measures relevant to impulsivity. Relationships between these explanatory variables and total sleepiness scores were analyzed using partial least squares. Significant explanatory variables were identified (p < .05, bootstrap). Results Higher levels of sleepiness were significantly associated with higher ADHD symptoms, gambling disorder symptoms, Internet addiction symptoms, and personality-related impulsiveness. Sleepiness was also associated with set-shifting errors, and with gambling more points (abnormal decision-making), but not with significant impairment in response to inhibition, or other aspects of

decision-making. Conclusions This study confirms a cross-sectional relationship between sleepiness and a range of impulsive measures at the level of behavior (ADHD, gambling, and Internet addiction) and personality traits. Longitudinal research would be required to explore causal mechanisms and the direction of any such effects. Screening for such mental health diagnoses in people with sleep problems may be valuable, as enquiring patients with such impulsive symptoms about sleep, in order to maximize quality of life.
PMID: 30203693

41.

The role of psychopathology in perceiving, reporting and treating intermittent claudication. A systematic review.

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Abstract

INTRODUCTION:

To review the association between mental health and intermittent claudication (IC) perception, reporting and treatment in subjects with peripheral artery disease (PAD).

EVIDENCE ACQUISITION:

Literature searches of experimental and observational studies published up until 1.02.2016 were conducted using the following electronic databases: Medline/PubMed and Embase. The selection criteria for the studies included a population of patients diagnosed with peripheral artery disease who reported symptoms of intermittent claudication and were assessed for any

psychopathological states (depression, anxiety, mood and personality disorders), which in turn were analysed with regard to the following: IC severity, symptom perception and reporting, patients' quality of life, treatment compliance and its effectiveness. The risk of bias was assessed using Cochrane Collaboration's tool and the Newcastle Ottawa Scales. The strength of recommendations was graded according to GRADE system.

EVIDENCE SYNTHESIS:

The literature search identified 1598 citations, of which 13 studies with varying risk of bias were included in the review. Depression, anxiety, and personality types were described in more than 800 patients with peripheral arterial disease who suffered from intermittent claudication. With regard to IC perception and reporting, individuals with higher levels of depression had lower levels of pain acceptance, were more dissatisfied with their function and control over function and had a poorer quality of life. In the case of the type D personality, the results were not consistent. Studies assessing the influence of psychopathology on IC severity and treatment also showed discrepant results. Some studies indicated no differences between type D and non-type D patients with regard to the ankle brachial index (ABI) as well as pain free (PFWD) and maximal walking distances (MWD). On the other hand, others revealed that type D and depressed patients terminated 6MWT prematurely due to the onset of symptoms and experienced a greater annual decline in 6-minute walk distance, fast walking velocity and short physical performance battery. With regard to treatment adherence, patients with no mental problems made the best recoveries. Hostility, aggressiveness and affect-liability were the greatest obstacles to compliance.

CONCLUSIONS:

Mental disorders might influence the way in which the symptoms of the disease are reported, coped with, and treated. However, the results of the review preclude recommending a routine psychological examination as one of basic diagnostic procedures in patients with peripheral artery disease suffering from IC.
PMID: 30203636
Similar articles

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42. J Drug Educ. 2018 Sep 10:47237918800018. doi: 10.1177/0047237918800018. [Epub ahead of print]

Personality, Self-Esteem, and Perceived Stress in Communal Residences Supporting Recovery.

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Abstract

The current study examined the relationships between a personality metatrait (Stability consisting of conscientiousness, agreeableness, and neuroticism), self-esteem, and stress in an adult population of individuals with substance use disorders living in recovery homes. Adults (N = 229) residing in 42 residential recovery settings were interviewed as part of the first wave of a longitudinal study in three sites. Standard error of the mean analysis found significant effects for several demographic variables on Stability, and Stability was significantly related both directly and indirectly to stress. These findings suggest that individual differences at entry may influence recovery home effects and may be important to developing more effective aftercare systems.
PMID: 30200776
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43. Epidemiol Psychiatr Sci. 2018 Sep 10:1-11. doi: 10.1017/S2045796018000537. [Epub ahead of print]

Psychiatric symptoms and risk of victimisation: a population-based study from Southeast London.

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Abstract

AimsAlthough violence is a vital public health problem, no prospective studies have tested for subsequent vulnerability to violence, as a victim or witness, in members of the general

population with a range of psychiatric symptoms, or evaluated the importance of higher symptom burden on this vulnerability.

METHODS:

We used successive waves of a household survey of Southeast London, taken 2 years apart, to test if association exists between psychiatric symptoms (symptoms of psychosis, common mental disorders, post-traumatic stress disorder and personality disorder) and later victimisation, in the form of either witnessing violence or being physically victimised, in weighted logistic regression models. Statistical adjustment was made for prior violence exposure, sociodemographic confounders, substance/alcohol use and violence perpetration. Sensitivity analyses were stratified by violence perpetration, sex and history of mental health service use.

RESULTS:

After adjustments, psychiatric symptoms were prospectively associated with reporting any subsequent victimisation (odds ratio (OR) 1.88, 95% confidence interval (CI) 1.25-2.83), a two times greater odds of reporting witnessed violence (OR 2.24, 95% CI 1.33-3.76) and reporting physical victimisation (OR 1.76, 95% CI 1.01-3.06). One more symptom endorsed was accompanied by 47% greater odds of subsequent victimisation (OR 1.47, 95% CI 1.16-1.86). In stratified analyses, statistical associations remained evident in non-perpetrators, and among those without a history of using mental health services, and were similar in magnitude in both men and women.

CONCLUSIONS:

Psychiatric symptoms increase liability to victimisation compared with those without psychiatric symptoms, independently of a prior history of violence exposure and irrespective of whether they themselves are perpetrators of violence. Clinicians should be mindful of the impact of psychiatric symptoms on vulnerability to victimisation, including among those with common psychiatric symptoms and among those who are not considered at risk of perpetrating violence.
PMID: 30196801
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44. J Voice. 2018 Sep 5. pii: S0892-1997(18)30099-7. doi: 10.1016/j.jvoice.2018.05.006. [Epub ahead of print]

Perceptual Clinical Features in Exercise-Induced Laryngeal Obstruction (EILO): Toward Improved Diagnostic Approaches.

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Abstract

INTRODUCTION:

Athletes with exercise-induced laryngeal obstruction (EILO) (previously commonly referred to as paradoxical vocal fold motion disorder, or paradoxical vocal fold motion, among other terms) are often misdiagnosed, resulting in prolonged, and at times inappropriate, clinical management. The high prevalence of misdiagnosis is largely due to a lack of universal consensus of key clinical features indicating EILO and a dearth of validated quantitative approaches to accurately detect episodic laryngeal breathing disorders (ELBD) from other pathologies. Additionally, mechanisms underlying EILO clinical presentation are poorly understood, further confounding identification and management of the condition. Therefore, the objectives of this study were twofold. The first was to identify patient-centered perception of symptoms that could distinguish adolescent athletes with EILO from athletes without the condition, at baseline (rest) and during an exercise challenge (provocation), and to quantify symptom severities for use as preliminary diagnostic benchmarks. The second objective was to investigate the merit of one commonly proposed mechanism in the EILO literature-stress reactivity (temperament)-by comparing personality traits in athletes with and without EILO.

METHODS:

Twelve (12) athletes diagnosed with EILO and 14 healthy athletic volunteers without the condition were asked to rate the severity of their present symptoms using a 0-100 continuous visual analog scale. Participants then underwent an exercise challenge with simultaneous

laryngoscopy and were asked to complete the same set of symptom severity ratings experienced during rigorous exercise. Finally, participants completed the Fear subscale on the early adolescent temperament questionnaire-revised (EATQ-R) to measure self-perceived levels of stress reactivity.

RESULTS:

There were significant group differences for inspiratory and expiratory dyspnea with exercise (P = 0.01). Symptoms of stridor (EILO: P = .01; control: P = .001) and throat tightness (EILO: P = .01, control: P = .01) were statistically different between rest and exercise in both groups. However, no group differences were found on these two parameters (P > .05). Other symptoms from the list of previously purported symptoms indicative of ELBD (e.g. cough, dysphonia) were infrequently reported in the exercise variant. Additionally, measurements of stress reactivity on the EATQ-R Fear subscale were similar between the two athletic groups. Interestingly, EATQ-R Fear Subscale scores for both groups were significantly higher compared to typical adolescents in the U.S. population (P < .001, respectively).

DISCUSSION:

Results suggest dyspnea severity, particularly when experienced during an exercise-induced ELBD (EILO) episode, is the most sensitive symptom parameter to distinguish individuals with EILO from those without the condition. These findings confirm previous literature describing episodic laryngeal breathing disorders in clinical cohorts. Results also showed symptoms of throat tightness and stridor is more prevalent during exercise, compared to rest. However, the level of their severity occurred variably across both groups of athletes and may point to a less robust indication of pathology. Finally, similarities to stress reactivity between the two athletic groups imply certain temperaments historically attributed to patients with EILO may instead better reflect temperaments in competitive young athletes, in general.

CONCLUSION:

Study findings highlight the importance of using normative comparisons in the study of episodic laryngeal breathing disorders to prevent overgeneralization of characteristics to clinical cohorts. Results also speak of the clinical utility of exercise challenge to improve specificity of EILO diagnosis.

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Other Specified Feeding or Eating Disorders (OSFED): Clinical heterogeneity and cognitive-behavioral therapy outcome.

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Abstract

BACKGROUND:

with the DSM-5 new eating disorders (EDs) diagnostic subtypes were identified within the Other Specified Feeding or Eating Disorders (OSFED) category, which have so far been under-researched. Objectives of this study were to examine differential features among OSFED subtypes, exploring short-term cognitive-behavioral therapy (CBT) response and identifying clinical predictors of therapy outcome.

METHODS:

the sample included 176 female patients diagnosed with OSFED [82 atypical anorexia nervosa (atypical-AN), 57 purging disorder (PD), and 37 subthreshold bulimia nervosa (sub-BN)]. Assessment included eating-related, psychopathological and personality measures.

RESULTS:

results showed similar clinical and personality profiles between the diagnostic subtypes, with hardly any differences, only observable in the core symptoms of each diagnosis. The sub-BN group was the one which showed more social impairment. Regarding treatment outcome, the three groups did not reveal significant differences in remission rates, therapeutic adherence or dropout rates, reaching rates of dropout from 36.8% to 50% (p = .391). However, different ED subtype predictors appear related with full remission or dropout risk, specifically personality traits.

CONCLUSIONS:

our results suggest that OSFED patients may benefit similarly from the same CBT outpatient group approach. However, high dropout rates and low motivation seems to be an important limitation and challenge for future approaches.

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The severity of psychiatric disorders.

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Abstract

The issue of the severity of psychiatric disorders has great clinical importance. For example, severity influences decisions about level of care, and affects decisions to seek government assistance due to psychiatric disability. Controversy exists as to the efficacy of antidepressants across the spectrum of depression severity, and whether patients with severe depression should be preferentially treated with medication rather than psychotherapy. Measures of severity are used to evaluate outcome in treatment studies and may be used as meaningful endpoints in clinical practice. But, what does it mean to say that someone has a severe illness? Does severity refer to the number of symptoms a patient is experiencing? To the intensity of the symptoms? To symptom frequency or persistence? To the impact of symptoms on functioning or on quality of life? To the likelihood of the illness resulting in permanent disability or death? Putting aside the issue of how severity should be

operationalized, another consideration is whether severity should be conceptualized similarly for all illnesses or be disorder specific. In this paper, we examine how severity is characterized in research and contemporary psychiatric diagnostic systems, with a special focus on depression and personality disorders. Our review shows that the DSM-5 has defined the severity of various disorders in different ways, and that researchers have adopted a myriad of ways of defining severity for both depression and personality disorders, although the severity of the former was predominantly defined according to scores on symptom rating scales, whereas the severity of the latter was often linked with impairments in functioning. Because the functional impact of symptom-defined disorders depends on factors extrinsic to those disorders, such as self-efficacy, resilience, coping ability, social support, cultural and social expectations, as well as the responsibilities related to one's primary role function and the availability of others to assume those responsibilities, we argue that the severity of such disorders should be defined independently from functional impairment.

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47. Mol Psychiatry. 2018 Sep 5. doi: 10.1038/s41380-018-0236-9. [Epub ahead of print]

Cortical surface area alterations shaped by genetic load for neuroticism.

Opel N[1], Amare AT[2,3], Redlich R[1], Repple J[1], Kaehler C[1,4], Grotegerd D[1], Dohm K[1], Zaremba D[1], Leehr EJ[1], Böhnlein J[1], Förster K[1], Bürger C[1], Meinert S[1], Enneking V[1], Emden D[1], Leenings R[1], Winter N[1], Hahn T[1], Heindel W[5], Bauer J[5], Wilhelms D[6], Schmitt S[6], Jansen A[6], Krug A[6], Nenadic I[6], Rietschel M[7], Witt S[7], Forstner AJ[8], Nöthen MM[8], Kircher T[6], Arolt V[1], Baune BT[2,9], Dannlowski U[10].

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Abstract

Neuroticism has been shown to act as an important risk factor for major depressive disorder (MDD). Genetic and neuroimaging research has independently revealed biological correlates of neurotic personality including cortical alterations in brain regions of high relevance for affective disorders. Here we investigated the influence of a polygenic score for neuroticism (PGS) on cortical brain structure in a joint discovery sample of n = 746 healthy controls (HC) and n = 268 MDD patients. Findings were validated in an independent replication sample (n = 341 HC and n = 263 MDD). Subgroup analyses stratified for case-control status and analyses of associations between neurotic phenotype and cortical measures were carried out. PGS for neuroticism was significantly associated with a decreased cortical surface area of the inferior parietal cortex, the precuneus, the rostral cingulate cortex and the inferior frontal gyrus in the discovery sample. Similar associations between PGS and surface area of the inferior parietal cortex and the precuneus were demonstrated in the replication sample. Subgroup analyses revealed negative associations in the latter regions between PGS and surface area in both HC and MDD subjects. Neurotic phenotype was negatively correlated with surface area in similar cortical regions including the inferior parietal cortex and the precuneus. No significant associations between PGS and cortical thickness were detected. The morphometric overlap of associations between both PGS and neurotic phenotype in similar cortical regions closely related to internally focused cognition points to the potential relevance of genetically shaped cortical alterations in the development of neuroticism.
PMID: 30185937

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Individual and combined effects of acute delta-9-tetrahydrocannabinol and cannabidiol on psychotomimetic symptoms and memory function.

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Abstract

The main active ingredient in cannabis, delta-9-tetrahydrocannabinol (THC), can acutely induce psychotic symptoms and impair episodic and working memory. Another major constituent, cannabidiol (CBD), may attenuate these effects. This study aimed to determine the effects of THC and CBD, both alone and in combination on psychotic symptoms and memory function. A randomised, double-blind crossover design compared the effects of (i) placebo, (ii) THC 8 mg, (iii) CBD 16 mg and (iv) THC 8 mg + CBD 16 mg administered by inhalation through a vaporiser. Using an experimental medicine approach to predict treatment sensitivity, we selected 48 cannabis users from the community on the basis of (1) schizotypal personality questionnaire scores (low, high) and (2) frequency of cannabis use (light, heavy). The Brief Psychiatric Rating Scale (BPRS), Psychotomimetic States Inventory (PSI), immediate and delayed prose recall (episodic memory), 1- and 2-back (working memory) were assessed on each day. Results indicated that THC increased overall scores on the PSI, negative symptoms on BPRS, and robustly impaired episodic and working memory. Co-administration of CBD did not attenuate these effects. CBD alone reduced PSI scores in light users only. At a ratio of 2:1, CBD does not attenuate the acute psychotic and memory impairing effects of vaporised THC. Frequent cannabis users may show a blunted anti-psychotic response to CBD, which is of concern due to the high rates of cannabis use disorders in patients with schizophrenia.

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49. Disabil Rehabil. 2018 Sep 5:1-7. doi: 10.1080/09638288.2018.1493543. [Epub ahead of print]

Identifying psychosocial difficulties of inpatients with substance use disorders: evaluation of the usefulness of the PARADISE24 for clinical practise.

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Abstract

PURPOSE:

Improvements in overall functioning and well-being are important goals in the treatment of substance use disorders. The aim of the current study was to evaluate the usefulness of the PARADISE24 instrument for studying the scope and severity of psychosocial difficulties by comparing the results with other measures in the context of substance use disorders.

MATERIALS AND METHODS:

This cross-sectional study included two independent inpatient samples. The first sample consisted of 80 interviews including the PARADISE24 and 10 other measures. The second sample consisted of the responses of 1082 inpatients to a self-administered PARADISE24 questionnaire.

RESULTS:

Inpatients with substance use disorders had experienced a wide range of psychosocial difficulties and the two samples produced similar results. Highest scores were observed for emotional difficulties. The PARADISE24 showed convergent validity with measures of disability and depressive symptoms and discriminant validity with personality traits and environmental factors (i.e., social support and caretaker's empathy). Psychosocial difficulties were inversely associated with quality of life and self-assessed health.

CONCLUSION:

The PARADISE24 provides a wide range of useful information on psychosocial difficulties for clinical work and it can be used as a self-administered questionnaire in the evaluation and treatment of substance use disorders. Implications for rehabilitation Individuals undergoing inpatient treatment for substance use disorders experience various and severe psychosocial difficulties. The PARADISE24 is an evidence-based instrument for assessing the scope and severity of 24 common psychosocial difficulties among neurological and psychiatric disorders. The PARADISE24 also offers a time-efficient method which can be used as a self-administered questionnaire in the context of substance use disorders. Comparison between

the PARADISE24 and 10 commonly used measures showed that the PARADISE24 covered a wide variety of clinically relevant issues in one questionnaire.
PMID: 30183423
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50. Appl Neuropsychol Adult. 2018 Sep 5:1-7. doi: 10.1080/23279095.2018.1463224. [Epub ahead of print]

Psychiatric disorders associated with acquired brain pathology.

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Abstract

Acquired brain pathology can be associated with diverse psychiatric manifestations. Three major types of psychiatric disorders potentially found in cases of acquired brain pathology are examined: (1) psychosis, (2) mood disorders, and (3) personality disorders with special emphasis in so-called "acquired psychopathy." Two types of psychotic manifestations are reviewed: (a) Schizophrenia-like psychosis; (b) Other delusional disorder, specifically, somatoparaphrenia and delusional misidentification syndromes, which include reduplicative paramnesias, Capgras syndrome, Frégoli syndrome, and "doubles of the self-syndrome." Schizophrenia-like psychosis has been reported as sequelae of traumatic brain injury with a prevalence of around 1 to 9%. On the other hand, the other delusional disorders are usually associated with right hemisphere or bilateral lesions. The significance of mood disorders particularly in cases of frontal lobe pathology has been reported, including: depression, bipolar disorder, alcohol abuse, panic disorder, and increased risk of suicide are frequently observed. Personality disorders are frequent in cases of brain pathology, particularly frontal lesions. It is concluded that the analysis of the psychiatric changes associated with acquired brain pathology has not only a clinical importance but also a fundamental interest, advancing the understanding of the neurological bases of major psychiatric conditions.
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51. J Pers Disord. 2018 Sep 4:1-17. doi: 10.1521/pedi_2018_32_390. [Epub ahead of print]

[Cognitive Reappraisal of Negative Emotional Images in Borderline Personality Disorder: Content Analysis, Perceived Effectiveness, and Diagnostic Specificity.](#)

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Abstract

Individuals with borderline personality disorder (BPD) report using cognitive reappraisal less often than healthy individuals despite the long-term benefits of the emotion regulation strategy on emotional stability. Individuals with BPD, mixed anxiety and/or depressive disorders (MAD), and healthy controls (HC) completed an experimental task to investigate the tactics contained in cognitive reappraisal statements vocalized for high and low emotional intensity photographs. Self-reported effectiveness after using cognitive reappraisal to decrease negative emotions was also evaluated. Although BPD and MAD used a similar number of cognitive reappraisal tactics, they perceived themselves as less effective at reducing their negative emotions compared to HC. During cognitive reappraisal, BPD and MAD uttered fewer words versus HC, while BPD uttered fewer words versus MAD. Results suggest that individuals with BPD and MAD are less fluent and perceive themselves as less effective than HC when using cognitive reappraisal to lower negative emotions regardless of stimulus intensity.

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[Effectiveness of iconic therapy for the reduction of borderline personality](#)

disorder symptoms among suicidal youth: study protocol for a randomised controlled trial.

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Abstract

BACKGROUND:

Borderline personality disorder (BPD) is associated with an intensive use of mental health services, even in the absence of a full diagnosis. Early symptom detection and intervention may help alleviate adverse long-term outcomes. Iconic Therapy is an innovative manual-driven psychotherapy that treats BPD symptoms in a specific and intensive manner. Preliminary results are promising and the indication is that Iconic Therapy may be effective in reducing BPD symptoms. The aim of this study is to assess how effective Iconic Therapy is compared to Structured Support Therapy in a real clinical setting.

METHODS/DESIGN:

Our study will be a controlled 12-month pragmatic, two-armed RCT. A total of 72 young people (15 to 25 years old) with suicidal ideation/self-injuring behaviour and BPD traits and symptoms will participate in the study. The subjects will be randomised into two groups: Iconic Therapy or Structured Support Therapy. The participants will be assigned to either group on a 1:1 basis. Both the Iconic Therapy and the Structured Support Therapy programmes consist of 11 weekly sessions delivered by two trained psychologists in a group format of between 8 to 12 outpatients. The primary outcome will be measured by the change in symptom severity. Secondary outcomes include changes in suicidal ideation/ behaviour, non-suicidal self-injury, maladjustment to daily life and cost-effective analysis. The primary outcome will be a decrease in the severity of BPD symptoms as assessed by the Borderline Symptom List (BSL-23). For the clinical evaluation, three study assessments will take place: at baseline, after treatment and at 12-month follow-up. We hypothesise that patients attending the Iconic Therapy group will show a significantly higher reduction in symptoms

than those in the Structured Support Therapy group. Data will be analysed using generalised estimating equation (GEE) models.

DISCUSSION:

By responding to the need for briefer and more comprehensive therapies for BPD, we foresee that Iconic Therapy may provide an alternative treatment whose specific therapeutic principles, visually represented on icons, will overcome classical Structured Support Therapy at reducing BPD symptoms.

TRIAL REGISTRATION:

NCT03011190.

PMCID: PMC6122595 **Free PMC Article**
PMID: 30176878
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1. Schizophr Bull. 2018 Oct 30. doi: 10.1093/schbul/sby141. [Epub ahead of print]

Postural Sway Abnormalities in Schizotypal Personality Disorder.

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Abstract

Motor abnormalities are among the most robust findings in schizophrenia, and increasing evidence suggests they are a core feature of the disorder. Postural sway during balance tasks is a highly sensitive probe of sensorimotor systems including the cerebellum, basal ganglia, and motor cortices. Postural sway deficits are present in schizophrenia as well as groups at high risk for psychosis, suggesting altered postural control may be sensitive to the pathophysiological processes associated with risk and expression of schizophrenia spectrum disorders. This study examined postural sway performance in schizotypal personality disorder (SPD). Individuals with SPD have attenuated psychotic symptoms and share genetic risk with schizophrenia but are usually free from antipsychotic medication and other illness confounds, making SPD useful for assessing candidate biomarkers. We measured postural sway using force plates in 27 individuals with SPD, 27 carefully matched controls, and 27 matched patients with schizophrenia. It was predicted that postural sway in the SPD group would fall intermediate to schizophrenia and controls. In all conditions (eyes open and closed, with feet together or apart), the SPD group swayed significantly more than the controls, as measured by path length and sway area. Moreover, the magnitude of the sway deficit was comparable in the SPD and schizophrenia groups. These findings suggest that postural sway measures may represent a sensorimotor biomarker of schizophrenia spectrum disorders.
PMID: 30376125
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2. Subst Use Misuse. 2018 Oct 30:1-10. doi: 10.1080/10826084.2018.1512626. [Epub ahead of print]

Borderline Features and Prescription Opioid Misuse in a Substance Use Disorder Treatment Sample.

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Abstract

BACKGROUND:

An association between borderline personality disorder (BPD) and substance use disorders has been well established. However, very little is known about the relationship between BPD and prescription opioid misuse, specifically.

OBJECTIVES:

The relationship between borderline personality disorder features and prescription opioid misuse was examined in a sample of 208 substance use disorder treatment patients in the outpatient level of care.

RESULTS:

Controlling for use of alcohol and cannabis, as well as other relevant covariates, we found that BPD features were associated with age of first use of prescription opioids, prescription opioid use disorder symptom count, lifetime use, past 12-month use, problem use, and cravings. Additionally, we found that BPD features were not associated with greater use of medically necessary opioid pain killers as prescribed by a physician; rather the association with BPD was in the greater likelihood of misuse (non-prescribed) of prescription opioid pain killers. The self-harm/impulsivity facet of BPD was most strongly associated with prescription opioid-related variables. Conclusions/Importance: These findings suggest that BPD is related to prescription opioid misuse, above and beyond the tendency to use other drugs of abuse, and that the self-harm impulsivity facet appears to be driving this relationship.
PMID: 30375912
Similar articles

3. BMC Psychiatry. 2018 Oct 29;18(1):351. doi: 10.1186/s12888-018-1908-3.

Application of the ICD-11 classification of personality disorders.

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Abstract

BACKGROUND:

The ICD-11 classification of Personality Disorders focuses on core personality dysfunction, while allowing the practitioner to classify three levels of severity (Mild Personality Disorder, Moderate Personality Disorder, and Severe Personality Disorder) and the option of specifying one or more prominent trait domain qualifiers (Negative Affectivity, Detachment, Disinhibition, Dissociality, and Anankastia). Additionally, the practitioner is also allowed to specify a Borderline Pattern qualifier. This article presents how the ICD-11 Personality Disorder classification may be applied in clinical practice using five brief cases.

CASE PRESENTATION:

(1) a 29-year-old woman with Severe Personality Disorder, Borderline Pattern, and prominent traits of Negative Affectivity, Disinhibition, and Dissociality; (2) a 36-year-old man with Mild Personality Disorder, and prominent traits of Negative Affectivity and Detachment; (3) a 26-year-old man with Severe Personality Disorder, and prominent traits of Dissociality, Disinhibition, and Detachment; (4) a 19-year-old woman with Personality Difficulty, and prominent traits of Negative Affectivity and Anankastia; (5) a 53-year-old man with Moderate Personality Disorder, and prominent traits of Anankastia and Dissociality.

CONCLUSIONS:

The ICD-11 Personality Disorder classification was applicable to five clinical cases, which were classified according to Personaity Disorder severity and trait domain qualifiers. We propose that the classification of severity may help inform clinical prognosis and intensity of treatment, whereas the coding of trait qualifiers may help inform the focus and style of treatment. Empirical investigation of such important aspects of clinical utility are warranted.

Similar articles

Wender Utah Rating Scale-25 (WURS-25): psychometric properties and diagnostic accuracy of the Swedish translation.

Kouros I[1], Hörberg N[1], Ekselius L[1], Ramklint M [1].

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Abstract

OBJECTIVE:

The aim of this study was to examine the psychometric properties and diagnostic accuracy of the Swedish version of the Wender Utah Rating Scale (WURS) in psychiatric patients with similar symptoms but diagnosed with either attention deficit hyperactivity disorder (ADHD), bipolar disorder (BP), and/or borderline personality disorder (BPD).

METHODS:

A total of 121 patients from an outpatient psychiatric clinic for young adults (18-25 years) were diagnosed using the Structured Clinical Interview for DSM Axis I and Axis II (SCID-I and SCID-II), and ADHD was diagnosed using the Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS). WURS were filled in by the participants and compared with a diagnosis of ADHD according to K-SADS.

RESULTS:

Internal consistency of the WURS was 0.94. The principal component analysis resulted in a three-factor solution that accounted for 61.3% of the variance. The ADHD group had significantly higher mean scores compared to all other groups. The diagnostic accuracy of the WURS was examined using AUC and ROC analysis, and the optimal cut-off score was 39, with a sensitivity of 0.88 and specificity of 0.70, with AUC 0.87, 95% CI 0.80-0.94, PPV 0.59, and NPV 0.92.

CONCLUSION:

The psychometric properties of the Swedish WURS were good. For assessment of adult ADHD, in patients with symptoms of emotional instability, impulsivity, and attention problems but of different origins, a somewhat higher cut-off score than the originally suggested was preferable for identification of ADHD.

Revision on Psychometric Properties of the Temperament and Character Inventory in a Clinical Sample.

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Abstract

Cloninger's Temperament and Character Inventory (TCI) although elaborated on the general population, is frequently used in clinical samples. The study evaluates the psychometric characteristics of TCI in clinical populations with the aim of creating a reduced version of the test suitable for these subjects. This research was conducted on two groups of mental health outpatients. In the first study, 44 items, correlated with the psychiatric disorders, was selected. These items, divided in four dimensions utilizing both statistic and psychopathological criteria, show good internal consistency and external validity and constitute a Reduced Version (TR-TCI) of the test. In the second study, the predictive validity of the TR-TCI was evaluated through the ROC curves and a logistic regression model. The results show a good predictive validity of TR-TCI, that allows us to use this instrument in order to identify the personality structures that make people sensitive to psychiatric pathologies.

Attachment assessment in clinical practice: Factor structure of the attachment questionnaire.

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Abstract

OBJECTIVE:

Attachment theory is of great relevance to psychotherapy process and outcome. The labor-intensive and time-consuming nature of attachment codification impedes its widespread use in clinical practice. The Attachment Questionnaire (AQ), a clinician-rated instrument, was developed to address these limitations. However, the status of validation of the AQ remains preliminary. The objective of this study is to further validate the AQ by evaluating its factor structure and convergent validity.

METHODS:

To this end, 389 psychotherapists completed the AQ and assessed patients' personality disorders and level of functioning.

RESULTS:

Factor analyses revealed that a five-factor solution provided a better fit than the original four-factor solution. The additional factor, inhibited exploration, captured difficulties in open, nondefensive, exploration of memories and their effects. Correlations between AQ factors and criterion variables support the convergent validity of the AQ.

CONCLUSIONS:

These results are discussed in light of patients' characteristics and recent advances in attachment research.

Similar articles

Unique and shared features of narcissistic and antisocial personality disorders: Implications for assessing and modeling externalizing traits.

Stanton K[1], Zimmerman M[2,3].

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1. Department of Psychology, University of Western Ontario, London, ON, Canada.
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3. Department of Psychiatry, Rhode Island Hospital, Providence, Rhode Island.

Abstract

OBJECTIVES:

We aimed to determine which, if any, features distinguish antisocial and narcissistic personality disorders (ASPD and NPD), two overlapping externalizing disorders.

METHODS:

A large sample of outpatients (N = 2,149) completed interview measures assessing personality pathology, other psychopathology, and impairment. The structure of antisocial and narcissistic traits was examined using both exploratory bifactor and traditional exploratory factor analytic approaches, and we examined relations for our emergent factors.

RESULTS:

Factor analytic results indicated that most narcissistic and antisocial traits were strongly overlapping, although some features emerged as relatively distinct (e.g., arrogance defining NPD). Factors modeling our specific bifactor dimensions showed very weak psychopathology and impairment relations.

CONCLUSIONS:

The structure of ASPD and NPD traits does not align neatly with Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Section II conceptualizations, Regardless of the factor analytic approach used. Our findings also indicate that specific dimensions defining these PDs show modest predictive power after accounting for a general externalizing dimension.

Changing characteristics of forensic psychiatric patients in Ontario: a population-based study from 1987 to 2012.

Penney SR[1,2], Seto MC[3,4], Crocker AG[5,6], Nicholls TL[7,8], Grimbos T[9], Darby PL[10], Simpson AIF[10,11].

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11. Department of Psychiatry, University of Toronto, Toronto, Canada.

Abstract

PURPOSE:

To quantify the demand for forensic psychiatric services in Ontario over the past 25 years and investigate whether the sociodemographic, clinical and offense-based characteristics of forensic patients have changed over time.

METHODS:

We investigated all forensic admissions from 1987 to 2012 resulting in a disposition of Not Criminally Responsible on account of Mental Disorder (N = 2533). We present annual proportions of patients with specified sociodemographic, clinical and offense characteristics, and investigate whether the duration of forensic system tenure varies as a function of admission year, psychiatric diagnosis, or index offense.

RESULTS:

There has been a steady increase in forensic admissions over this time period, particularly individuals with comorbid substance use disorders and individuals of non-Caucasian ethno-racial background. The proportion of persons committing severe violence has remained low and has decreased over time. Having a comorbid personality, neurological, or substance use disorder significantly increased forensic system tenure, as did committing a violent offense. Individuals who came into the system in earlier years had slower rates of discharge compared to more recent admissions.

CONCLUSIONS:

Defining the trends characterizing the growth of the forensic population has important policy implications, as forensic services are costly and involve a significant loss of liberty. The current results indicate that young, substance abusing individuals of diverse ethno-racial backgrounds and who commit relatively low-level violence comprise an increasing proportion of Ontario's forensic population, and suggest that treatment must be optimized to best serve the needs of these individuals.

PMID: 30368545

Similar articles

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FULL-TEXT ARTICLE

Barriers to Behavioral Treatment Adherence for Headache: An Examination of Attitudes, Beliefs, and Psychiatric Factors.

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7. Department of Neurology, NYU Langone Medical Center, New York, NY, USA.

Abstract

BACKGROUND/OBJECTIVES:

Nonpharmacological interventions, such as biofeedback, cognitive behavioral therapy, and relaxation techniques are Level-A evidence-based treatments for headache. The impact of these interventions is often equivalent to or greater than pharmacological interventions, with fewer side effects. Despite such evidence, the rate of participation in nonpharmacological interventions for headache remains low. Once obstacles to optimizing use of behavioral interventions, such as local access to nonpharmacological treatment and primary headache providers are traversed, identification of barriers contributing to low adherence is imperative given the high levels of disability and cost associated with treating headache disorders. In this review of factors in adults associated with underuse of nonpharmacological interventions, we discuss psychological factors relevant to participation in nonpharmacological treatment, including attitudes and beliefs, motivation for change, awareness of triggers, locus of control, self-efficacy, acceptance, coping styles, personality traits, and psychiatric comorbidities associated with treatment adherence. Finally, future prospects and approaches to optimizing treatment matching and minimizing adherence issues are addressed.

METHODS:

An interdisciplinary team conducted this narrative review. Neuropsychologists conducted a literature search during the month of July 2017 using a combination of the keywords ("headache" or "migraine") and ("adherence" or "compliance") or "barriers to treatment" or various "psychological factors" discussed in this narrative review. Content experts, a psychiatrist, and a complementary and integrative health specialist provided additional commentary and input to this narrative review resulting in integration of additional noteworthy studies, book chapters and books.

RESULTS:

Various psychological factors, such as attitudes and beliefs, lack of motivation, poor awareness of triggers, external locus of control, poor self-efficacy, low levels of acceptance, and engagement in maladaptive coping styles can contribute to nonadherence.

CONCLUSIONS:

To maximize adherence, clinicians can assess and address an individual's level of treatment acceptance, beliefs that may present as barriers, readiness for change, locus of control, self-efficacy and psychiatric comorbidities. Identification of barriers to adherence as well as the application of relevant assessment and intervention techniques have the potential to facilitate adherence and ultimately improve treatment success.

Similar articles

10. Behav Res Ther. 2018 Oct 16. pii: S0005-7967(18)30159-1. doi: 10.1016/j.brat.2018.10.006. [Epub ahead of print]

Isolating the effect of opposite action in borderline personality disorder: A laboratory-based alternating treatment design.

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Abstract

Evaluating the unique effects of each component included in treatment protocols for borderline personality disorder (BPD) is a necessary step in refining these interventions so that they only include skills that drive therapeutic change. One strategy, included in several prominent treatments for BPD, is acting opposite to emotion-driven behavioral urges; engaging in behaviors that are inconsistent with an experienced emotion is thought to lead to reductions in its intensity, though this has not been empirically-tested. The present study was a single-case experiment, specifically an alternating treatment design, that explored the effects of a laboratory-based adaptation of opposite action (versus acting consistent) on emotional intensity. Sixteen individuals with BPD attended six laboratory sessions in which they were instructed to act consistent with an induced emotion in half the sessions and opposite in the other half. Participants were randomly assigned to the specific emotion (i.e., anxiety, sadness, anger, and shame/guilt) that was induced across all study sessions. Findings from visual inspection and percentage of non-overlapping data suggest that acting opposite

(versus consistent) leads to significantly greater decreases in emotional intensity for those in the sadness and guilt/shame conditions, but not those in the anxiety or anger conditions. Possible interpretations of these findings are presented. Replication outside of the laboratory context is necessary to draw further conclusions of the clinical implications of these findings.
PMID: 30366576
Similar articles

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FULL-TEXT ARTICLE

11. Int J Offender Ther Comp Criminol. 2018 Oct 26:306624X18808433. doi: 10.1177/0306624X18808433. [Epub ahead of print]

The Criminal Narrative Experience of Psychopathic and Personality Disordered Offenders.

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2. 2 HM Prison Frankland, Durham, UK.

Abstract

Given the challenges associated with psychopathic and personality disordered offenders, further insight is needed. One way of doing this is by looking at offending from the first-person perspective. The study investigated the criminal narrative experience (CNE) of this population during the commissioning of crimes. Twenty-two high-risk male offenders were recruited and a questionnaire design was used. The data were analysed using Smallest Space Analysis which revealed four themes consistent with Ioannou, Canter, and Youngs's CNE framework: depressed victim, distressed revenger, calm professional, and elated hero. Independent samples t tests explored whether personality disorders related to CNE themes, and Pearson's product-moment correlation was used to explore the relationship between psychopathy and the CNE themes. Borderline personality disorder identified with the depressed victim. Paranoid and schizoid personality disorders did not identify with the calm professional. There was no significant relationship between psychopathy and the CNE themes. The theoretical and practical implications are discussed.
PMID: 30362851
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Behavioural and trait changes in parkinsonian patients with impulse control disorder after switching from dopamine agonist to levodopa therapy: results of REIN-PD trial.

Lee JY[1], Jeon B[2], Koh SB[3], Yoon WT[4], Lee HW[5], Kwon OD[6], Kim JW[7], Kim JM[8], Ma HI[9], Kim HT[10], Baik JS[11], Cho J[12].

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Abstract

OBJECTIVE:

In this multicentre open-label trial, we compared behavioural and neuropsychiatric symptoms in Parkinson's disease (PD) patients with impulse control disorders (ICD) treated

with dopamine agonists before and 12 weeks after substituting dopamine agonists with an equivalent dose of levodopa/carbidopa slow-release formulation.

METHODS:

Baseline characteristics of 50 PD patients with ICD were compared with those of 60 medicated and 40 drug-naive PD control groups. Neuropsychiatric trait changes in the PD-ICD group were investigated 12 weeks after the intervention. ICD behaviours were assessed via modified Minnesota Impulsive Disorders Interview (mMIDI), whereas parkinsonian severity and neuropsychiatric characters were systematically assessed with the Unified PD Rating Scale (UPDRS) and a predefined neuropsychological assessment battery.

RESULTS:

At baseline, ICD patients showed higher scores in the Neuropsychiatric Inventory and anxiety, anger and obsessive-compulsive traits compared with both PD control groups. In contrast, the three PD groups showed indifference in the impulsivity scales. At 12 weeks post intervention, ICD behaviours significantly improved (p<0.001, Δ modified MIDI score=-5.27 ± 5.75) along with the UPDRS II daily activity scores (p=0.02, $\Delta=-2.07 \pm 4.53$). Behavioural disinhibition tended to improve (p=0.06), although no significant changes were observed in the Neuropsychiatric Inventory and personality trait scores. Dopamine agonist withdrawal syndrome developed in 5.3% of the PD-ICD group.

CONCLUSIONS:

This study provides class IV evidence suggesting that switching from dopamine agonists to levodopa/carbidopa slow-release formulations alleviated ICD behaviours in PD patients leading to improvement in daily activities whereas neuropsychiatric traits associated with ICD persisted after the 12-week therapy.

TRIAL REGISTRATION NUMBER:

NCT01683253.

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Conflict of interest statement

Competing interests: None declared

DSM-5 cannabis withdrawal syndrome: Demographic and clinical correlates in U.S. adults.

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Abstract

BACKGROUND:

Cannabis withdrawal syndrome (CWS) was newly added to the Diagnostic and Statistical Manual of Mental Disorders in its most recent edition, DSM-5. With cannabis use increasing among U.S. adults, information is needed about the prevalence and correlates of DSM-5 CWS in the general population. This study presents nationally representative findings on the prevalence, sociodemographic and clinical correlates of DSM-5 CWS among U.S. adults.

METHOD:

Participants ≥18 years were interviewed in the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III) in 2012-2013. Among the sub-sample of frequent cannabis users in the prior 12 months (≥3 times a week; N = 1527), the prevalence and demographic and clinical correlates of DSM-5 CWS were examined.

RESULTS:

In frequent cannabis users, the prevalence of CWS was 12.1%. The most common withdrawal symptoms among those with CWS were nervousness/anxiety (76.3%), hostility (71.9%), sleep difficulty (68.2%) and depressed mood (58.9%). CWS was associated with significant disability (p < 0.001), and with mood disorders (adjusted odds ratios [aOR] = 1.9-

2.6), anxiety disorders (aOR = 2.4-2.5), personality disorders (aOR = 1.7-2.2) and family history of depression (aOR = 2.5) but not personal history of other substance use disorders or family history of substance use problems.

CONCLUSIONS:

CWS is highly comorbid and disabling. Its shared symptoms with depressive and anxiety disorders call for clinician awareness of CWS and the factors associated with it to promote more effective treatment among frequent cannabis users.

Similar articles

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FULL-TEXT ARTICLE

Similarities and differences in revised reinforcement sensitivities across eating disorder subtypes.

Wilson DR[1], Loxton NJ[2], O'Shannessy D[1], Sheeran N[1], Morgan A[1].

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Abstract

Reinforcement Sensitivity Theory has been used to investigate personality in the development and maintenance of disordered eating. However, the vast majority of research from this perspective has been limited by the use of measures developed to assess the original theory, rather than the significantly revised theory, potentially overlooking key personality differences in eating disorder subtypes. The current study aimed to overcome limitations when using measures based on the original theory by investigating differences and similarities in reinforcement sensitivity across eating disorder subtypes and healthy controls. The measure based on the revised theory assesses i) reward sensitivity [goal-drive persistence; reward interest, reward reactivity], ii) impulsivity, iii) behavioural inhibition, and iv) threat sensitivity. A total of 374 women from the community participated, including

those with a past or present AN-R diagnosis (AN-R = 109); those with a past or present binge-type ED (Binge-type = 132); and healthy controls (HC = 133). Participants completed a questionnaire assessing personality, eating disorder symptoms, and past or present eating disorder diagnoses. Results showed that both the AN-R and Binge-type groups were higher in behavioural inhibition and threat sensitivity compared to the HC group. The Binge-type group showed higher impulsivity relative to the AN-R and HC group, and lower Goal-Drive Persistence relative to the HC group. The AN-R group showed lower Reward Interest and Reward Responsiveness relative to the HC group. This study supports and extends previous research with the findings of heightened threat and anxiety sensitivity in those with diagnosed eating disorders. Additionally, among those with a past or present eating disorder, the findings implicate impulsivity in differentiating bingeing versus restricting subtypes.
PMID: 30359629

<u>Similar articles</u>

ELSEVIER
FULL-TEXT ARTICLE

Acute social and physical stress interact to influence social behavior: The role of social anxiety.

von Dawans B[1,2], Trueg A[1], Kirschbaum C[3], Fischbacher U[4,5], Heinrichs M[1].

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Abstract

Stress is proven to have detrimental effects on physical and mental health. Due to different tasks and study designs, the direct consequences of acute stress have been found to be wide-reaching: while some studies report prosocial effects, others report increases in antisocial behavior, still others report no effect. To control for specific effects of different stressors and to consider the role of social anxiety in stress-related social behavior, we investigated the

effects of social versus physical stress on behavior in male participants possessing different levels of social anxiety. In a randomized, controlled two by two design we investigated the impact of social and physical stress on behavior in healthy young men. We found significant influences on various subjective increases in stress by physical and social stress, but no interaction effect. Cortisol was significantly increased by physical stress, and the heart rate was modulated by physical and social stress as well as their combination. Social anxiety modulated the subjective stress response but not the cortisol or heart rate response. With respect to behavior, our results show that social and physical stress interacted to modulate trust, trustworthiness, and sharing. While social stress and physical stress alone reduced prosocial behavior, a combination of the two stressor modalities could restore prosociality. Social stress alone reduced nonsocial risk behavior regardless of physical stress. Social anxiety was associated with higher subjective stress responses and higher levels of trust. As a consequence, future studies will need to investigate further various stressors and clarify their effects on social behavior in health and social anxiety disorders.

Similar articles

Conflict of interest statement

The authors have declared that no competing interests exist.

From Structure to Process: On the Integration of AMPD and HiTOP.

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Abstract

In recent years the limitations of traditional categorical frameworks for conceptualizing and diagnosing psychopathology have become increasingly clear, prompting the development of dimensional models wherein psychological dysfunction is assessed on a series of continua. Two frameworks have been particularly influential: the Alternative Model for Personality Disorders (AMPD) outlined in DSM-5 (American Psychiatric Association, 2013), and the Hierarchical Taxonomy of Psychopathology (HiTOP; Kotov et al., 2017). Widiger et al.'s timely and insightful review addresses two key questions regarding AMPD and HiTOP: Do deficits in self- and interpersonal functioning (AMPD Criterion A) have incremental validity

over maladaptive traits (Criterion B), and if so, should Criterion A be included in HiTOP? In this commentary I argue that to resolve these questions conclusively, studies of factor structure and construct covariation must be complemented by investigations that address three issues: (a) Are there identifiable causal links between Criterion A impairments and Criterion B traits; (b) Do salient life events, therapeutic interventions, and experimental manipulations differentially affect Criterion A and Criterion B scores; and (c) Do Criterion A and Criterion B scores predict different outcomes in laboratory, clinical, and field settings?
PMID: 30358430
Similar articles

17. Suicide Life Threat Behav. 2018 Oct 24. doi: 10.1111/sltb.12521. [Epub ahead of print]

Non-suicidal Self-injury Differentiates Suicide Ideators and Attempters and Predicts Future Suicide Attempts in Patients with Eating Disorders.

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Abstract

OBJECTIVE:

We aimed first to identify psychopathological variables differentiating between suicide ideators, suicide attempters and patients without suicide ideation or attempts, and second to identify better predictors of suicide attempts longitudinally.

METHOD:

We compared suicide ideation, hopelessness, borderline symptoms, frequency, types, number of different non-suicidal self-injury (NSSI) methods, intrapersonal and interpersonal functionality of NSSI in a sample of 238 patients with Eating Disorders (1) with no history of suicide ideation or suicide attempts (n = 150); (2) with recent suicide ideation (n = 65);

and (3) with suicide attempts in the previous year (n = 23). In addition, we analyzed the predictive power of the mentioned variables over the number of suicide attempts 7 months after the first assessment.

RESULTS:

The group of suicide attempters showed a major number of different methods of NSSI, higher frequency of NSSI, cutting, and more NSSI intra and interpersonal functions than the group of ideators. Unlike in previous studies, hopelessness did not differentiate between patients with ideation and suicide attempts. In addition, the best predictor of suicide attempts 7 months later was frequency of NSSI at T1 (N = 123).

CONCLUSIONS:

Cutting, frequency and different methods of NSSI, intra and interpersonal functions were risk factors that differentiated ideators from attempters, being frequency of NSSI the best predictor of suicide attempts longitudinally. Thus, patients with ED with NSSI should be the focus of preventive interventions for suicidal behavior.

PMID: 30357895
Similar articles

18. Front Psychol. 2018 Oct 9;9:1845. doi: 10.3389/fpsyg.2018.01845. eCollection 2018.

Commentary: Pattern destabilization and emotional processing in cognitive therapy for personality disorders.

Gelfand LA[1], Ervin MC[1], Germ SR[1].

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Comment on

- Pattern destabilization and emotional processing in cognitive therapy for personality disorders. [Front Psychol. 2015]

PMCID: PMC6189449 **Free PMC Article**
PMID: 30356790

Gender differences and similarities in aggression, suicidal behavior, and psychiatric comorbidity in borderline personality disorder.

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Abstract

OBJECTIVE:

We examined gender differences and similarities in aggression, impulsivity, suicidal behavior, and psychiatric comorbidity in men and women with borderline personality disorder (BPD) compared with healthy controls.

METHOD:

A community sample of 511 participants (healthy controls: 81 men and 82 women; BPD patients: 145 men and 203 women) were rigorously characterized using structured diagnostic interviews and symptom severity assessments.

RESULTS:

In comparison to women with BPD, men were less educated, had higher total Barratt Impulsivity Scale (BIS), BIS - motoric impulsiveness and BIS - non-planning impulsiveness subscale, total Buss Perry Aggression Questionnaire (BPAQ), and BPAQ - physical aggression subscale scores. Men with BPD were more likely to have comorbid narcissistic, antisocial, paranoid, and schizotypal personality disorder, alcohol and substance use disorders but less likely to have dependent and obsessive-compulsive personality disorders compared to women with BPD. There was a trend towards higher maximum lethality of suicide attempt in men suicide attempters compared to women suicide attempters but no

difference between men and women with regard to the proportion of suicide attempters or the number of suicide attempts.

CONCLUSION:

Men with BPD are more impaired and may be at higher risk of dying by suicide compared to women with BPD. This article is protected by copyright. All rights reserved.

PMID: 30353921
Similar articles

20. Psicothema. 2018 Nov;30(4):364-369. doi: 10.7334/psicothema2018.41.

Applying the unified protocol to a single case of major depression with schizoid and depressive personality traits.

Osma J[1], Sánchez-Gómez A, Peris-Baquero Ó.

Author information:
1. Universidad de Zaragoza and Instituto de Investigación Sanitaria de Aragón.

Abstract

BACKGROUND:

The study presents the use of the Unified Protocol (UP) in a case of a male diagnosed with major depressive disorder and schizoid and depressive personality traits. The therapeutic focus of UP is to identify maladaptive behaviors of emotion regulation and to train new regulation strategies such as cognitive re-appraisal or emotional exposure exercises.

METHOD:

This is a single-case research study. The intervention was carried out in twenty 1-hour sessions for 6 months. After treatment completion, follow-ups were conducted at three, six, and twelve months.

RESULTS:

The results of the 12-month follow-up revealed a clinically significant change in depressive symptomatology (RCI BDI-II = -5.51), negative affect (RCI NEGATIVE PANAS = -3.61), quality of life (RCIICV-Sp = 4.61) and schizoid (RCIMCMI-III-Schizoid = -4.36) and depressive (RCIMCMI-III-Depressive = -5.24) personality traits. Schizoid and depressive personality traits did not interfere with the application, course, and compliance with treatment. These results are discussed with regard to similar studies, also based on the use of the UP to work on emotion regulation in the treatment of emotional disorders with clinical comorbidity.

CONCLUSIONS:

The training of emotion regulation strategies through UP could be an effective proposal to treat emotional disorders with pathological personality traits comorbidity.
PMID: 30353835
Similar articles

21.

Evaluation of DSM-5 and ICD-11 personality traits using the Personality Inventory for DSM-5 (PID-5) in a Brazilian sample of psychiatric inpatients.

Lugo V[1], de Oliveira SES[2], Hessel CR[1], Monteiro RT[1], Pasche NL[1], Pavan G[1], Motta LS[1,3], Pacheco MA[1], Spanemberg L[1,3] .

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3. Seção de Afeto Negativo e Processos Sociais, Hospital de Clínicas de Porto Alegre (HCPA), Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, RS, Brazil.

Abstract

OBJECTIVE:

The objective of this study was to test if the Personality Inventory for DSM-5 (PID-5) is an adequate instrument to evaluate psychiatric inpatients' pathological personality traits.

METHODS:

Inpatients (n = 130; mean age: 38.5 years; 62.3% female; 63.9% single) answered the PID-5 after clinical improvement of their psychiatric symptoms. The mean scores of the DSM-5 personality domains, facets and profiles, and ICD-11 domain traits were compared with the mean scores of a Brazilian normative sample (n = 656). We investigated the diagnostic performance of the scales to identify individuals with and without psychopathology.

RESULTS:

The final sample included mainly diagnoses of mood disorders. Except for Antagonism and Disinhibition, all DSM-5 personality domains and most facets as well as almost all DSM-5 personality disorder profiles (except Narcissist) and ICD-11 trait domains (except Detachment and Dissociality) of the inpatients presented high differences compared with the normative sample. In general, the PID-5 scales presented a high negative predictive value and a low positive predictive value to identify individuals with severe psychopathology.

DISCUSSION:

This study found high scores of pathological personality traits in a sample of Brazilian psychiatric inpatients. The PID-5 may be a promising instrument to measure pathological personality traits among psychiatric inpatients. Methodological and sample size limitations may have influenced the results. © 2018 John Wiley & Sons, Ltd.

Similar articles

22. Addict Behav. 2018 Oct 10;90:14-19. doi: 10.1016/j.addbeh.2018.10.011. [Epub ahead of print]

Smoking and quitting behaviours by mental health conditions in Great Britain (1993-2014).

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Abstract

Smoking is a major contributor to the disparity in life expectancy between those with and
without a mental health condition. Previous work has found associations between individual
conditions such as depression and current smoking, cigarette consumption and dependence,
but did not compare a range of specific mental disorders. Using data from the nationally-
representative Adult Psychiatric Morbidity Survey, we characterised trends in smoking
prevalence in the general population in Great Britain and among those with and without
mental health conditions for the period 1993-2014. We tested associations across different
common mental health conditions (including depression, phobia, generalised anxiety and
mixed anxiety and depression), in addition to personality conditions, and heaviness of
smoking, desire to quit, perceived difficulty of remaining abstinent and successful cessation
within the previous 12 months. Smoking prevalence among those without any mental health
condition decreased from 29.3% in 1993 to 19.6% in 2014. Prevalence was higher among
those with a condition but fell from 44.6% to 34.1%. Having a mental health condition was
associated with current smoking, heavy smoking, difficulty remaining abstinent, desire to
quit and perceived difficulty remaining abstinent. The same was found for all conditions
individually but the strength and significance of the associations varied. Having any common
mental health condition was associated with lower odds of smoking cessation-but not after
adjustment for heavy smoking. We found no significant associations between individual
conditions and cessation outcomes, however. In summary, smoking prevalence among
people with common mental health conditions remained around 50% higher than among
those without despite their higher desire to quit. Adequately addressing higher dependence
could support cessation and contribute to narrowing health disparities.

Insecure Attachment and Subclinical Depression, Anxiety, and Stress: A Three-

[Dimensional Model of Personality Self-Regulation As a Mediator.](#)

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Abstract

Although the effects of insecure attachment on vulnerability, incidence, and developing mental disorders have been confirmed by many studies, the mechanism of this effect is still unknown. Therefore, the main aim of this study was to investigate the mediating and moderating role of the three-dimensional model of personality self-regulation in the relationship between insecure attachment and subclinical depression, anxiety, and stress. Four hundred Iranian students at Shiraz University were recruited and completed the following scales: the Revised Adult Attachment, Depression Anxiety Stress, Integrative Self-Knowledge, Mindful Attention Awareness, Self-Control, and Self-Compassion. Results showed that there was a moderate correlation among all the variables under study in the expected directions. Multiple mediating models analyses indicated that regarding the relationship between insecure attachment and depression, the components of integrative self-knowledge, self-control, and self-compassion functioned as mediators. However, regarding the relationship between insecure attachment and anxiety and stress, the components of integrative self-knowledge, mindfulness, and self-compassion relatively functioned as mediators. Further, our results showed that only mindfulness and self-compassion were identified as moderators in the relationship between insecure attachment and depression. It is concluded that insecure attachment may cause psychological damage due to deficiency in the components of the three-dimensional model of personality self-regulation, and that mindfulness and self-compassion may play a protective role in the relationship between insecure attachment and depression.
PMID: 30351189
[Similar articles](#)

24. Alcohol Clin Exp Res. 2018 Oct 22. doi: 10.1111/acer.13907. [Epub ahead of print]

[Correlates of alcohol-related treatment among American Indians/Alaska Natives with lifetime alcohol use disorder.](#)

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Abstract

PURPOSE:

To describe sociodemographic and selected psychiatric disorder patterns and estimate correlates of seeking alcohol treatment among American Indians, Alaska Natives (AIAN) and Non-Hispanic Whites (NHW) with lifetime alcohol use disorder (AUD).

METHODS:

Data come from the 2012-2013 U.S. National Epidemiologic Survey on Alcohol and Related Conditions-III. We retrospectively identified participants who completed information on lifetime AUD, race/ethnicity and seeking alcohol treatment or help for AUD. We used a generalized linear model with a log link and Poisson distribution to estimate prevalence ratios (PR) among adults with Diagnostic and Statistical Manual of Mental Disorders, 5th Edition lifetime AUD. We included the following correlates: race/ethnicity, sex, age, personal annual income, marital status, education, urban/rural status, U.S. region, any illegal drug use disorder, nicotine use disorder, select mood, anxiety, personality and trauma-related disorders.

RESULTS:

Among AIAN the prevalence of lifetime AUD was 46.6%. Among AIAN with lifetime AUD, 33.8% sought alcohol-related treatment. Among individuals with lifetime AUD, AIAN were associated with greater alcohol-related treatment seeking compared to NHW (aPR = 1.41 [95% CI 1.26-1.58]). Among AIAN with AUD, being male and age 35-64 were statistically significant correlates of seeking treatment or help for AUD.

CONCLUSIONS:

A relatively higher proportion of AIAN than NHW with alcohol use disorders sought alcohol treatment. Among individuals with lifetime AUD, significant demographic and psychiatric disorder correlates of treatment are present, showing that certain groups are less likely to seek treatment or help for alcohol-related issues. Among AIAN with AUD, these correlates may reflect distinct patterns of seeking alcohol-related treatment, which can inform more effective treatment promotion efforts with this population. This article is protected by copyright. All rights reserved.

The role of cerebellar impairment in emotion processing: a case study.

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Abstract

Background:

Though the cerebellum's role in visuospatial and fine motor functioning has been well-established over the last several years, the role of the cerebellum in emotion has more recently been a focus of scientific inquiry. Cerebellar impairment has been associated with deficits in emotional processing and is linked to a wide range of clinical behaviors including social withdrawal, blunted emotional expression, and impulsivity. In addition, cerebellar impairments have been associated with the onset of psychiatric disorders including major depressive disorder and, more recently, obsessive-compulsive disorder.

Case presentation:

We describe a 32-year-old patient who presented to our clinic for a neuropsychological evaluation with a childhood history of a cerebellar brain tumor and detail-oriented, perfectionistic tendencies. Neuropsychological assessment data revealed impairments in visuospatial processing and in fine motor skills, likely stemming from the cerebellar tumor. Clinical assessment led to a diagnosis of obsessive-compulsive personality disorder and also suggested impairments in socio-emotional processing.

Conclusions:

Our findings lend support to recent data which has suggested the impact of cerebellar impairment on emotional processing and related domains. Unlike many previous studies, however, our report focuses on an individual who, despite having marked impairments in certain domains, demonstrates a high level of functioning. We believe that this report holds

important clinical relevance for proper diagnosis of cerebellar-related impairment and for the necessity of early intervention.

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Conflict of interest statement

Upon visiting the Boston University Center for Anxiety and Related Disorders, patients sign a Consent for Neuropsychological Assessment that includes a statement providing permission for archival or retrospective research. The Boston University Charles River Campus Institutional Review Board has approved the use of a Neuropsychological Clinical Research Data Repository associated with this clinical service.The participant provided her written consent for the creation of this manuscript and approved the submitted version of the manuscript.The authors declare that they have no competing interests.Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Canonical correlation analysis of brain prefrontal activity measured by functional near infra-red spectroscopy (fNIRS) during a moral judgment task.

Dashtestani H[1], Zaragoza R[2], Pirsiavash H[3], Knutson KM[4], Kermanian R[2], Cui J[2], Harrison JD Jr[2], Halem M[3], Gandjbakhche A[5].

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Abstract

Individuals differ in the extent to which they make decisions in different moral dilemmas. In this study, we investigated the relationship between functional brain activities during moral decision making and psychopathic personality traits in a healthy population. We measured the hemodynamic activities of the brain by functional near-infrared spectroscopy (fNIRS). FNIRS is an evolving non-invasive neuroimaging modality which is relatively inexpensive, patient friendly and robust to subject movement. Psychopathic traits were evaluated through a self-report questionnaire called the Psychopathic Personality Inventory Revised (PPI-R). We recorded functional brain activities of 30 healthy subjects while they performed a moral judgment (MJ) task. Regularized canonical correlation analysis (R-CCA) was applied to find the relationships between activation in different regions of prefrontal cortex (PFC) and the core psychopathic traits. Our results showed a significant canonical correlation between PFC activation and PPI-R content scale (PPI-R-CS). Specifically, coldheartedness and carefree non-planfulness were the only PPI-R-CS factors that were highly correlated with PFC activation during personal (emotionally salient) MJ, while Machiavellian egocentricity, rebellious nonconformity, coldheartedness, and carefree non-planfulness were the core traits that exhibited the same dynamics as PFC activation during impersonal (more logical) MJ. Furthermore, ventromedial prefrontal cortex (vmPFC) and left lateral PFC were the most positively correlated regions with PPI-R-CS traits during personal MJ, and the right vmPFC and right lateral PFC in impersonal MJ.

Similar articles

Adult outcomes of childhood disruptive disorders in offspring of depressed and healthy parents.

Diaz AP[1], Svob C[2], Zhao R[3], DiFabrizio B[3], Warner V[3], Gameroff MJ[2], Skipper J[3], Gingrich J[4], Posner J[2], Wickramaratne PJ[5], Weissman MM[6], Talati A[7].

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Abstract

BACKGROUND:

Longitudinal studies of children with disruptive disorders (DDs) have shown high rates of antisocial personality disorder (ASPD) and substance use in adulthood, but few have examined the contribution of parental disorders. We examine child-/adulthood outcomes of DDs in offspring, whose biological parents did not have a history of ASPD, bipolar disorder, or substance use disorders.

METHOD:

Offspring (N = 267) of parents with or without major depression (MDD), but no ASPD or bipolar disorders were followed longitudinally over 33 years, and associations between DDs and psychiatric and functional outcomes were tested.

RESULTS:

Eighty-nine (33%) offspring had a DD. Those with, compared to without DDs, had higher rates of MDD (adjusted odds ratio, AOR = 3.42, p < 0.0001), bipolar disorder (AOR = 3.10, p = 0.03), and substance use disorders (AOR = 5.69, p < 0.0001) by age 18, as well as poorer

school performance and global functioning. DDs continued to predict MDD and substance use outcomes in adulthood, even after accounting for presence of the corresponding disorder in childhood (MDD: hazards ratio, HR = 3.25, p < 0.0001; SUD, HR = 2.52, p < 0.0001). Associations were similar among the offspring of parents with and without major depression. DDs did not predict adulthood ASPD in either group.

LIMITATIONS:

Associations are largely accounted for by conduct disorder (CD), as there were few offspring with ADHD, and oppositional defiant disorder (ODD) was not diagnosed at the time this study began.

CONCLUSION:

If there is no familial risk for ASPD, bipolar disorder or substance use, childhood DDs do not lead to ASPD in adulthood; however, the children still have poorer prognosis into midlife. Early treatment of children with DD, particularly CD, while carefully considering familial risk for these disorders, may help mitigate later adversity.

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ELSEVIER
FULL-TEXT ARTICLE

The relationship between childhood adversities and dissociation in severe mental illness: a meta-analytic review.

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Abstract

OBJECTIVE:

Several studies have observed that dissociative experiences are frequently reported by individuals with severe mental illness (SMI), especially amongst patients that report a history of adverse/traumatic life experiences. This review examined the magnitude and consistency of the relationship between childhood adversity (sexual abuse, physical abuse, emotional abuse, neglect, bullying, natural disasters and mass violence) and dissociation across three SMI diagnostic groups: schizophrenia, bipolar disorder and personality disorders.

METHOD:

A database search (EMBASE, PubMed and PsycINFO) identified 30 eligible empirical studies, comprising of 2199 clinical participants. Effect sizes representing the relationship between exposure to childhood adversity and dissociation were examined and integrated using a random-effects meta-analysis.

RESULTS:

The results indicated that exposure to childhood trauma was associated with heightened dissociation across SMIs. Positive significant associations were also found between specific childhood adversities and dissociation, with aggregated effect sizes in the small-to-moderate range.

CONCLUSION:

These findings support calls for the routine assessment of traumatic experiences in clients with SMIs presenting with dissociative symptoms and the provision of adequate therapeutic support (e.g. trauma-focused therapies) to manage and resolve these difficulties.

Similar articles

29. Front Hum Neurosci. 2018 Oct 4;12:346. doi: 10.3389/fnhum.2018.00346. eCollection 2018.

Is Our Self Related to Personality? A Neuropsychodynamic Model.

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Abstract

The concept and the assessment of personality have been extensively discussed in psychoanalysis and in clinical psychology over the years. Nowadays there is large consensus in considering the constructs of the self and relatedness as central criterions to assess the personality and its disturbances. However, the relation between the psychological organization of personality, the construct of the self, and its neuronal correlates remain unclear. Based on the recent empirical data on the neural correlates of the self (and others), on the importance of early relational and attachment experiences, and on the relation with the brain's spontaneous/resting state activity (rest-self overlap/containment), we propose here a multilayered model of the self with: (i) relational alignment; (ii) self-constitution; (iii) self-manifestation; and (iv) self-expansion. Importantly, these different layers of the self can be characterized by different neuronal correlates-this results in different neuronally grounded configurations or organizations of personality. These layers correspond to different levels of personality organization, such as psychotic (as related to the layer of self-constitution), borderline (as related to the layer of self-manifestation) and neurotic (as related to the layer of self-expansion). Taken together, we provide here for the first time a neurobiologically and clinically grounded model of personality organization, which carries major psychodynamic and neuroscientific implications. The study of the spontaneous activity of the brain, intrinsically related to the self (rest-self overlap/containment) and the interaction with stimuli (rest-stimulus interaction) may represent a further advance in understanding how our *default* state plays a crucial role in navigating through the internal world and the external reality.

Similar articles

30. # Premenstrual Dysphoric Disorder [Internet].

Authors

Mishra S[1], Marwaha R[2].

Excerpt

Premenstrual symptoms include a constellation of mood, behavioral, and physical indications that occur in a cyclic pattern prior to menstruation and then wane off after the menstrual period in women of reproductive age. Most females have only mild discomfort, and symptoms do not interfere with their personal, social, or professional live; however, 5% to 8% of women have moderate-to-severe symptoms that can cause significant distress and functional impairment.[1] Although premenstrual symptoms have been recognized for a long time, the diagnostic criteria have been specified only recently. The nomenclature for premenstrual disorders has changed significantly over the years, evolving from "menses moodiness" in the 18th century to "premenstrual tension" in the early part of 19th century to finally "premenstrual syndrome" in the 1950s. While some discomfort prior to menses is quite common, premenstrual syndrome (PMS) includes the subset of women who experience symptoms that are severe enough to impact daily activities and functioning. Late luteal dysphoric disorder (LLDD), now known as premenstrual dysphoric disorder (PMDD), accounts for the most severe form of PMS with the greatest impairment of women's functioning and perceived quality of life, often prompting them to seek treatment. Currently, PMDD is listed in *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) as a separate entity under Depressive disorders, with the criteria for diagnosis as follows: **Criterion A -** At least 5 of the following 11 symptoms (including at least 1 of the first 4 listed) should be present: 1. Markedly depressed mood, feelings of hopelessness, or self-deprecating thoughts. 2. Marked anxiety, tension, feelings of being "keyed up" or "on edge" 3. Marked affective lability. 4. Persistent and marked anger or irritability or increased interpersonal conflicts. 5. Decreased interest in usual activities (eg, work, school, friends, and hobbies). 6. Subjective sense of difficulty in concentrating. 7. Lethargy, easy fatigability, or marked lack of energy. 8. Marked change in appetite, overeating, or specific food cravings. 9. Hypersomnia or insomnia. 10. A subjective sense of being overwhelmed or out of control. 11. Other physical symptoms, such as breast tenderness or swelling, headaches, joint or muscle pain, a sensation of bloating, or weight gain. **Criterion B -** symptoms severe enough to interfere significantly with social, occupational, sexual, or scholastic functioning. **Criterion C -** symptoms discretely related to the menstrual cycle and must not merely represent an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, dysthymic disorder, or a personality disorder (although the symptoms may be superimposed on those of these disorders). **Criterion D -** criteria A, B, and C confirmed by prospective daily ratings during at least 2 consecutive symptomatic menstrual cycles. The diagnosis may be made provisionally before this confirmation. Women with moderate-to-severe PMS or PMDD experience more quality-of-life detriments,

work-productivity losses, and incur greater healthcare costs than women with no or only mild symptoms.[2]

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31. J Dual Diagn. 2018 Oct 17:1-8. doi: 10.1080/15504263.2018.1510148. [Epub ahead of print]

Psychiatric and Substance Use Comorbidity in Treatment-Seeking Injection Opioid Users Referred From Syringe Exchange.

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Abstract

OBJECTIVE:

The present study evaluated rates of co-occurring current psychiatric and substance use disorders in a sample of opioid-dependent treatment-seeking injection drug users referred from syringe exchange.

METHODS:

Participants (N = 208) completed the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-R to assess current (within the past year) psychiatric and substance use disorders and the two most commonly diagnosed personality disorders (antisocial and borderline personality disorders).

RESULTS:

Forty-eight percent of the sample had a current Axis I psychiatric disorder, and 67% had a co-occurring current substance use disorder. Posttraumatic stress disorder (21%), major depression (17%), and bipolar I (12%) were the most prevalent Axis I psychiatric disorders, and cocaine use disorder (53%) was the most commonly co-occurring substance use disorder. Women were more likely to have diagnoses of most anxiety disorders and less likely to have diagnoses of alcohol use disorder or antisocial personality disorder. The presence of a personality disorder was associated with higher rates of cocaine and sedative use disorder.

CONCLUSIONS:

Findings suggest the importance of evaluating and treating co-occurring psychiatric and substance use disorders in the treatment of injection drug users with opioid dependence.
PMID: 30332349
Similar articles

32. Neuroimmunomodulation. 2018 Oct 16:1-9. doi: 10.1159/000492030. [Epub ahead of print]

IL-18 Serum Levels and Variants of the Serotonin Transporter Gene Are Related to Awareness of Emotions in Healthy Subjects: A Preliminary Study.

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Abstract

OBJECTIVE:

Interaction between the nervous and immune systems may influence emotions, ultimately affecting human health. Cytokines may play a role in developing emotional dysregulation as in alexithymia, a personality construct characterized by the subclinical inability to identify and describe emotions, often associated with several psychiatric and psychosomatic

disorders. The proinflammatory cytokine IL-18, with a recognized role in brain functions, may influence serotonin metabolism and appears to be associated with alexithymia. Healthy individuals carrying the long allele (L) of the serotonin transporter gene polymorphic region (5-HTTLPR), and thus having lower concentrations of serotonin in the synaptic cleft, show a greater tendency toward alexithymia, with some gender differences. To explore a potential physiological interaction between IL-18, serotonin neurotransmission, and alexithymia, we investigated whether IL-18 serum levels and 5-HTTLPR are linked to alexithymic traits in healthy subjects.

METHODS:

We measured IL-18 serum levels in 115 Italian-Caucasian healthy subjects genotyped for 5-HTTLPR allele variants, divided by gender and assessed for alexithymia scores using the 20-item Toronto Alexithymia Scale.

RESULTS:

IL-18 levels are significantly more elevated in individuals with the LL genotype (n = 25) than in carriers of the short allele (n = 90, p = 0.0073). Specifically, in LL males (n = 11), i.e., the group with the most relevant increase in IL-18, cytokine values positively correlated with difficulty identifying feelings, which is a component of alexithymia (r = 0.634, p = 0.036).

CONCLUSIONS:

These results indicate a possible novel interaction between IL-18 and the serotoninergic system to mediate emotional unawareness, suggesting putative biological predictors of emotional dysregulation, which in turn can act as a risk factor for a variety of medical conditions in susceptible subjects.

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PMID: 30326484
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33. Eur J Dermatol. 2018 Oct 15. doi: 10.1684/ejd.2018.3368. [Epub ahead of print]

Alexithymia affects patients with hidradenitis suppurativa.

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5. Department of Internal Medicine, Catholic University of the Sacred Heart, Largo Agostino Gemelli 8, 00168 Rome, Italy.

Abstract

BACKGROUND:

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease that impairs patients' quality of life. Various psychiatric or psychological conditions have been associated with HS, however, no data are available on alexithymia, a psychological construct characterized by the inability to express, describe, and recognize feelings.

OBJECTIVES:

To assess the presence of alexithymia in HS patients.

MATERIALS & METHODS:

Demographic and clinical data from patients with HS were collected. Alexithymia was assessed using the Toronto Alexithymia Scale (TAS)-20 questionnaire to define non-alexithymic subjects (scoring 20-50), borderline (possible) alexithymia subjects (scoring 51-60), and alexithymic subjects (scoring ≥61). The alexithymic personality trait is identified based on TAS-20 score ≥51.

RESULTS:

This multicentre study included 86 HS patients, 100 obese individuals, and 85 healthy control subjects. The mean TAS-20 score was significantly higher in the HS patient cohort (55.37 ±13.42) than in the control group (40.96±10.47) (p<0.001). Compared to the healthy and obese control groups, the prevalence of alexithymic personality trait in HS patients was 61.6% versus 21.95% and 32%, respectively (p<0.001). Of the HS patients, 37.2% were classified as alexithymic and 24.4% as borderline alexithymia.

CONCLUSIONS:

This is the first study in which an association between HS and alexithymia has been reported, expanding the spectrum of psychological disorders associated with HS.

You ≠ me: individual differences in the structure of social cognition.

Shaw DJ[1,2], Czekóová K[3,4], Pennington CR[5], Qureshi AW[6], Špiláková B[3], Salazar M[3], Brázdil M[3], Urbánek T[4].

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Abstract

This study investigated the structure of social cognition, and how it is influenced by personality; specifically, how various socio-cognitive capabilities, and the pattern of inter-relationships and co-dependencies among them differ between divergent personality styles. To measure social cognition, a large non-clinical sample (n = 290) undertook an extensive battery of self-report and performance-based measures of visual perspective taking, imitative tendencies, affective empathy, interoceptive accuracy, emotion regulation, and state affectivity. These same individuals then completed the Personality Styles and Disorders Inventory. Latent Profile Analysis revealed two dissociable personality profiles that exhibited contrasting cognitive and affective dispositions, and multivariate analyses indicated further that these profiles differed on measures of social cognition; individuals characterised by a flexible and adaptive personality profile expressed higher action orientation (emotion regulation) compared to those showing more inflexible tendencies, along with better visual perspective taking, superior interoceptive accuracy, less imitative tendencies, and lower personal distress and negativity. These characteristics point towards

more efficient self-other distinction, and to higher cognitive control more generally. Moreover, low-level cognitive mechanisms served to mediate other higher level socio-emotional capabilities. Together, these findings elucidate the cognitive and affective underpinnings of individual differences in social behaviour, providing a data-driven model that should guide future research in this area.

PMID: 30324265

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Early intervention with cognitive behavioral therapy reduces sick leave duration in people with adjustment, anxiety and depressive disorders.

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Abstract

BACKGROUND:

Early intervention in workers diagnosed with mental disorders is associated with a lower incidence of relapse and shorter sick leave. However, no studies have been carried out on the effect of early intervention using an evidence-based therapy, Cognitive Behavioral Therapy (CBT), on people with sick leave.

AIMS:

The objectives of the present study are to study whether the type of intervention (early or late) will affect the total duration of the sick leave, the partial duration of the sick leave, the duration of the psychotherapy and the time until return to work after the psychotherapy ends.

The sample was composed of 167 participants who were on sick leave for adjustment disorders, anxiety disorders or depressive disorder.

RESULTS:

The participants who had early intervention with CBT had a significantly shorter duration of total sick leave and partial sick leave, and a shorter time until returning to work after the psychotherapy ended than those who had late intervention. There were no statistically differences in the duration or efficacy of the psychotherapy.

CONCLUSION:

We can suggest that providing early access to CBT significantly reduces the length of sick leave in patients with mental disorders.

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36.

Negative urgency and the dual pathway model of bulimic symptoms: A longitudinal analysis.

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Abstract

OBJECTIVE:

This study extends the dual pathway model (DPM) of bulimic symptoms by considering the bidirectional effects amongst symptoms of depression, dietary restraint, and bulimia. We

also assessed the influence of negative urgency, a personality construct associated with bulimic symptoms, on the DPM.

METHOD:

Participants were 244 females (M_{age} = 23.77 years) from the general community. Variables pertinent to the DPM as well as negative urgency were assessed at baseline, and symptoms of depression, dietary restraint, and bulimia were reassessed at 1-month follow-up.

RESULTS:

Excellent model fit was obtained once modifications were made to the DPM and the extended model that included negative urgency. Cross-sectional paths replicated the DPM as hypothesized, with the exception that time 1 (T1) body mass index failed to predict T1 body dissatisfaction. Although no bidirectional effects were observed, T1 depression predicted dietary restraint at time 2 (T2). Negative urgency was shown to provide incremental predictive utility of T1 pressure to be thin, T1 body dissatisfaction, and T1 and T2 depression.

CONCLUSION:

Findings lend support to the DPM and suggest that depression might be a risk factor for later dietary restraint. The results are also consistent with the notion that negative urgency may be an independent risk factor for symptoms of bulimia. However, short-term longitudinal effects of these putative risk factors require further evaluation.

PMID: 30318838
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37. BMJ Case Rep. 2018 Oct 12;2018. pii: bcr-2018-226607. doi: 10.1136/bcr-2018-226607.

Conservative management of a self-fashioned de-functioning colostomy in a patient with complex psychiatric comorbidities.

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Conflict of interest statement

Competing interests: None declared.

Empirical evidence of the effect of personality pathology on the outcome of panic disorder.

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Abstract

BACKGROUND:

Treatment resistant disorders are a significant clinical problem. Impediments to good outcome need to be identified and addressed. Personality pathology has been hypothesized to be one such factor in panic disorder. There is no consensus as to the effects of personality pathology on the outcome of panic disorder. This study examined empirical evidence. The hypothesis was that personality pathology would cause poorer outcome of panic disorder.

METHODS:

A literature search was conducted that winnowed 2627 articles down to 27 based on 1) longitudinal design; 2) validated measures of personality; 3) validated outcome measures; and 4) the presence of effect size or data to calculate effect size. All effect sizes were translated into odds ratios (ORs) for ease of comparison.

RESULTS:

An overall median OR of 2.7 was found, indicating personality pathology negatively affected outcome. This finding persisted even when adjusted for baseline severity of illness. The effects were found for both clinical outcomes (OR = 2.7) and for social adjustment (OR = 2.9). There was a tendency for more dropouts in the personality pathology group. More highly structured drug therapy regimens and highly structured psychotherapy seemed to partially mitigate this outcome.

CONCLUSION:

The negative effect of personality pathology was confirmed in well-designed longitudinal studies. This was not related to initial clinical severity. Clinical implications are that patients with personality pathology require the therapist to stick more closely to treatment protocols and to mitigate the tendency of these patients to drop out of treatment.

Similar articles

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Multiple Factors Associated With Child Abuse Perpetration: A Nationwide Population-Based Retrospective Study.

Chang CC[1,2], Hsieh MH[2,3], Chiou JY[2], Huang HH[4], Ju PC[3], Wang JY[5].

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Abstract

Differences in child abuse perpetration between individuals with and without mental disorders remain obscure. This study compared the risk difference and further investigated the association between the category of mental disorders and child abuse perpetration. A total of 681,970 adults from the 2002 to 2013 Taiwan National Health Insurance Research Database were analyzed, including 340,985 patients with psychiatric disorders (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes 290.x-319.x) and 340,985 sex- and age-matched individuals without psychiatric disorders. Child abuse perpetration (ICD-9-CM N-codes 995.5x and E-code E967) was the outcome variable. Matched analyses indicated that the risk of child abuse among patients with psychiatric disorders (0.25%) was significantly higher than that among those without psychiatric disorders (0.16%; odds ratio [OR] = 1.464, p < .0001). Among the six categories of mental disorders, the prevalence rates of committing child abuse were significantly higher for personality disorders, substance use, and affective disorders (0.56%, 0.45%, and 0.40%, respectively; p < .0001). Compared with anxiety disorders, substance use disorders were significantly associated with higher odds of child abuse perpetration (OR = 2.032, p < .05), especially physical abuse (OR = 2.018, p < .0001). Psychiatric morbidity was associated with higher odds of child abuse, with substance use determined as the major risk category. Screening high-risk families by using the associated factors is crucial.
PMID: 30311537
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40. Aust N Z J Psychiatry. 2018 Oct 12:4867418804067. doi: 10.1177/0004867418804067. [Epub ahead of print]

Screening for depression with the Edinburgh Postnatal Depression Scale and finding borderline personality disorder.

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Abstract

OBJECTIVE:

The aim of the study was to explore the range of psychiatric diagnoses seen in pregnant women who score above the 'cut-off' on the Edinburgh Postnatal Depression Scale when this is used as a routine screening instrument in the antenatal period.

METHOD:

Subjects were all pregnant women referred to and seen by the Perinatal Consultation-Liaison Psychiatry Team of a tertiary public hospital over a 14-month period. Edinburgh Postnatal Depression Scale score at maternity 'booking-in' visit, demographic and clinical data were recorded and diagnoses were made according to Diagnostic and Statistical Manual of Mental Disorders (5th ed.) criteria following clinical interview(s) and review of documented past history. Data were analysed using descriptive statistics.

RESULTS:

A total of 200 patients who had completed the Edinburgh Postnatal Depression Scale were seen for assessment; 86 (43%) scored ⩾13 on Edinburgh Postnatal Depression Scale. Of those scoring 13 or more on Edinburgh Postnatal Depression Scale, 22 (25.6%) had a depressive disorder. In total, 12 patients (14%) had an anxiety disorder, 14 (16.3%) had borderline personality disorder and 13 (15.1%) had a substance use disorder. An additional 23 women (26.7%) had two or more borderline personality traits.

CONCLUSION:

Psychiatric assessment of women who scored 13 or more on the Edinburgh Postnatal Depression Scale at routine antenatal screening identified a significant number with borderline personality disorder or borderline personality traits rather than depressive or anxiety disorders. Clinical Practice Guidelines note the importance of further assessment for all women who score 13 or more on the Edinburgh Postnatal Depression Scale. The findings here suggest that this assessment should be made by a clinician able to identify personality pathology and organise appropriate and timely interventions.
PMID: 30309241
[Similar articles]

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41. J Pers Disord. 2018 Oct 11:1-24. doi: 10.1521/pedi_2018_32_400. [Epub ahead of print]

A Systematic Review and Meta-Analysis of Personality Disorder Prevalence and Patient Outcomes in Emergency Departments.

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Abstract

The objectives of this study were to perform a systematic review and meta-analysis of studies reporting prevalence of personality disorders (PDs) in emergency departments (EDs) and evaluate the effect of comorbid PDs on clinical outcomes. A systematic search of five databases along with manual searching and expert consultation was performed. A quality appraisal was conducted. A total of 29 articles were included. Prevalence of PDs in ED attendees varied depending on presenting complaint, $Q(4) = 577.5$, $p < .01$, with meta-analytic prevalence rates of suicide and self-harm at 35% and 22%, respectively. The assessment method had a significant effect on prevalence rates, $Q(3) = 17.36$, $p < .01$. Comorbid PD was a risk factor for repeating presenting complaint, subsequent ED return, and hospitalization. Better identification of PDs using screening tools in EDs could improve patient management and clinical outcomes. Future research should focus on PD prevalence in unselected ED populations using validated diagnostic interviews.
PMID: 30307832
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Guilford

The General Criteria for Personality Disorders Assessed by Interview: Do They Still Have a Role to Play?

Peri JM[1], Muñoz-Champel A[2], Torrubia R[2], Gutiérrez F[3].

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Abstract

On the path to developing dimensional models of personality disorder (PD), we are at risk of leaving key diagnostic aspects behind. The general criteria for PD may be important ones because they reflect the defining aspects of personality pathology: long duration, independence from psychopathological states, and harmfulness. We assessed these criteria by interview in a sample of 362 psychiatric outpatients after administering the Personality Diagnostic Questionnaire-4+. The result was a 42.5% fall in self-reported endorsements, due to misinterpretations (11.5%), short duration of traits or contamination by state psychopathology (9.8%), and traits being non-harmful (21.2%). However, not all personality traits and disorders underwent correction to the same extent, and ultimately, the interview did not improve the prediction of clinical variables. These findings raise doubts about the practical relevance of the general criteria for PD and support the role of self-report questionnaires for diagnostic purposes.

Similar articles

𝒮𝒫 GUILFORD

The Higher-Order Structure of Schema Modes.

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6. Department Woman-Mother-Child, Lausanne University Hospital, Switzerland.

Abstract

In schema therapy, modes are proposed as a key concept and main target for treatment of personality disorders. The present study aimed to assess a comprehensive set of 20 modes, to explore their higher-order structure, and to link the mode factors to the generic schema factor and basic personality traits. The sample consisted of N = 533 inpatients. Earlier versions of the Schema Mode Inventory (SMI, SMI-2) were merged into the German Extended SMI (GE-SMI). Item-level confirmatory factor analyses indicated that the structure of 16 out of 20 GE-SMI scales might be unidimensional. Scale-level exploratory factor analysis revealed three hierarchically structured mode factors: internalization, externalization, and compulsivity. Regressing mode factor scores on the Big Five factors and the generic schema factor supported the validity of the mode factors. The hierarchical structure of modes will be linked to the Hierarchical Taxonomy of Psychopathology, and implications for case conceptualization and treatment will be discussed.
PMID: 30307830
Similar articles

Borderline Personality Disorder and Violence Toward Self and Others: A National Study.

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Abstract

Borderline personality disorder (BPD) is associated with violence toward self and others. This study aims to further identify which DSM-5 BPD criteria are independently related to violence, using data from National Epidemiologic Survey on Alcohol and Related Conditions-III, which included a total of 36,309 U.S. respondents ages 18 and older (n = 4,301 for BPD; n = 19,404 for subthreshold BPD). Multinomial logistic regression examined the associations between BPD criteria and violence categories, including suicide attempt (self-directed), violence toward others (other-directed), combined (self-/other-directed)

violence, and no violence. In the total population, identity disturbance, impulsivity, and intense anger significantly characterized violence toward others, while avoidance of abandonment, self-mutilating behavior, feelings of emptiness, and intense anger significantly characterized violence toward self. These criteria (except identity disturbance) also significantly characterized combined self- and other-directed violence. Differential associations of the BPD criteria with violence among BPD and subthreshold BPD populations also are discussed.

PMID: 30307827

All-Cause Mortality of Hospital-Treated Borderline Personality Disorder: A Nationwide Cohort Study.

Kjær JNR[1], Biskin R[2], Vestergaard C[1], Munk-J Rgensen P [3].

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Abstract

Patients with borderline personality disorder (BPD) are known to present frequently in emergency rooms, and they have a high rate of suicide. The mortality rate of patients with BPD is still unclear. The Danish Psychiatric Central Research Register and The Danish Register for Causes of Death were used to identify patients with a first-ever diagnosis of BPD (ICD-10: F60.31) from 1995 through 2011 together with time and cause of death. A total of 10,545 patients with a BPD diagnosis were followed for a mean time of 7.98 years. A total of 547 deaths were registered. The standardized mortality ratio of patients with BPD compared to the general population was 8.3 (95% CI [7.6, 9.1]). More than three inpatient admissions per year or a comorbid diagnosis of substance use disorder correlated with a higher mortality rate. The increased mortality rate in patients with BPD treated in secondary care emphasizes that it is a severe mental disorder.

PMID: 30307824

The influence of the aesthetic body shape model on adolescents with eating disorders.

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Abstract

INTRODUCTION:

the relevance of sociocultural factors with respect to etiology, development and treatment of eating disorders has been supported by many studies.

OBJECTIVES:

the aims of this study were: a) to analyze the different effects of the aesthetic body shape model on adolescents with anorexia nervosa (AN) vs bulimia nervosa (BN); b) to analyze possible differences, regarding that body shape model, between patients with purging behaviors vs non purging types of patients; and c) to explore the relationship between the influence of the aesthetic body shape model and other clinically relevant variables such as body dissatisfaction, eating attitudes and personality traits.

METHODS:

the sample comprised 104 adolescents suffering from AN and BN. The Questionnaire of Influences on the Aesthetic Body Shape Model (CIMEC-40), the Body Shape Questionnaire (BSQ), the Eating Attitudes Test (EAT-40) and the Millon Adolescent Clinical Inventory (MACI) were applied.

RESULTS:

the aesthetic body shape model of thinness influenced 77.9% of this sample, this influence being higher in the case of BN patients. In addition, that influence was stronger in the purging-type patients than in the non-purging type. Moreover, there was a significant and positive correlation among the influence of the aesthetic body shape model, body dissatisfaction and severity of eating symptoms. Finally, there seems to exist some personality traits more vulnerable to be affected by sociocultural factors.

CONCLUSIONS:

in view of these results, it is necessary that psychotherapeutic approaches take into account the influence of sociocultural factors and body dissatisfaction mainly in the case of adolescents with BN.

Free Article
PMID: 30307297
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47. Psychol Assess. 2018 Oct 11. doi: 10.1037/pas0000655. [Epub ahead of print]

Cross-validation of the demoralization construct in the Revised NEO Personality Inventory.

Uliaszek AA[1], Al-Dajani N[1], Sellbom M[2], Bagby RM[3].

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Abstract

Demoralization is defined as a pervasive, generalized negative emotional construct present in psychiatric disorders and a variety of medical conditions. Demoralization is also conceptualized as a ubiquitous affective-laden factor common to most forms of psychopathology that increases the magnitude of intercorrelations among putatively distinct psychiatric symptom scales (Tellegen, 1985). Using exploratory structural equation modeling to identify common variance across the revised NEO Personality Inventory (NEO PI-R), a measure of the five-factor model of personality, Noordhof, Sellbom, Eigenhuis, and Kamphuis (2015) constructed an 18-item Demoralization subscale in a Dutch-speaking sample of patients attending a clinic for personality disorders in the Netherlands. In the current study we sought to cross-validate these findings in an English-speaking and diagnostically heterogeneous sample of psychiatric patients (N = 1930) receiving consultation or treatment at a large mental health and addiction center in Canada. Our results support the construct validity of the Demoralization subscale and its capacity to account for demoralization-related variance in the NEO PI-R. We believe these findings support the general tenets of demoralization and the presence of this construct in the NEO PI-R item pool. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

Chronotype, nursing activity and gender: A systematic review.

López-Soto PJ[1,2], Fabbian F[3,4], Cappadona R[3,4], Zucchi B[3,4], Manfredini F[3], García-Arcos A[1,2], Carmona-Torres JM[1,5], Manfredini R[3,4], Rodríguez-Borrego MA[1,2,6].

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Abstract

AIM:

To synthesise evidence about the effect of individual circadian preference (chronotype) and gender in the development of sleep and mood problems in nursing professionals.

BACKGROUND:

Shift workers are more prone to having unhealthy habits and unfavourable clinical conditions than non-shift workers. These associations are mediated by chronotype and gender differences have also been detected.

DESIGN:

A quantitative systematic review.

DATA SOURCES:

Electronic searches were performed in MEDLINE, Scopus, ScienceDirect and Web of Science from 1 July 2012 - 1 July 2017.

REVIEW METHODS:

A systematic review was conducted using the Cochrane Collaboration guidelines and two quality assessment tools: the National Heart, Lung and Blood Institute and GRADE. Inclusion criteria were quantitative studies where the sample consists entirely of nurses, analysing circadian rhythms or individual chronotype or gender and sleep/mood disturbances in nursing activity. The review was reported using the PRISMA statement.

RESULTS:

A total of 23 studies were included in the review (five cohort studies and 18 cross-sectional studies). Data on gender-specific attention were scarce (two studies) and showed a higher incidence of sleep problems. Female nurses with eveningness-oriented personality seem to be more prone to having sleep disorders, insomnia, fatigue and anxiety than male and morningness ones.

CONCLUSIONS:

Evidence seems to show that female nurses with an evening-oriented preference suffer more problems of insomnia, sleepiness, fatigue and anxiety. The impact of our results may affect nurses, patient safety and the quality of clinical practice. This article is protected by copyright. All rights reserved.

PMID: 30307057
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Sex Differences in Personality Disorders.

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Abstract

PURPOSE OF REVIEW:

This review aims to give an overview on the current literature on sex differences in personality disorders and to highlight the potential of dimensional approaches.

RECENT FINDINGS:

Empirical findings on sex differences in personality disorders are inconsistent and appear to be highly dependent on study settings. Current studies have mainly focused on borderline and antisocial personality disorder and the question whether these are sex-specific representations of a common substrate. In general, sexes differ in the manifestation of personality disorders as well as in comorbidities. Criticism of the established categorical model led to an additional dimensional model of personality disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Investigations on sex differences in personality disorders are sparse and mainly limited to antisocial and borderline personality disorder. The introduction of a dimensional model offers the chance to re-think the construct of "personality disorder" and thereby also opens the possibility for a better understanding of sex differences.
PMID: 30306417
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FULL-TEXT ARTICLE

Behaviour Change Strategies Endorsed by Gamblers Subtyped by Psychological Distress, Risky Alcohol Use, and Impulsivity.

Knaebe B[1], Rodda SN[2,3,4], Hodgins DC[5], Lubman DI[6,7].

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Abstract

Problem gambling is often accompanied by co-morbid psychiatric disorders and maladaptive personality traits. Subtyping gamblers based on these pervasive comorbidities has been attempted so as to aid understanding of the aetiology of problem gambling and inform treatment options. However, there has been less focus on subtyping gamblers with (past or current) or without a history of problem gambling, or on providing more specific treatment or self-help recommendations. The current study sought to subtype current-, past-, and non-problem gamblers using three common comorbidities; psychological distress, risky alcohol use, and impulsivity. Participants' endorsement of helpful behaviour change strategies was also examined by subtype membership. A total of 385 participants were recruited who had a current gambling problem (n = 128; 33%), a past gambling problem (n = 131, 34%) or never had a gambling problem (n = 126, 33%). Hierarchical cluster analysis identified distinct subtypes of current (i.e., low comorbidity, high psychological distress, risky alcohol use and high comorbidity), past (i.e., low comorbidity, high psychological distress and high comorbidity) and non-problem gamblers (i.e., low comorbidity, high psychological distress, risky alcohol use and moderate impulsivity). The most helpful change strategies for current and past gamblers were similar across subtypes (i.e., accept that gambling needs to change, remind yourself of the negative consequences). Non-problem gamblers reported the most helpful strategy as setting financial limits. This study indicated that treatment of psychological distress, risky alcohol use or impulsivity may be important for all gamblers regardless of their level of risk.
PMID: 30306394
Similar articles

Psychological Support for Personality (PSP) versus treatment as usual: study protocol for a feasibility randomized controlled trial of a low intensity

intervention for people with personality disorder.

Crawford MJ[1,2], Thana L[3,4], Parker J[5], Turner O[6], Xing KP[3,4], McMurran M[7], Moran P[8], Weaver T[9], Barrett B[10], Claringbold A[3,4], Bassett P[11], Sanatinia R[3,4].

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10. Centre for the Economics of Mental and Physical Health, King's College London, David Goldberg Centre, De Crespigny Park, London, SE5 8AF, UK.
11. Statsconsultancy Limited, 40 Longwood Lane, Amersham, Buckinghamshire, HP7 9EN, UK.

Abstract

BACKGROUND:

Previous research has demonstrated the clinical effectiveness of long-term psychological treatment for people with some types of personality disorder. However, the high intensity and cost of these interventions limit their availability. Lower-intensity interventions are increasingly being offered to people with personality disorder, but their clinical and cost effectiveness have not been properly tested in experimental studies. We therefore set out to develop a low intensity intervention for people with personality disorder and to test the

feasibility of conducting a randomized controlled trial to compare the clinical effectiveness of this intervention with that of treatment as usual (TAU).

METHODS:

A two-arm, parallel-group, single-blind, randomized controlled trial of Psychological Support for Personality (PSP) versus TAU for people aged over 18 years, who are using secondary care mental health services and have personality disorder. We will exclude people with co-existing organic or psychotic mental disorders (dementia, bipolar affective disorder, delusional disorder, schizophrenia, schizoaffective disorder, or schizotypal disorder), those with cognitive or language difficulties that would preclude them from providing informed consent or compromise participation in study procedures, and those who are already receiving psychological treatment for personality disorder. Participants will be randomized via a remote system in a ratio of PSP to TAU of 1:1. Randomization will be stratified according to the referring team and gender of the participant. A single follow-up assessment will be conducted by masked researchers 24 weeks after randomization to assess mental health (using the Warwick and Edinburgh Well-Being Schedule), social functioning (using the Work and Social Adjustment Scale), health-related quality of life (EQ-5D-5 L), incidence of suicidal behavior, satisfaction with care (Client Satisfaction Questionnaire), and resource use and costs using a modified version of the Adult Service Use Schedule. In addition to this, each participant will be asked to complete the patient version of the Clinical Global Impression Scale. Feasibility and acceptability will primarily be judged by study recruitment rate and engagement and retention in treatment. The analysis will focus principally on descriptive data on the rate of recruitment, characteristics of participants, attrition, adherence to therapy, and follow-up. We will explore the distribution of study outcomes to investigate assumptions of normality in order to plan the analysis and sample size of a future definitive trial.

DISCUSSION:

Most people with personality disorder do not currently receive evidence-based interventions. While a number of high intensity psychological treatments have been shown to be effective, there is an urgent need to develop effective low intensity approaches to help people unable to use existing treatments. PSP is a low intensity intervention for individuals, which was developed following extensive consultation with users and providers of services for people with personality disorder. This study aims to examine the feasibility of a randomized trial of PSP compared to TAU for people with personality disorder.

TRIAL REGISTRATION:

ISRCTN Registry, ISRCTN14994755 . Registered on 18 July 2017.

PMCID: PMC6180621 **Free PMC Article**
PMID: 30305148
Similar articles

Clinical, personality, and neurodevelopmental phenotypes in borderline personality disorder: a family study.

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Abstract

BACKGROUND:

Borderline personality disorder (BPD) is characterized by a heterogeneous clinical phenotype that emerges from interactions among genetic, biological, neurodevelopmental, and psychosocial factors. In the present family study, we evaluated the familial aggregation of key clinical, personality, and neurodevelopmental phenotypes in probands with BPD (n = 103), first-degree biological relatives (n = 74; 43% without a history of psychiatric disorder), and non-psychiatric controls (n = 99).

METHODS:

Participants were assessed on DSM-IV psychiatric diagnoses, symptom dimensions of emotion dysregulation and impulsivity, 'big five' personality traits, and neurodevelopmental characteristics, as part of a larger family study on neurocognitive, biological, and genetic markers in BPD.

RESULTS:

The most common psychiatric diagnoses in probands and relatives were major depression, substance use disorders, post-traumatic stress disorder, anxiety disorders, and avoidant personality disorder. There was evidence of familial aggregation for specific dimensions of impulsivity and emotion dysregulation, and the big five traits neuroticism and

conscientiousness. Both probands and relatives reported an elevated neurodevelopmental history of attentional and behavioral difficulties.

CONCLUSIONS:

These results support the validity of negative affectivity- and impulse-spectrum phenotypes associated with BPD and its familial risk. Further research is needed to investigate the aggregation of neurocognitive, neural and genetic factors in families with BPD and their associations with core phenotypes underlying the disorder.
PMID: 30303056
Similar articles

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53. Early Interv Psychiatry. 2018 Oct 10. doi: 10.1111/eip.12748. [Epub ahead of print]

Creativity in persons at-risk for bipolar disorder-A pilot study.

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Abstract

AIM:

The association between bipolar disorder and creativity may be related to symptoms of the disorder itself or personality traits present before the onset. To further explore the relationship between creativity and clinical risk for bipolar disorder, creativity among individuals with a history of depressive disorder and varying risk for future (hypo-)manic episodes was assessed and compared.

METHODS:

Thirty-eight participants completed the diagnostic process, including Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) Diagnosis, Hamilton Depression Scale and Young Mania Rating Scale. The early detection tools Bipolar Prodrome Symptom Interview and Scale-Prospective (BPSS-P), Early Phase Inventory for Bipolar Disorders (EPIbipolar) and bipolar-at-risk-(BAR) criteria were used to assign participants into different at-risk groups. Assessment of creativity included Barron-Welsh Art Scale (BWAS) and Creative Achievement Questionnaire (CAQ). Scores were compared between low- and high-risk groups for the development of bipolar disorder.

RESULTS:

Participants meeting BAR criteria scored significantly higher on the BWAS than the non-BAR group (P = 0.03). EPIbipolar groups did not differ significantly in creativity scores. Participants with mood swings, especially when associated with increased activity and euphoric features, had significantly higher BWAS scores compared to individuals without mood swings (P = 0.04). Sleep disturbances, substance abuse, anxiety, ADHD and behavioural disturbances in childhood or adolescence had no effect on creativity level or achievement scores. Generalisability was reduced by small sample size and inclusion of depressive participants only considered at-risk for bipolar disorder.

CONCLUSIONS:

There is evidence of increased creativity, but not of higher creative achievements, in persons at-risk of bipolar disorder. Mood swings are strongly associated with creativity.

PMID: 30302918
Similar articles

54. Eur J Neurol. 2018 Oct 9. doi: 10.1111/ene.13818. [Epub ahead of print]

Management of psychogenic nonepileptic seizures (PNES): a multidisciplinary approach.

Gasparini S[1,2], Beghi E[3], Ferlazzo E[1,2,4], Beghi M[5], Belcastro V[6], Biermann KP[7], Bottini G[8], Capovilla G[9], Cervellione RA[10], Cianci V[2], Coppola G[11], Cornaggia CM[12], De Fazio P[13], De Masi S[7], De Sarro G[14], Elia M[15], Erba G[16], Fusco L[17], Gambardella A[1,4], Gentile V[18], Giallonardo AT[19], Guerrini R[20, 21], Ingravallo F[22], Iudice A[23], Labate A[1,4], Lucenteforte E[21], Magaudda A[24], Mumoli L [1], Papagno C[25], Pesce GB[26], Pucci E[27], Ricci P[28], Romeo A[29], Quintas R[30], Sueri C[2], Vitaliti G[31], Zoia R[32], Aguglia U[1,2,4,33].

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Abstract

BACKGROUND:

The International League Against Epilepsy (ILAE) proposed a diagnostic scheme for psychogenic nonepileptic seizures (PNES). The debate on ethical aspects of the diagnostic procedures is ongoing, the treatment is not standardized, and management might differ according to the age groups.

OBJECTIVE:

To reach an expert and stakeholder consensus on PNES management.

METHODS:

A board comprising adult and child neurologists, neuropsychologists, psychiatrists, pharmacologists, experts in forensic medicine and bioethics as well as patients' representatives was formed. The board chose five main topics regarding PNES: "diagnosis"; "ethical issues"; "psychiatric comorbidities"; "psychological treatment"; "pharmacological treatment". After a systematic review of the literature, the board met in a Consensus Conference in Catanzaro (Italy). Further consultations using the model of Delphi panel were held.

RESULTS:

The global level of evidence for all topics was low. Even though most questions were formulated separately for children/adolescents and adults, no major age-related differences emerged. The board established that the approach to PNES diagnosis should comply with ILAE recommendations. Seizures' induction was considered ethical, preferring the least invasive techniques. The board recommended: to carefully look for mood disturbances, personality disorders and psychic trauma in persons with PNES; to consider cognitive-behavioural therapy as first line psychological approach and pharmacological treatment to manage comorbid conditions, namely anxiety and depression.

CONCLUSIONS:

PNES management should be multidisciplinary. High-quality, long-term studies are needed to standardize PNES management. This article is protected by copyright. All rights reserved.

PMID: 30300463
Similar articles

Schema therapy conceptualization of personality functioning and traits in ICD-11 and DSM-5.

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Abstract

PURPOSE OF REVIEW:

Schema therapy conceptualizes personality disorders in terms of modes and underlying schemas. This article reviews the literature on schema therapy conceptualization of personality disorder functioning and traits, and proposes how these findings apply to novel

personality disorder classification in ICD-11 and the DSM-5 Alternative Model of Personality Disorders (AMPD).

RECENT FINDINGS:

Maladaptive schemas and modes are generally associated with personality dysfunction and traits in conceptually coherent ways. The healthy adult mode, a transdiagnostic core concept in schema therapy, corresponds to the ICD-11 and DSM-5-AMPD features of core personality functioning. Modes and underlying schemas substantially overlap with specific ICD-11 and DSM-5-AMPD traits, which denote individual themes and styles of personality dysfunction.

SUMMARY:

The dimensional personality disorder framework in ICD-11 and DSM-5-AMPD is largely compatible with the schema therapy model. The ICD-11 and DSM-5-AMPD provide a scientifically derived and theory-free framework for all practitioners, which may be connected to clinical theory of schema therapy in a coherent manner. Level of personality functioning can be conceptualized as healthy adult functioning (e.g. sense of identity, self-worth, emotion regulation, intimacy, and fulfillment), which inform intensity of treatment. Trait qualifiers can be conceptualized by associated modes and underlying schemas (e.g. subjugation, entitlement, or unrelenting standards), which inform focus and style of treatment.
PMID: 30299307
Similar articles

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Attribution of intentions and context processing in psychometric schizotypy.

Rinaldi R[1,2], Lefebvre L[2], Blekic W[2], Laroi F[3,4,5], Laloyaux J[3,4,5].

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Abstract

INTRODUCTION:

Impairment in Theory of mind (TOM) has frequently been associated with schizophrenia and with schizotypy. Studies have found that a tendency to over-attribute intentions and special meaning to events and to people is related to positive psychotic symptoms. Further, it has been suggested that this intentionality bias may be due to a broader deficit in context processing (CP). The aim of the present study was thus to investigate the relationship between positive schizotypy and both over-attribution of intentions and contextual processing.

METHODS:

One-hundred and nineteen healthy individuals completed the Schizotypal Personality Questionnaire and were assessed with tasks measuring contextual treatment and ToM.

RESULTS:

Results revealed that positive schizotypy was significantly related to an over-attribution of intentions on the ToM task and with a faster processing of implicit context. Partial correlational analyses indicated that the association between the attribution of intentions and positive schizotypy was not explained by a deficit of CP. In contrast, stepwise multiple regression analyses showed that both an over-attribution of intentions and a faster processing of implicit context significantly predicted positive schizotypy.

CONCLUSIONS:

These results show that an over-attribution of intention is independent from a broader deficit in context information processing and that they both possibly contribute to the development and maintenance of positive psychotic symptoms.
PMID: 30293482
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Parental Factors in Pediatric Functional Abdominal Pain Disorders: A Cross-Sectional Cohort Study.

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Abstract

OBJECTIVES:

Parental factors are suggested to play a role in pediatric irritable bowel syndrome (IBS) and functional abdominal pain - not otherwise specified (FAP-NOS) and may influence treatment. Since studies on parental factors mainly focus on mothers, this study aims to compare physical health, psychological distress, personality dimensions and parenting behavior of both parents of children with IBS or FAP-NOS to parents of controls.

METHODS:

Parents of 91 children with IBS or FAP-NOS were included in this explorative cross-sectional cohort study. Parents of 74 age-matched healthy children were used as controls. Questionnaires were used to measure demographics, physical health, psychological distress and symptoms, personality dimensions and child-rearing practices.

RESULTS:

59 mothers and 52 fathers of 61 children with IBS/FAP-NOS (response rate 61.0%) and 56 mothers and 49 fathers of 59 controls completed the study (response rate 70.9%). Mothers of children with IBS/FAP-NOS reported more physical problems. Psychological distress and symptoms, personality dimensions and child-rearing practices did not differ between mothers of both groups. Fathers of children with IBS/FAP-NOS had significantly lower scores on the child-rearing practice subscale of ignoring of unwanted behavior. In the IBS/FAP-NOS group, fathers were more depressed and less agreeable than mothers. No differences on all assessed outcomes were found between parents of children with IBS and children with FAP-NOS.

CONCLUSIONS:

Mothers of children with IBS/FAP-NOS and healthy peers differ with respect to physical health. Fathers in both groups differ with respect to child-rearing style. Clinicians should be aware of these differences when treating children with these disorders.
PMID: 30289821
Similar articles

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58. Attach Hum Dev. 2018 Oct 5:1-17. doi: 10.1080/14616734.2018.1529808. [Epub ahead of print]

Adolescent attachment insecurity and the influence of MBT.

Hauber K[1,2], Boon A[1,2,3], Kuipers G[4], Vermeiren R[1,2, 3].

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Abstract

The aim of this study in a high-risk adolescent sample with personality disorders receiving intensive mentalisation-based treatment (MBT), was first, to examine deviations in insecure attachment distribution of the normative pattern, and in borderline personality disorder and other personality disorders; second, to explore whether MBT alters attachment representations and whether these alterations are related to changes in psychological distress. A total of 60 adolescents were investigated pre-treatment for both categorical and continuous measures of the Adult Attachment Interview (AAI). Pre- and post-AAI (N = 33) data were compared with psychological distress measured by the Symptom Checklist-90. While the most disturbed category of insecure attachment, the "cannot classify" category, was overrepresented (46.7%) at pre-treatment, no differences were observed by type of personality disorder. At post-treatment, 48.5% of the participants showed positive change in the attachment representation, and their psychological distress lowered significantly (p = .002). The whole sample demonstrated change towards increased secure attachment (z = -2.85, p = .004). Attachment insecurity was found in all adolescent personality disorders which MBT seemed to be able to alter. However, as we included no control group, we cannot conclude that changes are due to the treatment itself.

Diagnosis and treatment of schizotypal personality disorder: evidence from a systematic review.

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Abstract

The main objective of this review was to evaluate studies on the diagnosis, treatment, and course of schizotypal personality disorder and to provide a clinical guidance on the basis of that evaluation. A systematic search in the PubMed/MEDLINE databases was conducted. Two independent reviewers extracted and assessed the quality of the data. A total of 54 studies were eligible for inclusion: 18 were on diagnostic instruments; 22, on pharmacological treatment; 3, on psychotherapy; and 13, on the longitudinal course of the disease. We identified several suitable and reliable questionnaires for screening (PDQ-4+ and SPQ) and diagnosing (SIDP, SIDP-R, and SCID-II) schizotypal personality disorder. Second-generation antipsychotics (mainly risperidone) were the most often studied drug class and were described as beneficial. Studies on the longitudinal course described a moderate remission rate and possible conversion rates to other schizophrenia spectrum disorders. Because of the heterogeneity of the studies and the small sample sizes, it is not yet possible to make evidence-based recommendations for treatment. This is a systematic evaluation of diagnostic instruments and treatment studies in schizotypal personality disorder. We conclude that there is currently only limited evidence on which to base treatment decisions in this disorder. Larger interventional trials are needed to provide the data for evidence-based recommendations.

Childhood emotional abuse and neglect in obese patients with and without binge eating disorder: Personality and psychopathology correlates in adulthood.

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Abstract

The link between childhood traumatic experiences such as sexual and physical abuse and EDs in adulthood has been widely demonstrated. To date, however, little research focused on the association between emotional abuse and neglect in childhood and Binge Eating Disorder (BED) and obesity in adulthood. We enrolled 127 patients [84 with BED and 43 obese] and 45 healthy controls (HCs). All participants were administered the same battery of psychometric tests. Between-group differences were explored and the relationship between emotional abuse and neglect in childhood and personality and psychopathology in adulthood was tested. Obese patients showed higher scores in emotional abuse and neglect and sexual abuse when compared to HCs. Within obese participants, those with BED reported higher emotional abuse and emotional neglect than obese without BED and HCs; the BED group differed in physical and sexual abuse from obese participants. The association between traumatic experiences in childhood and obesity in adulthood has been confirmed independently of the type of trauma. Therapists should take into account the traumatic etiology of BED, in particular psychological abuse, even in those patients who do not recall physical or sexual abuses. Specific techniques to approach traumatic experiences could be applied to BED or non-BED patients.

PMID: 30273894

Similar articles

3. J Psychiatr Ment Health Nurs. 2018 Nov 29. doi: 10.1111/jpm.12506. [Epub ahead of print]

The role of emotion regulation, coping, self-reflection, and insight in staff interaction with patients with a diagnosis of personality disorder in forensic settings.

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Abstract

INTRODUCTION:

Research is lacking on what determines interaction between staff and patients with a diagnosis of personality disorder in forensic settings.

AIM:

Test whether coping, self-reflection, insight and emotion regulation are related to the behaviour of staff towards these patients, and test the possible moderating and mediating effect of emotion regulation.

METHOD:

Using a cross-sectional design, 76 direct care staff of a forensic clinic completed questionnaires on all variables. Relations were tested using simple linear regression, mediation, and moderation analyses.

RESULTS:

Insight and emotion-focused coping of staff were related to seeking less and more support from patients respectively. Emotion regulation by reappraisal combined with emotion-focused coping was associated with more hostile behaviour by staff, and suppression combined with avoidance-focused coping with less hostile behaviour.

CONCLUSION:

Insight, emotion-focused coping and emotion regulation of staff influence the quality of care of patients with a diagnosis of personality disorder in forensic settings. Future research ought to include contextual factors.

IMPLICATIONS FOR PRACTICE:

Enhancing self-compassion may improve insight and reduce emotion-focused coping. Context is important: taking the needs of staff into account may involve suppressing emotions combined with avoidance in a highly emotional situation while facing and reappraising the situation when emotions are low. This article is protected by copyright. All rights reserved.

PMID: 30489675
Similar articles

4. Front Neurosci. 2018 Nov 14;12:847. doi: 10.3389/fnins.2018.00847. eCollection 2018.

Altered High Density Lipoprotein Composition in Behavioral Variant Frontotemporal Dementia.

Kim WS[1,2,3], He Y[1], Phan K[1], Ahmed RM[1,4], Rye KA[2], Piguet O[1,3,4,5], Hodges JR[1,3,4], Halliday GM[1,2,3].

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Abstract

Frontotemporal dementia (FTD) is a common cause of early onset dementia with behavioral variant FTD (bvFTD) being the most common form. bvFTD is characterized clinically by behavioral and personality changes, eating abnormalities, and pathologically, by systemic lipid dysregulation that impacts on survival. As lipoprotein metabolism is at the core of lipid dysregulation, here, we analyzed the composition, both proteins and lipids, of the two major lipoprotein classes in blood - high density lipoproteins (HDLs) and low density lipoproteins (LDLs). Fasted plasmas from bvFTD and Alzheimer's disease (AD) patients and controls were fractionated using fast protein liquid chromatography (FPLC) and samples analyzed by lipid assays, ELISA and western blotting. We found that apolipoprotein A-I (apoA-I) and apolipoprotein A-II (apoA-II) levels in HDLs were decreased in bvFTD compared to controls, whereas apolipoprotein B (apoB) levels in LDLs were unaltered. We also found that cholesterol and triglyceride levels in FPLC fractions were altered in bvFTD compared to controls. The apoB:apoA-I ratio and the standard lipid ratios were significantly increased in bvFTD compared to AD and controls. Furthermore, we found that plasma apolipoprotein C-I and paraoxonase 1 levels were significantly altered in bvFTD and AD, respectively, compared controls. This study represents the first apolipoprotein analysis of bvFTD, and our results suggest altered HDL function and elevated cardiovascular disease risk in bvFTD.

Factors associated with visits to general practitioners in patients with schizophrenia in Malaga.

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Abstract

BACKGROUND:

Patients with psychiatric disorders have more physical problems than other patients, so their follow-up by the general practitioner is particularly important for them.

METHODS:

We aimed to elaborate a multilevel explanatory model of general practitioner (GP) visits made by patients with schizophrenia and related disorders (SRD). An observational, cross-sectional study was conducted from January 1, 2008 to July 1, 2011, in the area of the Clinical Management Unit of Mental Health (CMU-MH) of the Regional Hospital of Malaga (Spain). The eligible population consisted of all patients with SRD in contact with a GP residing in the study area. Our dependent variable was total number GP visits. The independent variables were: 1) patient variables (sociodemographic and clinical variables); 2) primary care centre (PCC) variables. We performed descriptive analysis, bivariate analysis and multilevel regression.

RESULTS:

Four hundred ninety four patients were included. Mean annual number of GP visits was 4.1. Female sex, living in a socioeconomically deprived area, a diagnosis of schizoaffective disorder and contact with a GP who had a more active approach to mental health issues were associated with a higher number of visits whilst being single and good communication between the PCC and mental health teams were associated with a lower number of GP visits.

CONCLUSIONS:

Number of GP visits was not just associated with patient factors, but also with organisational and the involvement of health professionals, for example GPs with an active approach to mental health issues.
PMID: 30486784
Similar articles

Exploratory comparison of auditory verbal hallucinations and other psychotic symptoms among youth with borderline personality disorder or schizophrenia spectrum disorder.

Cavelti M[1,2,3,4], Thompson KN[1,2], Hulbert C[3], Betts J[1,2], Jackson H[3], Francey S[1,2], Homan P[5,6,7], Chanen AM[1,2,8].

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Abstract

OBJECTIVE:

This study explored phenomenological aspects of auditory verbal hallucinations (AVH) and other psychotic symptoms among youth with borderline personality disorder (BPD).

METHODS:

Sixty-eight outpatients, aged 15 to 25 years, were categorized into three groups according to their primary Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnosis and AVH symptom profile; BPD + AVH (n = 23), schizophrenia spectrum disorder (SZ) + AVH (n = 22) and BPD with no AVH (n = 23).

RESULTS:

No differences in AVH were found between BPD + AVH and SZ + AVH. Compared with SZ + AVH, BPD + AVH scored lower on delusions and difficulty in abstract thinking and higher on hostility. BPD + AVH reported more severe self-harm, paranoid ideation, dissociation, anxiety and stress than BPD no AVH.

CONCLUSIONS:

This study replicates, in a sample of youth, the finding from studies of adults that AVH in BPD are indistinguishable from those in SZ, when assessed with the Psychotic Symptom Rating Scales (PSYRATS). Clinicians should specifically enquire about AVH among youth with BPD. When present, AVH appear to be an indicator of a more severe form of BPD.

Similar articles

Cognitive fusion and affective isolation: Blurred self-concept and empathy deficits in schizotypy.

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Abstract

This is a cross-sectional nonclinical sample study to examine the different levels of the Ipsiety Disturbance Model (IDM) for schizophrenia spectrum disorders (introduced by Sass and Parnas, 2003). Three faces of schizotypy were studied: diminished self-presence, hyper-reflexivity, and distortion in experience of own self and another person's self-discrimination. A sample of college students (N = 1312) was provided a questionnaire packet that contained the Schizotypy Personality Questionnaire Brief-Revisited (SPQ-BR), the Self-Concept Clarity Sale, the Tellegen Absorption Scale, and Interpersonal Reactivity Index measures. Results: higher absorption capabilities predict higher scores on both the SPQ-BR cognitive and SPQ-BR disorganization factors. High scores in cognitive empathy predicted a low score on both SPQ-BR cognitive and SPQ-BR interpersonal scores. In contrast, higher affective empathy predicted high scores on the SPQ-BR interpersonal factor. The deficiency in self-concept clarity predicted an elevated score on the SPQ-BR cognitive, interpersonal, and disorganization schizotypy symptoms. We argue that a lack of self-concept clarity manifested in both the hyperreflexivity level (measured by absorption) and the metallization level (measured by empathy). We argue that the IDM is a reliable way to interpret functioning with different levels of schizotypy.
PMID: 30481696
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FULL-TEXT ARTICLE

Characterization of children and adolescents with psychosis risk syndrome: The Children and Adolescents Psychosis Risk Syndrome (CAPRIS) study.

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Abstract

AIM:

Despite the interest in psychosis risk syndrome (PRS) in children and adolescents, information on the syndrome in this population is scarce.

METHODS:

Prospective naturalistic multi-site study in which 10- to 17-year-old help-seeking subjects who met PRS criteria (positive or negative attenuated symptoms; brief limited intermittent psychotic symptoms; genetic risk or schizotypal personality disorder plus impairment in functioning) were included, along with 45 age and sex-matched healthy controls (HC). All subjects were clinically and functionally assessed.

RESULTS:

Ninety-one PRS subjects (PRSS) with a mean age of 15.5 ± 1.4 met inclusion criteria (IC). Compared with HC, PRSS presented worse global and academic functioning in the previous year, had experienced more psychiatric and psychological problems, and presented gestational ages outside the normal range. More than 80% of PRSS met ≥2 IC, with 65.9% having one Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision diagnosis, and 61.7% of those having ≥2 diagnoses. Some 49.5% of PRSS had a first- or second-degree family history (FH) of psychosis. Patients with first- and second-degree FH do not differ in their clinical expression.

CONCLUSIONS:

Children and adolescents with PRS are a patient group with a pattern of neurodevelopmental impairment and clinical complexity similar to patients with schizophrenia spectrum disorders, highlighting the importance of assessing these variables in child and adolescent samples. PRSS with first- and second-degree relatives with FH do not present differences in their clinical presentation, suggesting that including these two groups of patients in the genetic risk criteria would enrich knowledge of these criteria.

Similar articles

The effects of music therapy on the interaction of the self and emotions-An interim analysis.

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Abstract

OBJECTIVES:

Music therapy is a well-established non-verbal treatment method in psychiatry and psychosomatic medicine. However, empirical data of its impact on emotion modulation processes and personality dimensions are still sparce. An interesting concept is the use of music for emotion modulation in everyday life. The purpose of this interim study was to assess the interplay of personality dimensions and emotion modulation strategies in patients treated with music therapy versus patients without music therapy.

DESIGN:

A cross-sectional design was used.

SETTING:

The study was conducted during the course of inpatient treatment in a general psychiatric hospital. Data from n = 137 patients was included in the analysis.

MAIN OUTCOME MEASURES:

According to the mediator model a regression analysis was performed using personality variables as potential predictors and emotion modulation variables as outcome criteria.

RESULTS:

In the music therapy group, insecurity predicted the use of music for both cognitive problem solving and positive stimulation in everyday life. In the non-music therapy group, cooperation and insouciance predicted the use of music for reduction of negative activation.

CONCLUSIONS:

Specific personality dimensions predict greater targeted emotion modulation strategies if music therapy is applied than without it. That is, music therapy helps patients acquire more conscious (i.e. cognitive-related strategies) emotion modulation techniques by means of including their individual personality, whereas patients without music therapy simply "vent" their negative emotions (i.e. non-cognitive strategies). Conversely, the data suggest that music therapy can contribute to modify personality dimensions through the development of these emotion modulation strategies. This could be a plausible explanation for beneficial long-term effects of music therapy.

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10. Br J Psychiatry. 2018 Dec;213(6):728. doi: 10.1192/bjp.2018.243.

Complex personality disorders.

Bhui K.
PMID: 30475194

11. Acta Neurol Belg. 2018 Nov 24. doi: 10.1007/s13760-018-1050-5. [Epub ahead of print]

Personality disorders are associated with more severe forms of migraine.

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Abstract

To investigate the clinical manifestation, disease course, and prognosis of migraine patients with or without personality disorders. This cross-sectional study evaluated 61 patients with migraine diagnosed according to the criteria of the International Headache Society (IHS). Personality disorders were assessed with the Structured Clinical Interview for DSM-IV (SCID-II). Migraine severity was assessed with the Headache Impact Test-6 (HIT-6). We

also used a structured clinical interview to diagnose comorbid mood disorders. Of the 61 patients, 20 (32.8%) had personality disorders. Personality disorders included obsessive-compulsive 14/61 (23.0%), avoidant 6/61 (9.8%), borderline 6/61 (9.8%), paranoid 6/61 (9.8%), schizoid 2/61 (3.3%), histrionic 1/61 (1.6%) and dependent 1/61 (1.6%) types. Compared to migraine patients without personality disorders, comorbidity with any personality disorders was associated with an increased frequency of chronic migraine (p < 0.001) and more severe headache as assessed by the HIT-6 (p < 0.001). Comorbidity with personality disorders was associated with more severe forms of migraine symptoms.
PMID: 30474829

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FULL-TEXT ARTICLE

The impact of non-motor symptoms on the health-related quality of life in patients with functional movement disorders.

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Abstract

OBJECTIVE:

Pain, fatigue, cognitive complaints and psychiatric comorbidities are common in patients with functional movement disorder and may significantly affect their quality of life. The aim of the study was to assess the impact of motor and non-motor symptoms on health-related quality of life in patients with functional movement disorder.

METHODS:

Sixty-one patients with clinically established functional movement disorder and 61 matched healthy controls completed standardized questionnaires for depression, anxiety, cognitive complaints, fatigue, pain, sleepiness, apathy and health-related quality of life. Motor disorder severity was assessed using The Simplified Functional Movement Disorders Rating Scale. Personality traits were assessed using the 44-Item Big Five Inventory.

RESULTS:

Compared to controls, patients reported significantly lower health-related quality of life and higher levels of all assessed non-motor symptoms except for apathy. No difference was found in personality traits. In both groups, health-related quality of life scores negatively correlated with depression, anxiety, pain, cognitive complaints, apathy, and neuroticism. No correlation was found between health-related quality of life and motor symptom severity in patients with functional movement disorder. Multiple regression analysis of the predictors of health-related quality of life showed significant impact of trait anxiety and cognitive complaints scores.

CONCLUSIONS:

Multiple non-motor symptoms but not motor symptom severity correlated with impaired health-related quality of life in patients with functional movement disorder. Impaired health-related quality of life was predicted by anxiety and cognitive complaints. Our results highlight the importance of assessing and treating both motor and non-motor symptoms in patients with functional movement disorder.

PMID: 30470314
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FULL-TEXT ARTICLE

Elevated allostatic load in individuals presenting at psychiatric emergency services.

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Abstract

OBJECTIVE:

Individuals requiring psychiatric emergency services are often highly distressed and intoxicated. To provide an objective and comprehensive measure of their stress-related physiological dysregulations, we indexed allostatic load with 14 biomarkers collected within 24 h of patients' admission to the largest psychiatric hospital in the Canadian province of Quebec.

METHODS:

This study (N = 278) combines data for emergency patients (n = 76; 65.8% women; M age = 44.97, SE = 1.6) and hospital workers who served as sex- and age-matched controls (n = 202; 70.8% women; M age = 40.10, SE = 0.83). Sex-specific allostatic load indices summarized neuroendocrine (cortisol), immune (tumor necrosis factor-α, interleukin-6, c-reactive protein), metabolic (insulin, glycosylated hemoglobin, total cholesterol, high-density lipoprotein, low-density lipoprotein, triglycerides, body mass index), and cardiovascular (heart rate, systolic and diastolic blood pressure) functioning. Well-validated questionnaires assessed substance (ab)use.

RESULTS:

Individuals presenting at psychiatric emergency showed elevated allostatic load, drug abuse, and tobacco use compared to controls. Elevated allostatic load in emergency patients was driven by elevated cortisol, interleukin-6, systolic blood pressure, and heart rate; however, allostatic load was not explained by substance (ab)use or demographic variables. Sub-group analyses revealed that emergency patients primarily diagnosed with bipolar, depressive, or anxiety disorders showed higher allostatic load than those diagnosed with personality disorder(s).

CONCLUSIONS:

This study demonstrates that individuals presenting at psychiatric emergency services show physiological dysregulations associated with chronic stress. Future research should explore the clinical utility of allostatic load in predicting comorbidities among psychiatric patients.

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FULL-TEXT ARTICLE

Hypomania Symptoms Across Psychiatric Disorders: Screening Use of the Hypomania Check-List 32 at Admission to an Outpatient Psychiatry Clinic.

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Abstract

Introduction: Hypomania symptoms are best described as a continuum, ranging beyond Bipolar Spectrum Disorders (BSD). Other nosological entities, such as major depressive disorder, schizoaffective disorder, or borderline personality disorder, may also share symptoms with BSD, raising challenges for differential diagnosis. While the Hypomania Checklist-32 is one of the most widely used tools for screening hypomania, there is limited evidence describing its use in a real-world outpatient psychiatric clinical setting. **Methods:** Here we tested the psychometric properties of a European Portuguese adaptation of the HCL-32, establishing its factor structure, reliability and construct validity. Furthermore, we analyzed differences in hypomanic symptoms among several clinical groups and in a non-

clinical sample. Data was obtained retrospectively in an ecological setting from a clinical sample of an outpatient psychiatry and psychology clinic, comprising 463 Portuguese individuals, 326 of whom had a psychiatric diagnosis, namely BSD ($n = 66$), major depressive disorder ($n = 116$), or other psychiatric disorders ($n = 144$). A separate non-clinical sample was also collected among healthy volunteers ($n = 62$). A battery of self-report measures of affective symptoms was applied, and in a subset of patients, diagnosis was established using a structured diagnostic interview. **Results:** Psychometric properties of the HCL-32 were adequate, with good internal consistency (Cronbach's $\alpha = 0.86$) and test-retest stability (ICC = 0.86), and two subscores ("active/elated" and "risk-taking/irritable") defined by Principal Component Analysis. Receiver Operating Characteristic curve analysis demonstrated that the test score discriminated moderately between patients with BSD and other clinical samples as well as healthy volunteers, with a cut-off score of 17 for the total score of the HCL-32 rendering the best combination of sensitivity and specificity. When compared to the HCL-32 total score, the risk-taking/irritable subscore seems to provide additional benefit in discriminating between different clinical groups, namely regarding specificity in the discrimination from patients with a diagnosis of major depressive disorder that was low for the full scale and the alternate subscale. **Conclusions:** HCL-32 can be used as a screening tool for BSD among adult patients presenting in an outpatient psychiatric clinical setting.

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15.

Schema therapy for borderline personality disorder: A qualitative study of patients' perceptions.

Tan YM[1], Lee CW[1,2], Averbeck LE[3], Brand-de Wilde O[4], Farrell J[5], Fassbinder E[6], Jacob GA[7], Martius D[8], Wastiaux S[8], Zarbock G[9], Arntz A[8].

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Abstract

Schema therapy (ST) has been found to be effective in the treatment of borderline personality disorder (BPD). However very little is known about how the therapy is experienced by individuals with BPD including which specific elements of ST are helpful or unhelpful from their perspectives. The aim of this study is to explore BPD patients' experiences of receiving ST, in intensive group or combined group-individual format. Qualitative data were collected through semi-structured interviews with 36 individuals with a primary diagnosis of BPD (78% females) who received ST for at least 12 months. Participants were recruited as part of an international, multicenter randomized controlled trial (RCT). Interview data (11 Australian, 12 Dutch, 13 German) were analyzed following the procedures of qualitative content analysis. Patients' perceptions of the benefits gained in ST included improved self-understanding, and better awareness and management of their own emotional processes. While some aspects of ST, such as experiential techniques were perceived as emotionally confronting, patient narratives informed that this was necessary. Some recommendations for improved implementation of ST include the necessary adjunct of individual sessions to group ST and early discussion of therapy termination. Implications of the findings are also discussed, in particular the avenues for assessing the suitability of patients for group ST; management of group conflict and the optimal format for delivering treatment in the intensive group versus combined group-individual formats.

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Conflict of interest statement

The authors have declared that no competing interests exist.

16. Int J Epidemiol. 2018 Nov 20. doi: 10.1093/ije/dyy230. [Epub ahead of print]

Exploring causality of the association between smoking and Parkinson's disease.

Gallo V[1,2,3], Vineis P[2], Cancellieri M[1,4,5], Chiodini P [6], Barker RA[7], Brayne C[7], Pearce N[3], Vermeulen R[8,9], Panico S[10], Bueno-de-Mesquita B [2,11,12,13], Vanacore N[14], Forsgren L[15], Ramat S[16], Ardanaz E[17,18], Arriola L[18,19,20], Peterson J[21], Hansson O[22], Gavrila D[18,23], Sacerdote C[24,25], Sieri S[26], Kühn T [27], Katzke VA[27], van der Schouw YT[8], Kyrozis A[28,29], Masala G[30], Mattiello A[10], Perneczky R[2,31,32,33], Middleton L[2], Saracci R[34], Riboli E[2].

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Abstract

Background:

The aim of this paper is to investigate the causality of the inverse association between cigarette smoking and Parkinson's disease (PD). The main suggested alternatives include a delaying effect of smoking, reverse causality or an unmeasured confounding related to a low-risk-taking personality trait.

Methods:

A total of 715 incident PD cases were ascertained in a cohort of 220 494 individuals from NeuroEPIC4PD, a prospective European population-based cohort study including 13 centres in eight countries. Smoking habits were recorded at recruitment. We analysed smoking status, duration, and intensity and exposure to passive smoking in relation to PD onset.

Results:

Former smokers had a 20% decreased risk and current smokers a halved risk of developing PD compared with never smokers. Strong dose-response relationships with smoking intensity and duration were found. Hazard ratios (HRs) for smoking <20 years were 0.84 [95% confidence interval (CI) 0.67-1.07], 20-29 years 0.73 (95% CI 0.56-0.96) and >30 years 0.54 (95% CI 0.43-0.36) compared with never smokers. The proportional hazard assumption was verified, showing no change of risk over time, arguing against a delaying effect. Reverse causality was disproved by the consistency of dose-response relationships among former and current smokers. The inverse association between passive smoking and PD, HR 0.70 (95% CI 0.49-0.99) ruled out the effect of unmeasured confounding.

Conclusions:

These results are highly suggestive of a true causal link between smoking and PD, although it is not clear which is the chemical compound in cigarette smoking responsible for the biological effect.

PMID: 30462234

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The Portuguese version of the Personality Inventory for the DSM-5 in a community and a clinical sample.

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Abstract

The Personality Inventory for DSM-5 (PID-5) measures the maladaptive traits of the model for personality and its disorders, as proposed in section III of the DSM-5. The current study aimed to examine whether the Portuguese PID-5 distinguished non-clinical participants (N = 1223, M_{age} = 36.73, standard deviation = 15.72) from clinical participants (N = 202, M_{age} = 43.82, standard deviation = 11.33) with respect to dysfunctional personality traits and to explore the PID-5 factor structure in both samples. The PID-5 scale medians were higher in the clinical sample than in the community sample. All analyses were statistically significant (p ≤ 0.001) with medium size effects. In the community sample, a five-factor structure emerged, and the factors resembled the PID-5 domains. However, in the clinical sample, a four-factor structure was retained, in which the Psychoticism domain did not clearly emerge. The composition of the clinical sample along with its small size may account for these unexpected results. Overall, the results provide evidence of the PID-5's ability to distinguish between psychiatric and community individuals and of the model's structural

similarity in community samples, across studies and nationalities. More research is required to understand the Portuguese PID-5 structure in clinical samples.

Similar articles

Childhood serotonergic function and early adult outcomes in youth with ADHD: A 15-year follow-up study.

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Abstract

Longitudinal studies have shown that clinical precursors of antisocial personality disorder (ASPD) include attention-deficit/hyperactivity disorder (ADHD) and more notably comorbid ADHD and conduct disorder (CD). Despite existing evidence for the purported role of abnormal serotonergic function in aggressive youth and adults, little evidence exists on the role of serotonin in the progression from childhood disruptive behavior disorders to adult psychopathology, including ASPD. This study examined the relation between serotonergic function in children diagnosed with ADHD and the development of ASPD in early adulthood. We hypothesized that low serotonin response to a pharmacological probe in childhood would predict the development of adult ASPD. Towards this goal we divided 40 adults (M = 37, F = 3), ages 23-26 (m-24.57, sd-2.33) diagnosed with childhood ADHD into 2 groups: participants with (n = 21) and without (n = 19) ASPD. We used logistic regression to assess whether serotonergic measures in childhood assessed via prolactin and cortisol responses to a fenfluramine challenge, would selectively predict the development of ASPD in early adulthood. Logistic regression models showed that low central serotonergic response in childhood indexed by cortisol response significantly predicted adult ASPD (Wald = 4.427,

p = .035) but not ADHD diagnosis in adulthood. Adults without ASPD had the highest serotonergic response whereas adults with adolescent ASPD (i.e. early onset ASPD) had the lowest response. Thus we provide new evidence of the link between low serotonergic function in childhood and the development of ASPD in adulthood, particularly for boys with adolescent onset of ASPD. These findings are relevant for understanding the contribution of childhood neurobiology to risk for later ASPD.
PMID: 30454909
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19. Biol Psychol. 2018 Nov 16. pii: S0301-0511(18)30088-7. doi: 10.1016/j.biopsycho.2018.10.014. [Epub ahead of print]

Associations between premenstrual syndrome and postpartum depression: A systematic literature review.

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Abstract

Overlapping symptoms between premenstrual syndrome (PMS) and postpartum depression (PPD) suggest that these disorders may share a common etiology and pathology. Moreover, PMS is a risk factor for the development of PPD. This review aims to synthesize the evidence regarding associations between PMS and PPD. Studies were systematically reviewed through identification in PubMed, ISI web of knowledge, PsycINFO and JSTOR databases. A total of 16 studies met inclusion criteria. Three studies revealed an initial significant association between both variables, but it did not remain significant after the inclusion of confounders (e.g. personality, socio-demographic factors) into the analyses. Eleven papers found a positive association between PMS and PPD beyond the effects of biopsychosocial confounders (p < .05). Finally, two studies did not find any significant association between both variables. This review demonstrated that there is a positive association - potentially a mechanism - between PMS and PPD, which may depend on specific confounders.
PMID: 30452945

Self-injurious behaviours in rhesus macaques: Potential glial mechanisms.

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Abstract

BACKGROUND:

Self-injurious behaviour (SIB) can be classified as intentional, direct injuring of body tissue usually without suicidal intent. In its non-suicidal form it is commonly seen as a clinical sign of borderline personality disorder, autism, PTSD, depression, and anxiety affecting a wide range of ages and conditions. In rhesus macaques SIB is most commonly manifested through hair plucking, self-biting, self-hitting, and head banging. SIB in the form of self-biting is observed in approximately 5-15% of individually housed monkeys. Recently, glial cells are becoming recognised as key players in regulating behaviours.

METHOD:

The goal of this study was to determine the role of glial activation, including astrocytes, in macaques that had displayed SIB. To this end, we performed immunohistochemistry and next generation sequence of brain tissues from rhesus macaques with SIB.

RESULTS:

Our studies showed increased vimentin, but not nestin, expression on astrocytes of macaques displaying SIB. Initial RNA Seq analyses indicate activation of pathways involved in tissue remodelling, neuroinflammation and cAMP signalling.

CONCLUSIONS:

Glia are most probably activated in primates with self-injury, and are therefore potential novel targets for therapeutics.

Similar articles

21.

Clinical presentation of 54 patients with endogenous hyperinsulinaemic hypoglycaemia: a neurological chameleon (observational study).

Valente LG[1], Antwi K[2], Nicolas GP[2], Wild D [2], Christ E[3].

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3. Division of Endocrinology, Diabetology and Metabolism, University Hospital of Basel, Switzerland.

Abstract

BACKGROUND Important causes of endogenous hyperinsulinaemic hypoglycaemia (EHH) in adult patients are insulinoma and adult nesidioblastosis. Data on main symptoms in EHH are scarce and controversial. We analysed main symptoms of patients with EHH in the framework of two prospective studies investigating glucagon-like peptide-1 receptor imaging. METHODS Patients were referred from secondary European endocrine centres and endocrinologists. Inclusion criteria were biochemically proven EHH (glucose <2.5 mmol/l in the presence of inadequate insulin and C-peptide levels) with neurological hypoglycaemic symptoms. Demographic characteristics and aetiologies of the patients with EHH were retrieved. Main symptoms were categorised into neurological, sympathicoadrenal (sweating, tremor, palpitation, hunger, shivering and pallor) and nonspecific other symptoms (nonspecific asthenia, weight gain, gastrointestinal symptoms and headaches). Neurological symptoms were subdivided into moderately impaired consciousness (confusion, dizziness,

somnolence and delirium), visual, speech and sensorimotor impairment, severely impaired consciousness (loss of consciousness and apathy), attention deficit, seizures and personality changes. Biochemical assessment and duration of EHH at the end of a fasting test were recorded. RESULTS Fifty-four patients with full documentation were included in the analysis (74% female; mean age 54 years, range 22–84). Median duration from onset of symptoms to diagnosis of EHH was 12 months (range 0–120). Fifty (92.6%) patients had neurological symptoms, including moderately impaired consciousness (46.3%), visual, speech and sensorimotor function impairment (44.4%), severely impaired consciousness (37%), attention deficit (31.5%), seizures (16.7%) and personality change (13%). Sympathicoadrenal symptoms were present in 33 (61.1%) patients. Nonspecific other symptoms occurred in 36 (66.7%) patients. 43 patients (79.6%) suffered from symptoms of at least two different categories. CONCLUSIONS Clinical symptoms of EHH are characterised by a wide variety of mainly different neurological symptoms ("neurological chameleon"). EHH should be considered as a differential diagnosis in many neurological disorders. Trial registration numbers NCT00937079 & NCT02127541.

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PMID: 30449018
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22.

What's Next? A Clinical Overview.

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Abstract

This rich and comprehensive set of studies on the borderline personality disorder presents the reader with an up-to-date review of new findings and developments in our understanding of this serious and highly prevalent condition. It also outlines areas of controversies and open questions regarding conceptual models, psychopathology, genetic and environmental etiologic features, neurobiology, and treatment.
PMID: 30447737
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Borderline Personality Disorder.

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PMID: 30447736

Similar articles

Psychotherapy for Borderline Personality Disorder in Adolescents.

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Abstract

Research on borderline personality disorder (BPD) in adolescence has helped to clarify the characteristics of BPD in young people. The considerable emotional and economic cost associated with adolescent BPD supports calls for early intervention and requires that the assessment of personality functioning be an essential component in the psychological evaluation of adolescents. Adult treatment models with demonstrated efficacy have been adapted for adolescents. This article describes the implementation of these treatment approaches, factors that frequently complicate the recognition and diagnosis of BPD in

young people, and an overview of research on BPD in adolescents that delineates its clinically relevant features.
PMID: 30447735
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25.

Borderline Personality Disorder: Barriers to Borderline Personality Disorder Treatment and Opportunities for Advocacy.

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Abstract

Patients experience difficulty in accessing the evidence-based treatments that exist for borderline personality disorder. This article identifies barriers to treatment within the US structural, economic, and political landscape and how families have created an advocacy movement to address this problem. It explores how the United States has addressed such barriers, in comparison to other countries. Finally, it offers recommendations for future advocacy to increase access to treatment for borderline personality disorder.
PMID: 30447733
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26.

Attachment and Borderline Personality Disorder.

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Abstract

Borderline personality disorder is associated with predominant insecure and unresolved attachment representations, linked history of trauma, impaired cognitive functioning and oxytocin levels, and higher limbic activations. Two randomized clinical trials on transference-focused psychotherapy assessed change of attachment representation and reflective functioning. The first showed that transference-focused psychotherapy was superior, demonstrating significant improvements toward attachment security and higher reflective functioning. The second randomized clinical trial study on transference-focused psychotherapy compared with therapy as usual replicated these results and additionally showed a significant shift from unresolved to organized attachment in the transference-focused psychotherapy group only, suggesting its effectiveness in traumatized patients.
PMID: 30447730

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Comorbidity of Borderline Personality Disorder: Current Status and Future Directions.

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Abstract

Patients with borderline personality disorder have high rates of comorbid mood, anxiety, substance use, and eating disorders. The longitudinal studies conducted on borderline patients over 10 years of prospective follow-up suggest that patients with borderline personality disorder experienced declining rates of Axis I disorders over time, but the rates of these disorders remained high compared with those with other personality disorders. In addition, patients whose borderline personality disorder remitted over time experienced a substantial decline in all comorbid Axis I disorders, but those whose borderline personality disorder did not remit over time, reported stable rates of comorbid disorders.

PMID: 30447726

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28.

Differential Diagnosis of Borderline Personality Disorder.

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Abstract

Borderline personality disorder (BPD) has a wide range of symptoms and clinical features that overlap with other diagnostic categories. Diagnosis is important because different disorders respond to different forms of treatment. Differential diagnosis is particularly relevant for distinguishing BPD from bipolar spectrum disorders, requiring a careful evaluation of affective instability and hypomania. BPD may also be confused with major depression, schizophrenia, attention-deficit/hyperactivity disorder, and posttraumatic stress disorder.

PMID: 30447725

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29.

Conceptual Models of Borderline Personality Disorder, Part 1: Overview of Prevailing and Emergent Models.

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Abstract

Borderline personality disorder (BPD) is a debilitating condition with significant personal and societal costs. Throughout the history of the conceptualization of borderline pathology as a form of psychopathology, there has been debate concerning the essential attributes of this disorder, which has significant implications for its assessment and treatment. The first of this 2-part review evaluates the major approaches to conceptualizing BPD, from the traditional DSM diagnosis through the more recent Alternative Model in DSM-5, Section III, and the research domain criteria initiative of the National Institute of Mental Health that was articulated largely in response to limitations of the DSM.
PMID: 30447722
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30. J Affect Disord. 2018 Nov 6;245:533-544. doi: 10.1016/j.jad.2018.11.049. [Epub ahead of print]

A reliability generalization meta-analysis of the child and adolescent perfectionism scale.

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Abstract

BACKGROUND:

Perfectionism is a prevalent disposition of personality involved in the development and maintenance of a wide range of psychological disorders. The Child and Adolescent Perfectionism Scale (CAPS) is the most usually applied test to assess perfectionism in children and adolescents. This study aimed: (a) to conduct a reliability generalization meta-analysis to estimate the average reliability of the CAPS scores and to search for characteristics of the studies that may explain the variability among reliability estimates, and (b) to estimate the reliability induction rate of the CAPS.

METHOD:

An exhaustive search allowed to select 56 studies that reported alpha coefficients with the data at hand for the CAPS.

RESULTS:

The average alpha coefficients were 0.87, 0.84 and 0.83, respectively for the CAPS total score and its two subscales, Socially Prescribed Perfectionism (SPP) and Self-Oriented Perfectionism (SOP). Regarding O'Connor's version, the average reliability coefficients were 0.82, 0.74 and 0.73, respectively, for SPP, SOP-Critical and SOP-Strivings. Some study characteristics (ethnicity, language, mean age and standard deviation of the scores, psychometric vs applied) showed a statistical association with the reliability coefficients of SPP and SOP. The reliability induction rate was 29.8%.

LIMITATIONS:

Due to the scarcity of studies, we could not examine the reliability scores of other versions of the CAPS and test-retest reliability.

CONCLUSIONS:

In terms of reliability, the original version of the CAPS present better results than O'Connor's version. The original version of the CAPS is a reliable instrument to be employed with general research purposes, but not for clinical practice.

31. Sci Rep. 2018 Nov 15;8(1):16841. doi: 10.1038/s41598-018-35065-4.

Association between aromatase in human brains and personality traits.

Takahashi K[1,2,3], Hosoya T[1,2,4], Onoe K[1,2], Takashima T[1], Tanaka M[3], Ishii A[3], Nakatomi Y[3,5], Tazawa S[1], Takahashi K[1], Doi H[1,2], Wada Y[1,2,3], Watanabe Y[6,7,8].

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Abstract

Aromatase, an enzyme that converts androgens to estrogens, has been reported to be involved in several brain functions, including synaptic plasticity, neurogenesis, neuroprotection, and regulation of sexual and emotional behaviours in rodents, pathophysiology of Alzheimer's disease and autism spectrum disorders in humans. Aromatase has been reported to be involved in aggressive behaviours in genetically modified

mice and in personality traits by genotyping studies on humans. However, no study has investigated the relationship between aromatase in living brains and personality traits including aggression. We performed a positron emission tomography (PET) study in 21 healthy subjects using ^{11}C-cetrozole, which has high selectivity and affinity for aromatase. Before performing PET scans, subjects answered the Buss-Perry Aggression Questionnaire and Temperament and Character Inventory to measure their aggression and personality traits, respectively. A strong accumulation of ^{11}C-cetrozole was detected in the thalamus, hypothalamus, amygdala, and medulla. Females showed associations between aromatase levels in subcortical regions, such as the amygdala and supraoptic nucleus of the hypothalamus, and personality traits such as aggression, novelty seeking, and self-transcendence. In contrast, males exhibited associations between aromatase levels in the cortices and harm avoidance, persistence, and self-transcendence. The association of aromatase levels in the thalamus with cooperativeness was common to both sexes. The present study suggests that there might exist associations between aromatase in the brain and personality traits. Some of these associations may differ between sexes, while others are likely common to both.

Similar articles

32.

Symptom severity and quality of life in patients with atrial fibrillation: Psychological function outweighs clinical predictors.

Walters TE[1], Wick K[2], Tan G[3], Mearns M[4], Joseph SA[5], Morton JB[4], Sanders P[6], Bryant C[7], Kistler PM[8], Kalman JM[3].

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Abstract

BACKGROUND:

The key drivers of symptom severity and health-related quality of life (hr-QOL) in patients with atrial fibrillation (AF) remain unclear. We aimed to determine the relative contribution to symptom severity and hr-QOL of clinical factors including left ventricular (LV) diastolic function and ventricular rate control during AF and of psychological functioning.

METHODS:

Seventy-eight consecutive patients with symptomatic AF and preserved LV systolic function underwent detailed evaluation of i) AF symptom severity and hr-QOL; ii) clinical factors including left ventricular (LV) diastolic function, AF burden, and ventricular rate during AF and iii) state and trait aspects of psychological functioning.

RESULTS:

Moderate-to-severe AF-related symptoms were reported by 64% of the study population whilst 36% reported no more than mild symptoms. Worse symptom severity was associated with a higher score on the Perceived Stress Scale (16.7 ± 4.4 vs. 5.4 ± 4.4, $p < 0.0001$) and higher prevalence of the Type D Personality (20/50 vs. 4/28, $p = 0.012$). In multivariable models, only a predisposition to subjectively appraise life situations as stressful (higher PSS score) and a personality with a higher degree of negative affectivity and social inhibition (higher TDPS score) were independent predictors of higher AF symptom severity and poorer hr-QOL. No clinical factors including AF burden, ventricular rates during AF or LV diastolic function were significant predictors of AF-specific symptoms or hr-QOL.

CONCLUSION:

In a tertiary AF population with preserved LV systolic function, only psychological functioning consistently predicts both AF-related symptoms and hr-QOL. LV diastolic function, AF burden, and ventricular rate during AF are not independent predictors.

Similar articles

Medical-ethical guidelines: Care and treatment of people with dementia.

Swiss Academy Of Medical Sciences.

Abstract

The number of people with dementia in Switzerland is currently around 150,000. The prevalence of this condition rises steeply after the age of 65. As a result of demographic changes, the number of people affected in Switzerland is thus expected to increase markedly over the coming decades. The course of dementia – which frequently occurs in combination with chronic somatic and/or mental disorders (multimorbidity) – is often protracted and is difficult to predict. Cognitive impairments mean that self-determination and alleviation of symptoms are more difficult to achieve in everyday practice. People with severe dementia generally lack capacity, and decisions then have to be made by representatives on the basis of the patient's previously expressed or presumed wishes. The management and care of patients may be complicated by disease-related behavioural disturbances. The public, as well as the individuals affected, are fearful of the loss of independence and possible changes in personality associated with progressive dementia; in addition, people are often afraid of becoming a burden on their relatives or society. Against this background, difficult decisions and significant ethical conflicts are not unusual – all the more so since life with dementia runs counter to guiding values, such as independence, productivity and rationality, which are central to our society. The aim of these guidelines is to offer practical guidance for dealing with ethical conflict situations relating to the care and treatment of people with dementia. Specific issues are addressed which may ultimately arise for all those involved in dementia care, irrespective of the setting (domestic, hospital, residential) and professional group. Which of these ethical issues is the most salient will depend largely on the stage of the condition. Once the condition has been diagnosed, management should be based on the principles that are also applicable, for example, in palliative care: a focus on quality of life, equality of care, interprofessional collaboration and continuity, open and appropriate communication, support for decision-making processes, anticipation, a multidimensional approach, and involvement of those close to the patient. These guidelines were prepared in cooperation with the Swiss Society of Gerontology (SGG SSG) as part of the National Dementia Strategy 2014–2019 (subproject 5.1: "Establishment of ethical guidelines").

Similar articles

The kinetics of gut microbial community composition in patients with irritable bowel syndrome following fecal microbiota transplantation.

Mazzawi T[1,2,3], Lied GA[1,2,3], Sangnes DA[1], El-Salhy M[2,3,4], Hov JR[5], Gilja OH[1,2,3], Hatlebakk JG[1,2,3], Hausken T[1,2,3].

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Abstract

BACKGROUND:

Gut microbiota alterations are important in irritable bowel syndrome (IBS). The aim was to investigate the effect of fecal microbiota transplantation (FMT) on gut microbiota and the symptoms in patients with IBS.

MATERIAL AND METHODS:

The study included 13 IBS patients according to Rome III criteria and 13 healthy donors. Freshly donated feces were administered to the descending part of the duodenum via a gastroscope. Feces were collected from donors and patients before FMT, and from the patients at 1, 3 and 12 weeks and donors and patients at 20/28 weeks after FMT. Microbiota

analysis was performed using GA-map Dysbiosis test (Genetic Analysis AS, Oslo, Norway). The patients completed the following questionnaires before and at the aforementioned weeks after FMT: IBS Symptom Questionnaire (IBS-SQ), IBS-Symptom Severity Scoring system (IBS-SSS), Short Form of Nepean Dyspepsia Index (SF-NDI), Bristol stool form scale, the Eysenck Personality Questionnaire-Neuroticism and Hospital Anxiety and Depression.

RESULTS:

Donors and IBS patients had significantly different bacterial strain signals before FMT (Ruminococcus gnavus, Actinobacteria and Bifidobacteria) that became non-significant after 3 weeks following FMT. The changes in gut microbiota were similar between donors and patients at 20/28 weeks after FMT. Thus, patients' microbiota profiles became more-or-less similar to donors. The scores of all the questionnaires were significantly improved at all time points following FMT. No reported adverse effects.

CONCLUSIONS:

FMT was associated with a change in gut microbiota and improvement in IBS symptoms and quality of life lasting for up to 28 weeks.

TRIAL REGISTRATION:

ClinicalTrials.gov ID: NCT03333291.

Free Article
PMID: 30427836
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Conflict of interest statement

The authors have declared that no competing interests exist.

Illness and drug modifiable factors associated with violent behavior in homeless people with severe mental illness:

results from the French Housing First (FHF) program.

Fond G[1], Boyer L[2], Boucekine M[3], Girard V[4], Loubière S[3], Lenoir C[4], Auquier P[2], Tinland A[4]; French Housing First Study Group.

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Abstract

OBJECTIVE:

The aim of this study was to investigate the factors associated with violent behavior in a large multicenter sample of Homeless Schizophrenia (SZ) and Bipolar Disorder (BD) (HSB) subjects.

METHODS:

This multicenter study was conducted in 4 French cities: Lille, Marseille, Paris and Toulouse. Violent behavior was defined by at least one episode of verbal or physical violence in the last 6 months.

RESULTS:

Overall, 675 HSB patients, mean aged 38 years and 82.5% men were included, 458 SZ (68.4%) and 212 BD (31.6%). During the 6 months before evaluation, 213 (34.3%) committed at least one physical or verbal violence. In multivariate analysis, violence has been associated with younger age (aOR = 0.96[0.94-0.99], p = .001), number of nights in the street (aOR = 1.01[1.01-1.01]), BD diagnosis (aOR = 1.63[1.01-2.65], p = .04), higher current illness severity (CGI score) (aOR = 1.32[1.07-1.64], p = .01), higher rates of current manic episode (aOR = 2.24[1.32-3.81], p = .002), current alcohol use disorder (aOR = 2.05 [1.33-3.15], p = .001), antisocial personality disorder (aOR = 2.51[1.55-4.07], p < .001) and with

antidepressant consumption (aOR = 2.01[1.01-4.04], p = .04). No specific antipsychotic or mood stabilizer has been associated with decreased rates of violent behavior, however clozapine, lithium and carbamazepine remained poorly prescribed.

CONCLUSION:

In case of violent behavior in HSB subjects, clinicians should focus in priority on the treatment of mania, antidepressant iatrogenic effect and alcohol use disorder by pharmacological and non-pharmacological treatments. Clozapine, lithium and carbamazepine should be chosen as the treatments of reference in this population but may be hard to manage in some cases. The current clinical trial number is NCT01570712.

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36.

Expression quantitative trait loci in the developing human brain and their enrichment in neuropsychiatric disorders.

O'Brien HE[1], Hannon E[2], Hill MJ[1], Toste CC[1], Robertson MJ[1], Morgan JE[1], McLaughlin G[3], Lewis CM[3], Schalkwyk LC[4], Hall LS[1], Pardiñas AF[1], Owen MJ[1], O'Donovan MC[1], Mill J[2], Bray NJ[5,6].

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Abstract

BACKGROUND:

Genetic influences on gene expression in the human fetal brain plausibly impact upon a variety of postnatal brain-related traits, including susceptibility to neuropsychiatric disorders. However, to date, there have been no studies that have mapped genome-wide expression quantitative trait loci (eQTL) specifically in the human prenatal brain.

RESULTS:

We performed deep RNA sequencing and genome-wide genotyping on a unique collection of 120 human brains from the second trimester of gestation to provide the first eQTL dataset derived exclusively from the human fetal brain. We identify high confidence cis-acting eQTL at the individual transcript as well as whole gene level, including many mapping to a common inversion polymorphism on chromosome 17q21. Fetal brain eQTL are enriched among risk variants for postnatal conditions including attention deficit hyperactivity disorder, schizophrenia, and bipolar disorder. We further identify changes in gene expression within the prenatal brain that potentially mediate risk for neuropsychiatric traits, including increased expression of C4A in association with genetic risk for schizophrenia, increased expression of LRRC57 in association with genetic risk for bipolar disorder, and altered expression of multiple genes within the chromosome 17q21 inversion in association with variants influencing the personality trait of neuroticism.

CONCLUSIONS:

We have mapped eQTL operating in the human fetal brain, providing evidence that these confer risk to certain neuropsychiatric disorders, and identifying gene expression changes that potentially mediate susceptibility to these conditions.

PMCID: PMC6231252 **Free PMC Article**
PMID: 30419947
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A Danish register-based study on involuntary treatment in anorexia nervosa.

Clausen L[1,2,3], Larsen JT[4,5], Bulik CM[6,7,8], Petersen L [4,5].

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8. Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.

Abstract

OBJECTIVE:

Involuntary treatment is controversial and widely debated, but remains a significant component of treatment for severe anorexia nervosa. Given how little is known about this topic, we describe the frequency of various involuntary measures in a national cohort of all patients diagnosed with anorexia nervosa. In a subsample of patients, we explored predictors of the first involuntary measure recorded.

METHOD:

Descriptive statistics and Cox proportional hazard analyses were conducted using the national registers of Denmark covering the total population. Data from the National Patient Register and the Psychiatric Central Research Register including all psychiatric visits from 1969 onwards were merged with data from the National Register on Coercion covering 1999 onward. Involuntary measures registered between 2000 and 2013 were analyzed.

RESULTS:

A total of 4,727 patients with a diagnosis of anorexia nervosa representing 16,592 admissions were included. Eighteen percent experienced at least one involuntary measure. A variety of measures were used with tube feeding being the most frequent followed by mechanical restraint, involuntary medication, physical restraint, constant observation, and sedative medication. A subsample of 2% of AN patients had more than 100 involuntary measures recorded. The first recorded involuntary measure was predicted by most but not all psychiatric comorbidities, especially schizophrenia, autism spectrum, and personality disorders, older age at first diagnosis, and previous admissions.

DISCUSSION:

It is important to develop a more granular understanding of patients at risk of requiring involuntary treatment and to determine how best to treat them effectively with minimal use of involuntary measures.

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Rare Copy Number Variation In an Extremely Impulsively Violent Males.

Vevera J[1,2,3,4], Zarrei M[5], Hartmannová H[6], Jedličková I [6], Mušálková D[6], Přistoupilová A[6], Oliveriusová P[6], Trešlová H[6], Nosková L[6], Hodaňová K[6], Stránecký V[6], Jiřička V[7], Preiss M[8,4], Příhodová K[4], Šaligová J[9,10], Wei J[5], Woodbury-Smith M[5,11], Bleyer AJ[6,12], Scherer SW[5,13], Kmoch S[6].

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Abstract

The genetic correlates of extreme impulsive violence are poorly understood, and there have been no studies that have systematically characterized a large group of affected individuals both clinically and genetically. We performed a genome-wide rare copy number variant (CNV) analysis in 281 males from 4 Czech prisons who met strict clinical criteria for extreme impulsive violence. Inclusion criteria included age > 18 years, an ICD 10 diagnosis of Dissocial Personality Disorder, and the absence of an organic brain disorder. Participants underwent a structured psychiatric assessment to diagnose extreme impulsive violence and then provided a blood sample for genetic analysis. DNA was genotyped and CNVs were identified using Illumina HumanOmni2.5 SNP array platform. Comparing with 15,500 external population controls we identified 828 rare CNVs (frequency ≤ 0.1% among control samples) in 264 participants. The CNVs impacted 754 genes, with 124 genes impacted more than once (2-25-times). Many of these genes are associated with autosomal dominant or X-linked disorders affecting adult behaviour, cognition, learning, intelligence, specifically expressed in the brain, and relevant to synapses, neurodevelopment, neurodegeneration, obesity and neuropsychiatric phenotypes. Specifically we identified 31 CNVs of clinical relevance in 31 individuals, 59 likely clinically relevant CNVs in 49 individuals, and 17 recurrent CNVs in 65 individuals. Thus, 123 of 281 (44%) individuals had one to several rare CNVs that were likely relevant to impulsive violence. Extreme impulsive violence is genetically heterogeneous and genomic analysis is likely required to identify, further research and specifically treat the causes in affected individuals.
PMID: 30411505

Aggressive Behaviors Among Nursing Home Residents: Association With Dementia and Behavioral Health Disorders.

Cen X[1], Li Y[2], Hasselberg M[3], Caprio T[4], Conwell Y[3], Temkin-Greener H[2].

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Abstract

OBJECTIVES:

We measured the prevalence and severity of aggressive behaviors (ABs) among nursing home (NH) residents and examined whether individuals with behavioral health disorders were more likely to exhibit aggressive behaviors than others.

SETTING AND PARTICIPANTS:

The analytical sample included 3,270,713 first Minimum Data Set (MDS) assessments for residents in 15,706 NHs in 2015.

MEASURES:

Individuals were identified as having (1) behavioral health disorders only (hierarchically categorized as schizophrenia/psychosis, bipolar disorder, personality disorder, substance abuse, depression/anxiety); (2) dementia only; (3) behavioral health disorders and dementia; or (4) neither. The Aggressive Behavior Scale (ABS) measured the degree of aggressive behaviors exhibited, based on 4 MDS items (verbal, physical, other behavioral symptoms, and rejection of care). The ABS scores ranged from 0 to 12 reflecting symptom severity as none (ABS score = 0), mild (ABS score = 1-2), moderate (ABS score = 3-5), and severe (ABS score = 6-12). Bivariate comparisons and multinomial logistic regressions were performed.

RESULTS:

Residents with behavioral health disorders and dementia had the highest prevalence of ABs (23.1%), followed by dementia only (15.3%), behavioral health disorders only (9.3%), and neither (5.3%). After controlling for individual risk factors and facility covariates, the relative risk of exhibiting severe ABs was 2.47, 5.50, and 9.42 for residents with behavioral health disorders only, dementia only, and behavioral health disorders and dementia, respectively, with a similar pattern for moderate or mild ABs.

CONCLUSIONS:

Residents with behavioral health disorders were less likely than residents with dementia to exhibit aggressive behaviors in nursing homes. Thus, anecdotally reported concerns that aggressive behaviors are primarily an issue for residents with behavioral health disorders, rather than those with dementia, were not empirically justified.

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Neuroticism is associated with reduced oxygenation levels in the lateral prefrontal cortex following exposure to unpleasant images.

Balada F[1], Lucas I[2], Blanch Á[2], Blanco E[2], Aluja A[2].

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Abstract

The aim of this study was to explore the prefrontal cortex response to emotional salient stimuli in subjects with high scores in Neuroticism (and low in Sensation Seeking) or high scores in Sensation Seeking (and low in Neuroticism) personality traits, -called now Neuroticism and Sensation Seeking groups-. For this purpose, we selected 24 females (mean age: 20; SD: 1.74 years) and assigned them to two different groups according to their extreme score in personality dimensions. Ten pleasant and ten unpleasant pictures from the International Affective Picture System were presented. Neuroticism group showed significant effects for valence at the lateral prefrontal cortex in both brain hemispheres. They showed higher Oxygenation for pleasant pictures, more significantly in the left ($Z = 2.49$, $p = 0.01$) than in the right hemisphere ($Z = 2.19$, $p = 0.03$). The highest differences were registered in ventral optodes. In contrast, Sensation Seeking group did not show significant differences in hemodynamic variables as depending on the valence of the pictures. These data suggest a differential functioning of the lateral prefrontal cortex, mainly the left ventrolateral cortex, in Neuroticism group to pleasant and unpleasant visual stimuli. We hypothesize that if the lateral prefrontal activity is low, it could be the result of an over-activation of the amygdala in response to unpleasant pictures in subjects with Neuroticism or

negative emotionality. These activation patterns could be related to vulnerability to emotional disorders.
PMID: 30408470
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FULL-TEXT ARTICLE

41. Int Arch Occup Environ Health. 2018 Nov 7. doi: 10.1007/s00420-018-1372-x. [Epub ahead of print]

Long working hours are inversely related to sick leave in the following 3 months: a 4-year registry study.

Vedaa Ø[1,2], Pallesen S[3,4], Erevik EK[3], Svensen E[5], Waage S[4,6], Bjorvatn B[4,6], Sivertsen B[7,8,9], Harris A[3].

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Abstract

PURPOSE:

The aim of this study was to investigate the effects of long working hours (≥ 12 h shifts) on sick leave using objective records of shift work exposure and of sick leave.

METHODS:

A total of 1538 nurses (mean age 42.5, SD 12.0; response rate 42%) participated. Payroll and archival sick leave data over a 4-year period were retrieved from employers' records and aggregated over every third calendar month. A multilevel negative binomial model was used to investigate the effects of exposure to long working hours, on subsequent sick leave rates the following 3 months. Covariates included prior sick leave, number of shifts worked, night and evening shifts, personality, and demographic characteristics.

RESULTS:

Exposure to long working hours was associated with fewer sick leave days in the subsequent 3 months [adjusted model, incidence rate ratio (IRR) = 0.946, 95% CI 0.919-0.973, p < 0.001]. The interaction long working hours by a number of work days showed that sick leave days the subsequent 3 months was higher by long shifts when number of shifts was high compared to when number of shifts was low [adjusted model, IRR 1.002, 95% CI 1.000-1.004, p < 0.05].

DISCUSSION:

Long working hours was associated with fewer sick leave days. The restorative effects of extra days off with long working hours are discussed as possible explanations to this relationship.
PMID: 30406330
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42. BMC Psychiatry. 2018 Nov 6;18(1):358. doi: 10.1186/s12888-018-1932-3.

Direct and moderating effects of personality on stigma towards mental illness.

Yuan Q[1], Seow E[2], Abdin E[2], Chua BY[2], Ong HL[2], Samari E[2], Chong SA[2], Subramaniam M[2].

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Abstract

BACKGROUND:

While many studies have explored the concept and correlates of stigma towards individuals with mental illness, few have investigated the role of personality in this process. In the current study, we firstly examined the relationship between personality and stigma towards mental illness; and then explored the moderating effects of personality traits on the relationship between contact experience/s and stigma.

METHODS:

Participants were recruited from public medical (N = 502) and nursing schools (N = 500) from April to September 2016 in Singapore for this cross-sectional survey, and they were randomly assigned to a vignette describing one of the following mental disorders: major depressive disorder, obsessive compulsive disorder, alcohol abuse, schizophrenia, and dementia. Stigma was measured by the 'Personal and Perceived scales of the Depression Stigma Scale' and the 'Social Distance Scale'. These scales together had a 3-factor structure based on a previous national study in Singapore, namely 'weak-not-sick', 'dangerous/unpredictable' and 'social distance'. Personality was measured by the 20-item short form of the International Personality Item Pool-five factor model measure.

RESULTS:

Regression suggested agreeableness and openness to experience were negatively associated with all three domains of stigma. 'Weak-not-sick' and extraversion were positively associated; and 'social distance' was positively associated with higher scores on conscientiousness and neuroticism. Both close- and non-close contact were associated with more positive attitudes towards mental illness among the participants. Openness to experience moderated the relationships of close contact experience with 'weak-not-sick' and 'dangerous/unpredictable', but in different directions. The association between close contact and 'social distance' were moderated by agreeableness.

CONCLUSIONS:

Unlike non-close contact experience, close contact with people with mental illness worked differently on stigma for individuals with different personality traits. Future studies are needed to further explore the underlying mechanisms for such differences.

Similar articles

Treatment of personality disorder using a whole of service stepped care approach: A cluster randomized controlled trial.

Grenyer BFS[1], Lewis KL[1], Fanaian M[2], Kotze B [3].

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3. NSW Ministry of Health, Sydney, New South Wales, Australia.

Abstract

BACKGROUND AND OBJECTIVES:

People with personality disorders are prevalent in emergency and inpatient mental health services. We examined whether implementing a stepped care model of psychological therapy reduces demand on hospital units by people with personality disorder, in a cluster randomized controlled trial.

METHOD:

A total of 642 inpatients (average age 36.8, 50.5% female) with a primary ICD-10 personality disorder were recruited during 18 months baseline, then monitored during an 18 month active trial phase. In the active trial phase two equivalent sites were randomised to either treatment as usual (TAU), or a whole of service intervention that diverted people away from hospital and into stepped care psychological therapy clinics. The study design was cost neutral, with no additional staff or resources deployed between sites. A linear mixed models analysis evaluated outcomes.

RESULTS:

As predicted, demand on hospital services reduced significantly in the intervention compared to TAU site. The intervention site evidenced shorter bed days, from an average of 13.46 days at baseline to 4.28 days per admission, and patients were 1.3 times less likely to re-present to the emergency department compared to TAU. Direct cost savings for implementing the

approach was estimated at USD$2,720 per patient per year. Limitations included not directly comparing individual symptom changes.

CONCLUSIONS:

Using a whole of service stepped care model of treatment for personality disorder significantly reduced demand on hospital services.

Similar articles

Conflict of interest statement

The authors have declared that no competing interests exist.

Joint factorial structure of psychopathology and personality.

Rosenström T[1], Gjerde LC[1], Krueger RF[2], Aggen SH[3], Czajkowski NO[1], Gillespie NA[3], Kendler KS[3], Reichborn-Kjennerud T[1], Torvik FA[1], Ystrom E [1].

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Abstract

BACKGROUND:

Normative and pathological personality traits have rarely been integrated into a joint large-scale structural analysis with psychiatric disorders, although a recent study suggested they entail a common individual differences continuum.

METHODS:

We explored the joint factor structure of 11 psychiatric disorders, five personality-disorder trait domains (DSM-5 Section III), and five normative personality trait domains (the 'Big Five') in a population-based sample of 2796 Norwegian twins, aged 19–46.

RESULTS:

Three factors could be interpreted: (i) a general risk factor for all psychopathology, (ii) a risk factor specific to internalizing disorders and traits, and (iii) a risk factor specific to externalizing disorders and traits. Heritability estimates for the three risk factor scores were 48% (95% CI 41–54%), 35% (CI 28–42%), and 37% (CI 31–44%), respectively. All 11 disorders had uniform loadings on the general factor (congruence coefficient of 0.991 with uniformity). Ignoring sign and excluding the openness trait, this uniformity of factor loadings held for all the personality trait domains and all disorders (congruence 0.983).

CONCLUSIONS:

Based on our findings, future research should investigate joint etiologic and transdiagnostic models for normative and pathological personality and other psychopathology.
PMID: 30392478
Similar articles

Lighthouse Parenting Programme: Description and pilot evaluation of mentalization-based treatment to address child maltreatment.

Byrne G[1], Sleed M[2,3], Midgley N[2,3], Fearon P[2,3], Mein C[1], Bateman A[2,3], Fonagy P[2,3].

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3. 3 University College London, UK.

Abstract

This article introduces an innovative mentalization-based treatment (MBT) parenting intervention for families where children are at risk of maltreatment. The Lighthouse MBT

Parenting Programme aims to prevent child maltreatment by promoting sensitive caregiving in parents. The programme is designed to enhance parents' capacity for curiosity about their child's inner world, to help parents 'see' (understand) their children clearly, to make sense of misunderstandings in their relationship with their child and to help parents inhibit harmful responses in those moments of misunderstanding and to repair the relationship when harmed. The programme is an adaptation of MBT for borderline and antisocial personality disorders, with a particular focus on attachment and child development. Its strength is in engaging hard to reach parents, who typically do not benefit from parenting programmes. The findings of the pilot evaluation suggest that the programme may be effective in improving parenting confidence and sensitivity and that parents valued the programme and the changes it had helped them to bring about.

PMID: 30387373

Similar articles

SAGE journals

The Impacts of Childhood Trauma on Psychosocial Features in a Chinese Sample of Young Adults.

Wang D[1], Lu S[1], Gao W[2], Wei Z[3,4], Duan J[1], Hu S[1], Huang M[1], Xu Y[1], Li L[3].

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4. Department of Psychiatry, Shenzhen Kangning Hospital, Shenzhen, China.

Abstract

OBJECTIVE:

The aims of the present study were to explore the occurrence of childhood trauma and importantly to determine the impacts of childhood trauma on psychosocial features in a Chinese sample of young adults.

METHODS:

A survey was carried out in a group of 555 university students by using Childhood Trauma Questionnaire (CTQ), Self-rating Depression Scale (SDS), Self-rating Anxiety Scale (SAS), Dysfunctional Attitudes Questionnaire (DAS), Eysenck Personality Questionnaire (EPQ), and Social Support Rating Scale (SSRS). The moderate-severe cut-off scores for CTQ were used to calculate the prevalence of childhood trauma, and then psychosocial features were compared between individuals with and without childhood trauma.

RESULTS:

A proportion of 18.6% of university students had self-reported childhood trauma exposures. Subjects with childhood trauma reported higher scores of SDS, SAS, DAS, and psychoticism and neuroticism dimensions of EPQ (t=4.311-5.551, p<0.001); while lower scores of SSRS and extraversion dimension of EPQ (t=-4.061- -3.039, p<0.01). Regression analyses further revealed that scores of SAS and DAS were positively (Adjusted B=0.211-0.230, p<0.05), while scores of SSRS were negatively (Adjusted B=-0.273- -0.240, p<0.05) associated with specific CTQ scores.

CONCLUSION:

Childhood trauma is still a common social and psychological problem. Individuals with childhood trauma show much more depression, anxiety, distorted cognition, personality deficits, and lower levels of social support, which may represent the social and psychological vulnerability for developing psychiatric disorders after childhood trauma experiences.

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PMID: 30380816
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PubMed Results

Sex-specific Contribution of DHEA-Cortisol Ratio to Prefrontal-Hippocampal Structural Development, Cognitive Abilities and Personality Traits.

Farooqi NAI[1], Scotti M[1], Yu A[2], Lew J [2], Monnier P[3,4], Botteron KN[5,6], Campbelli BC[7], Booij L[1,8,9], Herba C[9,10], Séguin JR[9,11], Castellanos-Ryan N[9,12], McCracken JT[6,13], Nguyen TV[1,3,4].

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Abstract

While dehydroepiandrosterone (DHEA) may exert neuroprotective effects in the developing brain, prolonged or excessive elevations in cortisol may exert neurotoxic effects. The ratio between DHEA and cortisol (DC ratio) has been linked to internalizing and externalizing disorders as well as cognitive performance, supporting the clinical relevance of this hormonal ratio during development. However, the brain mechanisms through which these effects may be mediated have not been identified as of yet. Further, while there is evidence that the CNS effects of cortisol may be sexually dimorphic in humans, the opposite is true of DHEA, with human studies showing no sex-specific associations in cortical thickness, cortico-amygdalar or cortico-hippocampal structural covariance. Therefore, it remains unclear whether sex moderates the developmental associations between DC ratio, brain structure, cognition and behavior. Here we examined associations between DC ratio, structural covariance of the hippocampus with whole-brain cortical thickness, and measures of personality, behavior and cognition in a longitudinal sample of typically developing children, adolescents and young adults 6-22 years (N=225 participants (F=128); 355 scans (F=208)), using mixed effects models that accounted for both within- and between-subject variances. We found sex-specific interactions between DC ratio and anterior cingulate cortex-hippocampal structural covariance, with higher DC ratios associated with a more negative covariance between these structures in girls, and a more positive covariance in boys. Further, the negative prefrontal-hippocampal structural covariance found in girls was associated with higher verbal memory and mathematical ability, while the positive covariance found in boys was associated with lower cooperativeness and reward dependence personality traits. These findings support the notion that the ratio between DHEA and cortisol levels may contribute, at least in part, to the development of sex differences in cognitive abilities as well as risk for internalizing/externalizing disorders, through an alteration in prefrontal-hippocampal structure during the transition from childhood to adulthood. This article is protected by copyright. All rights reserved.

PMID: 30597689

The relationship between attention deficit hyperactivity disorder, bipolarity and mixed features in major depressive patients: Evidence from the BRIDGE-II-Mix Study.

Vannucchi G[1], Medda P[2], Pallucchini A[2], Bertelli M[3], Angst J[4], Azorin JM[5], Bowden C[6], Vieta E[7], Young AH[8], Mosolov S[9], Perugi G[10]; BRIDGE-II-Mix Study Group.

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Abstract

OBJECTIVE:

This study primarily focused on the relationship between comorbid attention deficit-hyperactivity disorder (ADHD), mixed features and bipolarity in major depressive patients.

METHODS:

The sample comprised 2777 patients with Major Depressive Episode (MDE) enrolled in a multicentre, multinational study originally designed to assess different definitions of mixed depression. Socio-demographic, familial and clinical characteristics were compared in patients with (ADHD +) and without (ADHD-) comorbid ADHD.

RESULTS:

Sixty-one patients (2.2%) met criteria for ADHD. ADHD was associated with a higher number of (hypo)manic symptoms during depression. Mixed depression was more represented in ADHD + patients than in ADHD- using both DSM-5 and experimental criteria. Differences were maintained after removing overlapping symptoms between (hypo)mania and ADHD. ADHD in MDE was also associated with a variety of clinical and course features such as onset before the age of 20, first-degree family history of (hypo)mania, past history of antidepressant-induced (hypo)manic switches, higher number of depressive and affective episodes, atypical depressive features, higher rates of bipolarity specifier, psychiatric comorbidities with eating, anxiety and borderline personality disorders.

LIMITATIONS:

The study was primarily designed to address mixed features in ADHD, with slightly reduced sensitivity to the diagnosis of ADHD. Other possible diagnostic biases due to heterogeneity of participating clinicians.

CONCLUSIONS:

In a sample of major depressive patients, the comorbid diagnosis of current ADHD is associated with bipolar diathesis, mixed features, multiple psychiatric comorbidity and a more unstable course. Further prospective studies are necessary to confirm the possible mediating role of temperamental mood instability and emotional dysregulation in such a complex clinical presentation.

3. Neuroimage. 2018 Dec 27. pii: S1053-8119(18)32193-1. doi: 10.1016/j.neuroimage.2018.12.049. [Epub ahead of print]

Brain networks for engaging oneself in positive-social emotion regulation.

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Abstract

Positive emotions facilitate cognitive performance, and their absence is associated with
burdening psychiatric disorders. However, the brain networks regulating positive emotions are
not well understood, especially with regard to engaging oneself in positive-social situations.
Here we report convergent evidence from a multimodal approach that includes functional
magnetic resonance imaging (fMRI) brain activations, meta-analytic functional
characterization, Bayesian model-driven analysis of effective brain connectivity, and
personality questionnaires to identify the brain networks mediating the cognitive up-
regulation of positive-social emotions. Our comprehensive approach revealed that engaging in
positive-social emotion regulation with a self-referential first-person perspective is
characterized by dynamic interactions between functionally specialized prefrontal cortex
(PFC) areas, the temporoparietal junction (TPJ) and the amygdala. Increased top-down
connectivity from the superior frontal gyrus (SFG) controls affective valuation in the
ventromedial and dorsomedial PFC, self-referential processes in the TPJ, and modulate
emotional responses in the amygdala via the ventromedial PFC. Understanding the brain
networks engaged in the regulation of positive-social emotions that involve a first-person
perspective is important as they are known to constitute an effective strategy in therapeutic
settings.
PMID: 30594682
Similar articles

4. Personal Ment Health. 2018 Dec 27. doi: 10.1002/pmh.1438. [Epub ahead of print]

The concurrent validity of a Web-based self-report assessment for personality disorders.

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Abstract

Incorporating online tools in clinical practice could help improve routine assessments of
personality disorders and their co-occurring clinical disorders. TeleScreen, a Web-based self-
report questionnaire for DSM-IV disorders, has not yet been compared with well-validated
structured interviews for clinical and personality disorders. Patients with personality disorders

(n = 89) were assessed with TeleScreen and independently interviewed with Structured Clinical Interview for DSM-IV Axis-I disorders (SCID-I) and personality disorders (SCID-II). The concurrent validity was examined using sensitivity, specificity, and positive and negative predictive values. Five personality disorders had a prevalence rate higher than 4% and could be examined in the analyses: borderline, obsessive-compulsive, dependent, avoidant and paranoid personality disorders. TeleScreen showed moderate to good validity for borderline personality disorder and obsessive-compulsive personality disorder but suboptimal validity for the dependent, avoidant and paranoid personality disorders. Clinical disorders showed moderate to good values, except for social phobia, dysthymia and eating disorders. These findings provide preliminary evidence for the concurrent validity of TeleScreen for some personality disorders, such as the borderline personality disorder, and pave the way for larger studies to confirm these results.

Similar articles

Profiling psychopathology of patients reporting early childhood trauma and emotional neglect: Support for a two-dimensional model?

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Abstract

OBJECTIVE:

Profiling patients who report early childhood trauma and emotional neglect may be useful for treatment planning. This study attempts to quantify a two-dimensional "trauma-neglect model" (Draijer, 2003) proposed to distinguish clinical profiles in terms of trauma-related, dissociative, and personality pathology.

METHOD:

A sample of patients referred to a trauma program (*n* = 49) and a personality disorders program (*n* = 101) was extensively assessed. Cluster analysis was used to discriminate patients in terms of "psychiatric disease burden," based on symptom severity scores, type of disorder, and level of maladaptive personality functioning. Clusters that differed in psychiatric disease burden were mapped in the trauma-neglect space and their positions were evaluated.

RESULTS:

We found three clusters and labeled them as "mildly impaired" (26% of patients), "moderately impaired" (43% of patients), and "severely impaired" (31% of patients). The mean scores on trauma and neglect for the mild and severe groups differed significantly.

CONCLUSIONS:

These findings indicate that further investigation of the validity of the model, which may be used to plan treatment, is useful. Patients experiencing a wide range of trauma-related disorders, dissociative disorders (DD), and personality disorders (PD), combined with a high level of psychiatric symptoms and a maladaptive style of personality functioning, report a range of traumatic experiences in combination with a lack of maternal care, and can be profiled as "severely impaired." (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30589316
Similar articles

6. BMC Psychiatry. 2018 Dec 22;18(1):398. doi: 10.1186/s12888-018-1988-0.

Hypochondriac concerns and correlates of personality styles and affective states in bipolar I and II disorders.

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Abstract

BACKGROUND:

Hypochondriac concerns are associated with the treatment-difficulty of bipolar disorder, which might be due to the personality styles and affective states.

METHODS:

We invited outpatients with bipolar I disorder (BD I, n = 87), bipolar II disorder (BD II, n = 92) and healthy volunteers (n = 129) to undergo the Illness Attitude Scales and Parker Personality Measure tests, and measurements of concurrent affective states.

RESULTS:

Compared to healthy volunteers, BD I and BD II patients scored significantly higher on mania, hypomania and depression. BD I and BD II patients also scored significantly higher on Symptom Effect and Treatment Seeking, and BD II patients scored higher on Patho-thanatophobia and Hypochondriacal Belief. BD II in addition scored higher on Patho-thanatophobia than BD I did. In controls, the Dependent style predicted Patho-thanatophobia and Symptom Effect, Schizoid with Hypochondriacal Belief; in BD I, Narcissistic (-) with Hypochondriacal Belief, Histrionic with Patho-thanatophobia and Hypochondriacal Belief, depression with Hypochondriacal Belief, and hypomania with Symptom Effect and Hypochondriacal Belief; in BD II, depression with Symptom Effect and Hypochondriacal Belief, mania with Symptom Effect.

CONCLUSIONS:

Bipolar disorder, especially BD II, is associated with greater hypochondriac concerns, which relates to personality disorder functioning styles and concurrent affective states.

Mental health presentations to acute psychiatric services: 3-year study of prevalence and readmission risk for

personality disorders compared with psychotic, affective, substance or other disorders.

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Abstract

BACKGROUND:

The relative burden and risk of readmission for people with personality disorders in hospital settings is unknown.AimsTo compare hospital use of people with personality disorder with that of people with other mental health diagnoses, such as psychoses and affective disorders.

METHOD:

Naturalistic study of hospital presentations for mental health in a large community catchment. Mixed-effects Cox regression and survival curves were generated to examine risk of readmission for each group.

RESULTS:

Of 2894 people presenting to hospital, patients with personality disorder represented 20.5% of emergency and 26.6% of in-patients. Patients with personality disorder or psychoses were 2.3 times (95% CI 1.79-2.99) more likely than others to re-present within 28 days. Personality disorder diagnosis increases rate of readmission by a factor of 8.7 (s.e. = 0.31), marginally lower than psychotic disorders (10.02, s.e. = 0.31).

CONCLUSIONS:

Personality disorders place significant demands on in-patient and emergency departments, similar to that of psychoses in terms of presentation and risk of readmission.Declaration of interestNone.

Effects of internet-based stress management on acute cortisol stress reactivity: Preliminary evidence using the Trier Social Stress Test for Groups (TSST-G).

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Abstract

Previous studies have demonstrated the effectiveness of face-to-face stress management programs in reducing psychological and endocrine responses to acute psychosocial stress exposure. With the present pilot study, we compare the effects of a brief internet-based stress management (IBSM) intervention versus relaxation training on subjective, autonomic, and endocrine stress responses to a standardized psychosocial laboratory stressor (Trier Social Stress Test for Groups, TSST-G). A group of male participants receiving IBSM was compared to a group receiving Progressive Muscle Relaxation (PMR) training and a waiting-list control group. All groups underwent the TSST-G following a 6-week training/waiting period. Both the IBSM and PMR group reported lower subjective stress levels than the control group. However, the IBSM group exhibited the lowest free salivary cortisol responses to the TSST-

G, with significantly lower levels than the PMR group. The waiting-list control group exhibited an intermediate cortisol response. These preliminary results suggest that a 6-week internet-based stress management program is effective in reducing the subjective stress levels, and might be associated with an attenuated salivary cortisol response to an acute stressor.
PMID: 30573351
Similar articles

ELSEVIER
FULL-TEXT ARTICLE

Pilot study of a personality-based approach to assessing eating disorder and Obsessive Compulsive Disorder symptom risk in college men and women.

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Abstract

OBJECTIVE:

To conduct a pilot test of the validity of using empirically derived personality types to characterize eating disorder (ED) risk in college students and resolve discrepancies regarding the role of perfectionism and obsessive-compulsive disorder (OCD) symptoms.

PARTICIPANTS:

Man and woman undergraduate students (N = 169) at a small, private university. Data were collected from February to May 2016 and 2018.

METHODS:

Participants completed self-report measures of personality (perfectionism, impulsivity, and effortful control) and psychopathology (EDs, OCD).

RESULTS:

Our analyses replicated three validated personality types: overcontrolled, undercontrolled, and resilient. Analysis of variances demonstrated perfectionism, ED, and OCD symptoms were significantly elevated in the overcontrolled subtype. There was no interaction by sex.

CONCLUSIONS:

These findings suggest that personality types may be useful for classifying ED risk and OCD symptoms in college students across sexes. Further study and relevance to prevention and intervention efforts to reduce the burden of EDs on college campuses will be discussed.
PMID: 30570434
Similar articles

10. Front Psychol. 2018 Dec 4;9:2390. doi: 10.3389/fpsyg.2018.02390. eCollection 2018.

Psychopathology, Dissociation and Somatic Symptoms in Adolescents Who Were Exposed to Traumatic Experiences.

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Abstract

Background: The direct and long-term effects of children's exposure to traumatic events can be seen in a complex continuum, based first of all on the type of trauma. Children's reactions to trauma may have different manifestations from the clinical picture of the PTSD, exhibiting dissociative, somatic, depressive or anxiety symptoms, and/or disruptiveness. **Aim:** we conducted a cross-sectional study in a psychiatric patients sample to determine the extent to which complex trauma history is associated with disease-related characteristics (diagnosis, dissociative symptoms, somatic symptomatology, impairment degree). **Methods:** We have enrolled 107 subjects, aged between 12 and 18 years, who consecutively referred for a psychiatric evaluation to the Child Neuropsychiatry Unit of the Del Ponte Hospital in Varese. All subjects underwent a clinical evaluation performed by infantile neuropsychiatrists. The battery of tests that was administered to patients included CGI and CGAS (filled out by the clinician), CBCL (filled out by parents), MMPI-A and TSSC-A (filled out by patients), and Wechsler scale. **Results:** We found out that 35.5% of subjects

had a mood disorder, 23.4% a personality disorder, 13.1% a psychotic disorder, 20.6% a post-traumatic stress disorder, while 26.2% were classified as other diagnostic categories (more frequently ADHD, DOP and conduct disorders). 58.9% of patients had at least one comorbidity. 33.6% of subjects also experienced a complex trauma. In multivariate logistic regression analyses, subgroup fellows were collapsed to compare the single trauma and no trauma versus complex trauma group. Gender, age and affective disorders were generally unrelated to subjects', clinicians', and parents' scores. About subjects' self-assessment (MMPI-A Structural Summary Factors), complex trauma history was a statistically significant contributor to high scores on the Immaturity, Health Concerns, Familial Alienation and Psychoticism Factors, followed by presence of dissociative symptoms (except for Familial Alienation factor). Presence of dissociative symptoms, personality and psychotic disorder diagnosis was related to higher clinician impairment scores (CGI-S > 4).
Conclusion: These results reinforce available evidence that in trauma-exposed adolescents, the full burden of trauma, including other psychiatric diagnosis than PTSD (such as affective, personality, and psychotic disorders), dissociative and somatic symptomatology, is substantial and needs appropriate assessment and therapeutic interventions.

PMCID: PMC6288276 **Free PMC Article**
PMID: 30564170
Similar articles

11. Sci Rep. 2018 Dec 17;8(1):17889. doi: 10.1038/s41598-018-36350-y.

Neuroticism predicts the impact of serotonin challenges on fear processing in subgenual anterior cingulate cortex.

Hornboll B[1,2,3], Macoveanu J[1,2], Nejad A[1,4], Rowe J[2,5,3], Elliott R[6], Knudsen GM[2,7,3], Siebner HR[1,8,3], Paulson OB[9,10,11,12].

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Abstract

The personality trait neuroticism is associated with increased vulnerability to anxiety and mood disorders, conditions linked with abnormal serotonin neurotransmission and emotional processing. The interaction between neuroticism and serotonin during emotional processing is however not understood. Here we investigate how individual neuroticism scores influence the neural response to negative emotional faces and their sensitivity to serotonergic tone. Twenty healthy participants performed an emotional face task under functional MRI on three occasions: increased serotonin tone following infusion of a selective serotonin reuptake inhibitor (SSRI), decreased serotonin tone following acute tryptophan depletion (ATD) protocol, and no serotonin challenge (control). During the task, participants performed a gender-discrimination task of neutral, fearful or angry facial expressions. Individual variations in neuroticism scores were associated with neural response of subgenual anterior cingulate cortex to fearful facial expressions. The association was however opposite under the two serotoninergic challenges. The fear-related response in this region and individual neuroticism scores correlated negatively during citalopram challenge and positively during ATD. Thus, neuroticism scores were associated with the relative impact of serotonin challenges on fear processing in subgenual anterior cingulate cortex. This finding may link to a neural mechanism for the variable therapeutic effect of SSRI treatment observed in clinical populations.

Similar articles

12. J Neurosci. 2018 Dec 17. pii: 1394-18. doi: 10.1523/JNEUROSCI.1394-18.2018. [Epub ahead of print]

Emotionally aversive cues suppress neural systems underlying optimal learning in socially anxious individuals.

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3. Donders Institute, Radboud University, the Netherlands.

Abstract

Learning and decision-making are modulated by socio-emotional processing and such modulation is implicated in clinically-relevant personality traits of social anxiety. The present study elucidates the computational and neural mechanisms by which emotionally aversive cues disrupt learning in socially anxious human individuals. Healthy volunteers with low or high trait social anxiety performed a reversal learning task requiring learning actions in response to angry or happy face cues. Choice data were best captured by a computational model in which learning rate was adjusted according to the history of surprises. High trait socially anxious individuals employed a less dynamic strategy for adjusting their learning rate in trials started with angry face cues and unlike the low social anxiety group, their dorsal anterior cingulate cortex (dACC) activity did not covary with the learning rate. Our results demonstrate that trait social anxiety is accompanied by disruption of optimal learning and dACC activity in threatening situations.**SIGNIFICANCE STATEMENT**Social anxiety is known to influence a broad range of cognitive functions. This study tests whether and how social anxiety affects human value-based learning as a function of uncertainty in the learning environment. The findings indicate that, in a threatening context evoked by an angry face, socially anxious individuals fail to benefit from a stable learning environment with highly predictable stimulus-response-outcome associations. Under those circumstances, socially anxious individuals failed to use their dorsal anterior cingulate cortex, a region known to adjust learning rate to environmental uncertainty. These findings open the way to modify neurobiological mechanisms of maladaptive learning in anxiety and depressive disorders.
PMID: 30559152
Similar articles

Final Version
J Neurosci

The association between comorbid psychiatric diagnoses and hospitalization-related factors among individuals with schizophrenia.

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Abstract

BACKGROUND:

Though schizophrenia is associated with substantial psychiatric comorbidity, data pertaining to multiple comorbid psychiatric disorders among individuals with schizophrenia is missing. Furthermore, despite abundant research indicating that the course of schizophrenia is characterized by relapses, often leading to psychiatric emergency room visits and consequent hospitalizations, data regarding the association between different comorbid psychiatric diagnoses among schizophrenia patients, and these hospitalization-related factors is lacking. The aim of this study was to describe the number and types of comorbid psychiatric diagnoses of inpatients diagnosed with schizophrenia, and to explore whether these are associated with hospitalization-related factors.

METHODS:

Registry data from the years 1997-2017 was analyzed from a large psychiatric hospital database. We compared the annual mean number of psychiatric emergency room visits and hospitalizations, as well as mean length of hospitalizations, among individuals with schizophrenia and no additional psychiatric diagnosis, to those with one or more comorbid psychiatric diagnoses. Furthermore, we compared these hospitalization-related based on the different types of the comorbid diagnoses.

RESULTS:

Among inpatient individuals with schizophrenia, the greater the number of comorbid psychiatric diagnoses, the higher the increase in number of emergency room visits and

hospitalizations, as well as in the mean length of hospitalizations. Furthermore, all comorbid psychiatric disorders explored were found to be associated with an increase in the mentioned hospital-related factors. Such diagnoses include substance use disorders, bipolar, personality and depressive disorders, which were the most common disorders associated with schizophrenia.

CONCLUSIONS:

Comorbid psychiatric disorders among inpatients with schizophrenia are associated with greater utilization of hospital-related services. These comorbid disorders should be addressed in the assessment and treatment of patients suffering from schizophrenia.

Systematic review and meta-analysis of basal cortisol levels in Borderline Personality Disorder compared to non-psychiatric controls.

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Abstract

OBJECTIVE:

Borderline personality disorder (BPD) is a prevalent, complex, and serious mental disorder involving multiple symptoms and maladaptive behaviour. The underlying psychobiological mechanisms involved are not yet fully understood, but increasing evidence indicates that changes in hypothalamic-pituitary-adrenal stress axis (HPA) activity may contribute to BPD. Whilst various studies have demonstrated elevated levels of cortisol (the end-product of the HPA axis) in BPD sufferers, others have presented opposite findings. Inconsistent findings may be attributable to comorbidities, collection and measurement methods, gender, and sample size. Considering these discrepancies, the aim of this systematic review and meta-analysis was to assess available studies in the scientific literature examining basal/ baseline cortisol levels in patients diagnosed with borderline personality disorder compared to non-psychiatric controls.

METHODS:

A systematic literature review was conducted with descriptions of primary studies in addition to a meta-analysis of studies with a control group. Meta-analysis was performed using Comprehensive Meta-analysis software (CMA version 2). The effect size (Hedges' g) was calculated with random-effect model.

RESULTS:

A systematic literature search identified 16 studies that met the eligibility criteria from a total of 1076 unique records initially examined. Twelve studies (N = 546; 278 borderline personality disorder and 268 non-psychiatric controls) fulfilled the inclusion criteria for meta-analysis. The standardised mean difference (Hedges' g) of basal cortisol level between BPD and control groups was -0.32 (pooled data from 12 studies; 95% confidence interval -0.56 to -0.06, p = 0.01), indicating significantly lower mean cortisol level for the BPD group.

CONCLUSION:

Cortisol as a biomarker of the HPA axis is an important and helpful measure in the study of stress disorders such as BPD. However, considerations of potential confounding factors must be considered.

Similar articles

ELSEVIER
FULL-TEXT ARTICLE

15. J Behav Addict. 2018 Dec 1;7(4):1143-1156. doi: 10.1556/2006.7.2018.129. Epub 2018 Dec 17.

Orthorexia nervosa: A behavioral complex or a psychological condition?

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Abstract

BACKGROUND AND AIMS:

Numerous studies have provided evidence for orthorexia nervosa (ON), an eating pattern characterized by an almost manic obsession for and fixation on healthy eating, to be of epidemiological relevance. However, there is scientific debate on whether it is merely a behavioral or lifestyle phenomenon as compared to a mental disorder. Aim of this cross-sectional study was to explore whether ON is of epidemiological and clinical relevance, and whether ON can be distinguished from other mental health disorders and healthy lifestyle features.

METHODS:

An online survey including a measure of orthorexic behaviors [Duesseldorf Orthorexia Scale (DOS)], well-being and distress, eating behaviors, pathological eating, anxiety and depression, addictive behaviors, obsessive-compulsive symptoms, personality, and health behaviors was completed by 713 subjects (79.8% women, 18-75 years, median age: 25 years).

RESULTS:

Twenty-seven subjects (3.8%, 21 women) showed significant orthorexic eating (DOS ≥ 30). ON cases reported lower well-being, lower satisfaction with life, and higher current stress levels than non-ON cases. The highest percentage of variation in ON was explained by pathological eating (R^2 = .380), followed by eating style, Mediterranean diet, compulsive symptoms, and subjective social status. Importantly, ON provided hardly any additional predictive value for well-being when also considering pathological eating.

DISCUSSION AND CONCLUSIONS:

Our data confirmed the epidemiological and clinical relevance of orthorexic behaviors, but the strong conceptual overlap with other mental health problems and pathological eating raise initial doubts as to whether ON is a distinct mental health disorder category. This co-

occurrence, unique symptoms, and underlying processes need further exploration by comparing ON cases with patients with other mental disorders.
PMID: 30556782

16. Personal Disord. 2018 Dec 17. doi: 10.1037/per0000315. [Epub ahead of print]

A parallel process latent growth model of narcissistic personality disorder symptoms and normal personality traits.

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Abstract

Although evidence from a number of longitudinal studies indicates a marked change in narcissistic personality disorder (NPD) symptoms over time, few studies have examined other psychological systems that may be related to this change. The current study uses data from the Longitudinal Study of Personality Disorders to examine how change in NPD symptoms is related to change in normal personality trait trajectories using parallel process growth curve modeling. A total of 250 students provided information on their personality traits and NPD symptoms on 3 occasions over the course of 4 years. Results suggest that cross-sectionally, NPD symptoms are positively correlated with dominance, neuroticism, and openness. Longitudinally, however, NPD symptoms decrease in parallel with increases in conscientiousness and decreases in neuroticism. Importantly, these longitudinal relationships are not a simple replication of the cross-sectional relationships between these 2 systems. Rather, this pattern of change is consistent with trait profiles suggesting maturation in young adults and has implications for the temporal stability of NPD as a construct and the theoretical relationship between normal personality traits and personality disorder more generally. (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30556721

17. Personal Disord. 2018 Dec 17. doi: 10.1037/per0000321. [Epub ahead of print]

Examining criterion a: DSM-5 level of personality functioning as assessed through life story interviews.

Cruitt PJ[1], Boudreaux MJ[1], King HR[1], Oltmanns JR[2], Oltmanns TF[1].

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Abstract

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* alternative model for personality disorders offers a two-part definition of personality pathology, separating personality functioning from traits. The Level of Personality Functioning Scale (LPFS) from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition alternative model for personality disorders encapsulates the personality functioning criterion, and several methods have been used to assess it. Previous interview rating methods have overlapped with an assessment of personality traits and symptoms, biasing the assessment of functioning, and recently developed self-report instruments rely on the participant's awareness of their personality pathology. The purpose of the current analyses was to examine the reliability and validity of LPFS ratings based on open-ended, nondiagnostic interviews. The sample consisted of 162 community-dwelling, older adult participants from the St. Louis Personality and Aging Network. Undergraduate students rated video recordings of Life Story Interviews, using a 12-item version of the LPFS. One-way random, average measures intraclass correlation coefficient for the total LPFS was .80. A principal components analysis indicated that a single underlying dimension could characterize the LPFS. Component scores derived from this analysis demonstrated theoretically consistent associations with both normal-range and maladaptive personality traits. The component scores also contributed small but significant variance to the prediction of personality disorder symptoms, health, and functional outcomes over and above personality traits. These findings support the reliability and validity of the LPFS as assessed using Life Story Interviews and suggest that personality functioning ratings may have utility in predicting clinically relevant outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30556720
Similar articles

Predictive factors associated with driving under the influence among Brazilian drug-using drivers.

Scherer JN[1], Silvello D[2], Volpato VL[2], Roglio VS[2], Fara L[2], Ornell F[2], von Diemen L[2], Kessler FP[2], Pechansky F[2].

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2. Center for Drug and Alcohol Research, Hospital de Clínicas de Porto Alegre, Rua Professor Álvaro Alvim, 400, 90420-020, Porto Alegre, RS, Brazil.

Abstract

The incidence of driving under the influence of psychoactive substances (DUI) and its recidivism can be curtailed by the proper identification of specific and predictive characteristics among drug users. In this sense, interpersonal violence (IV), psychiatric comorbidity and impulsivity seem to play an important role in DUI engagement according to previous studies. There are, however, limited data originated from low and middle income countries. In the present study, drug-using Brazilian drivers reporting DUI ($n = 75$) presented a higher prevalence of bipolar disorders (BD; DUI: 8% vs. non-DUI: 0%, $p < 0.001$), lower prevalence of obsessive-compulsive disorder (OCD; DUI: 0% vs. non-DUI: 12.6%, $p < 0.001$), and higher prevalence of childhood trauma (DUI: 65.3% vs. non-DUI: 46.8%, $p = 0.022$) than those not reporting DUI ($n = 79$). The evaluation of impulsivity though the Barratt Impulsivity Scale, which give impulsivity scores ranging from 30 to 120, showed higher impulsivity scores in the DUI group (80.4 ± 8) than in the non-DUI group (77.2 ± 10, $p = 0.045$). In general, subjects were young adults (mean age of 36 ± 9 years), Caucasians (58.4%), not married (61.0%), and with elementary schooling (40.3%) with no significant differences in demographic characteristics between drivers with and without DUI behavior. A multiple Poisson regression model showed that individuals reporting IV as perpetrators and history of childhood trauma were more likely to report DUI (PR: 1.66, 95%CI 1.22-2.7; PR: 1.57, 95%CI 1.02-2.42, respectively). The overlapping of violent situations (childhood trauma, IV and DUI) in some individuals presented here corroborates literature data suggesting that DUI can be an externalizing expression of a range of risky behavior, such as impulsiveness and aggressiveness. Moreover, while BD and higher impulsivity scores seem to act as risk factors for DUI, OCD was shown as a protective factor. These results corroborate the hypothesis that individuals with high risk for DUI could probably be identified by multidimensional assessment of cognitive, risky taking, and personality traits, which perhaps could facilitate the development of focused interventions.
PMID: 30553128

[F-18]Fluorodeoxyglucose positron emission tomography studies of the schizophrenia spectrum: The legacy of Monte S. Buchsbaum, M.D.

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Abstract

This is a selective review of the work of Buchsbaum and colleagues. It revisits and pays tribute to four decades of publications employing positron emission tomography (PET) with [F-18]fluorodeoxyglucose (FDG) to examine the neurobiology of schizophrenia-spectrum disorders (including schizotypal personality disorder (SPD) and schizophrenia). Beginning with a landmark FDG-PET study in 1982 reporting hypofrontality in unmedicated schizophrenia patients, Buchsbaum and colleagues published high-impact work on regional glucose metabolic rate (GMR) abnormalities in the spectrum. Several key discoveries were made, including the delineation of schizophrenia-spectrum abnormalities in frontal and temporal lobe, cingulate, thalamus, and striatal regions using three-dimensional mapping with coregistered MRI and PET. These findings indicated that SPD patients have less marked frontal lobe and striatal dysfunction compared with schizophrenia patients, possibly mitigating frank psychosis. Additionally, these investigations were among the first to conduct early seed-based functional connectivity analyses with FDG-PET, showing aberrant cortical-subcortical circuitry and, in particular, revealing a thalamocortical circuitry abnormality in schizophrenia. Finally, pioneering work employing the first double-blind randomized antipsychotic (haloperidol) vs. placebo FDG-PET study design in schizophrenia

indicated that GMR in the striatum, more than in any other region, was related to clinical response.
PMID: 30553101
ELSEVIER
FULL-TEXT ARTICLE

20.

Patterns of altered regional brain glucose metabolism in borderline personality disorder and bipolar II disorder.

Bøen E[1,2,3], Hjørnevik T[4], Hummelen B[5,6], Elvsåshagen T[3,7,8], Moberget T[3,7], Holtedahl JE[4], Babovic A[9], Hol PK[10], Karterud S[3], Malt UF[3].

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Abstract

OBJECTIVE:

The relationship between borderline personality disorder (BPD) and bipolar II disorder (BIP-II) is disputed but understudied. Here, we investigated brain glucose metabolism in these patient groups and healthy control subjects (HCs).

METHODS:

Sixty-five subjects, 22 BPD (19 females); 22 BIP-II (17 females); 21 HC (14 females) were examined using 2-deoxy-2[18F]-fluoro-d-glucose Positron-Emission Tomography (PET) scanning. Only patients without reciprocal comorbidity were recruited; BPD participants

without bipolar spectrum pathology; BIP-II participants without cluster A/B personality pathology. Groups were compared pairwise. Associations with mood state and childhood trauma were analyzed.

RESULTS:

Both patient groups exhibited hypometabolism compared with HCs in insula, brainstem and frontal white matter. Additionally, BPD patients showed hypometabolism in hypothalamus, midbrain and striatum; and BIP-II patients in cerebellum. Uncorrected analyses showed cortical areas of higher metabolism in BIP-II than BPD, and associations with clinical variables differed between the groups.

CONCLUSION:

Reduced metabolism in the insula regions were shown in both disorders, suggesting shared pathophysiological mechanisms. The observed patterns of altered metabolism specific to each patient group, as well as the uncorrected results, may also suggest differential pathophysiology. However, these latter findings must be interpreted cautiously given the non-significant corrected results in the direct comparison between the disorders. This article is protected by copyright. All rights reserved.

PMID: 30552759
Similar articles

A signature-based machine learning model for distinguishing bipolar disorder and borderline personality disorder.

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Abstract

Mobile technologies offer new opportunities for prospective, high resolution monitoring of long-term health conditions. The opportunities seem of particular promise in psychiatry where diagnoses often rely on retrospective and subjective recall of mood states. However, deriving clinically meaningful information from the complex time series data these technologies present is challenging, and the current implications for patient care are uncertain. In this study, 130 participants with bipolar disorder (n = 48) or borderline personality disorder (n = 31) and healthy volunteers (n = 51) completed daily mood ratings using a bespoke smartphone app for up to 1 year. A signature-based learning method was used to capture the evolving interrelationships between the different elements of mood and exploit this information to classify participants' diagnosis and to predict subsequent mood. The three participant groups could be distinguished from one another on the basis of self-reported mood using the signature methodology. The methodology classified 75% of participants into the correct diagnostic group compared with 54% using standard approaches. Subsequent mood ratings were correctly predicted with >70% accuracy. Prediction of mood was most accurate in healthy volunteers (89-98%) compared to bipolar disorder (82-90%) and borderline personality disorder (70-78%). The signature method provided an effective approach to the analysis of mood data both in terms of diagnostic classification and prediction of future mood. It also highlighted the differing predictability and the overlap inherent within disorders. The three cohorts offered internally consistent but distinct patterns of mood interaction in their reporting which have the potential to enable more efficient and accurate diagnoses and thus earlier treatment.

Similar articles

Sudden death in patients with serious mental illness.

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Abstract

AIM:

Sudden death is used to define a death under suspicious circumstances, where there is no clear indication of existing medical illness (natural cause) that accounts for the death or clear indication for the cause of death. This includes all deaths from suicide, unintentional poisoning, drowning, falls and violence. Sudden death contributes to the increased mortality in people with serious mental illness (premature mortality) but is far less frequently studied and understood. This study analyses data of all sudden deaths of patients who had been under the care of the Canterbury District Health Board's Specialist Mental Health Service, New Zealand's second-largest population region. The study identifies key sociodemographic, diagnostic, legal and causative factors in the study population. This study aims to identify targeted interventions to mitigate premature mortality in this population.

METHOD:

Data was obtained from the clinical files and the coroner's findings for all sudden death patients with established contact with Specialist Mental Health Services in the Canterbury region of New Zealand, between 2005 and 2009.

RESULTS:

A total of 313 patients were identified. The median age at the time of death was 42 years (IQ Range 32.5-53 years). Of these, 65% (n=203) were male. Seventy-six percent (n=239) were of European descent and 9% Māori (n=29); 68% (n=280) were under care at the time of their death and 15% (n=32) were under the Mental Health Act. The sudden death rate was 0.36% for those under voluntary care and 0.7% for those under compulsory care. The most common primary diagnoses were alcohol or other drug abuse (29%); depression (25%); psychotic disorders (18%); BPAD (9%) and personality disorder (5%). The most common cause of death was suicide (51.8%) followed by motor vehicle crashes and falls, (23.3%) medical causes (17.6%) and homicide (1.3%). Of those that died by suicide, 75% were male. Hanging was the most common method (48%) followed by carbon monoxide poisoning (9.3%); medication overdose (5.8%) and falls from a height (3.5%).

CONCLUSIONS:

The most common cause of sudden death was suicide, which was overwhelmingly the leading cause of sudden death in patients discharged or lost to follow up. The most potent predisposing factor appeared to be drug and alcohol problems. Mental health services should

therefore advocate for comprehensive and evidence-based alcohol and drug policies, including access and availability to treatment programmes.

Conflict of interest statement

Andrew McKean has received speaker fees from Novartis.

Predictors of polypharmacy among elderly Thais with depressive and anxiety disorders: findings from the DAS study.

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Abstract

BACKGROUND:

Polypharmacy is a geriatric syndrome defined variously as the use of potentially inappropriate drugs and/or the concurrent use of multiple medications including prescription and over-the-counter drugs. An association has been shown between polypharmacy and physical health, increased morbidity and increased mortality. However, there is little information regarding the association between polypharmacy and physical disease, personality trait and mental health problems in elderly. The aim of this study was to investigate potential predictive psychosocial factors related to polypharmacy in elderly Thai people.

METHODS:

The study analysed the secondary data from the Depressive Disorders, Anxiety Disorders, Suicide Risk and Associated Factors Among Elderly Thai People Program (DAS Study) which was funded by National Research Council of Thailand and conducted between January 2012 and April 2013. Demographic and baseline clinical characteristics including sex, age, education, living alone or with others, access to health care privilege and monthly income were described. The number of medication, physical diseases and mental health problems (i.e. depression, anxiety, and personality trait of neuroticism) were analyzed using descriptive statistics, chi-square and proportional odds logistic regression.

RESULTS:

The 803 participants consumed an average of 2.13 prescribed medicines daily (SD 1.46, median = 2). The largest group used 3 medications (18.6%). Predictors found to be associated with polypharmacy in the logistic regression model included hypertension (OR = 1.985, 95% CI = 1.420-2.775), anxiety disorder (OR = 4.402, 95% CI = 2.630-7.367), number of diseases (OR = 2.140, 95% CI = 1.874-2.445), depressive disorder (OR = 1.470, 95% CI = 1.080-2.001), diabetes mellitus (OR = 1.864, 95% CI = 1.122-3.098) and dyslipidemia (OR = 0.511, 95%CI = 0.325-0.803).

CONCLUSIONS:

The prevalence of polypharmacy among Thai elderly was relatively high compared to other related studies. Several aspects should be taken into consideration before starting an additional medication in elderly patients. In addition to the number of physical disease that leads to polypharmacy, general practitioners should be aware of anxiety, depression, and personality trait of neuroticism that may be related to polypharmacy. Early detection for such condition as well as non-pharmacological intervention could be one way to help reduce polypharmacy in the elderly.

PMCID: PMC6292154 **Free PMC Article**
PMID: 30541459
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Effects on Satisfaction and Service Engagement of Paliperidone Palmitate Compared with Oral Paliperidone in

Patients with Schizophrenia: An Open Label Randomized Controlled Trial.

Bozzatello P[1], Bellino S[2], Mancini I[3], Sandei L[3], Zanalda E[4], Rocca P[3,5].

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Abstract

BACKGROUND AND OBJECTIVE: Clinical practice guidelines recommend antipsychotic monotherapy, including oral and long-acting formulations, in the treatment of schizophrenia. This open-label, randomized, controlled trial aimed to evaluate the efficacy and tolerability in patients with schizophrenia of once-monthly long-acting paliperidone palmitate (PP1M) compared with oral paliperidone extended release (ER), with a particular focus on satisfaction, subjective well-being, and service engagement.

METHODS:

Seventy-two consecutive outpatients with schizophrenia (DSM-5) were randomly assigned for 6 months to: (1) PP1M (50-150 mg equivalent) or (2) paliperidone ER (6-12 mg/day). Participants were assessed at baseline and after 6 months with the Treatment Satisfaction Questionnaire for Medication (TSQM); the Subjective Well-being under Neuroleptics Scale (SWN-K); the Service Engagement Scale (SES); the Clinical Global Impression-Schizophrenia (CGI-SCH); and the Personal and Social Performance (PSP) score. ANOVA repeated measures was performed. Intention-to-treat analysis with last observation carried forward was conducted.

RESULTS:

We found a significant within-subjects effect (trial duration) for all rating scale except for cognitive symptoms and the TSQM domain "side effects". A significant effect between subjects (treatment modality) was found for the CGI negative symptoms, the TSQM domains "overall satisfaction" and "convenience," and the SES. There were seven drop-outs (9.7%): twi due to hyperprolactinemia and five for lack of compliance.

CONCLUSIONS:

Significant differences between the two formulations were found. PP1M was superior to paliperidone ER on global treatment satisfaction and convenience, on service engagement, and in reducing negative symptoms. The trial was registered in the Australian New Zealand Clinical Trials Registry (ANZCTR) with the code: ACTRN12618001113246.
PMID: 30523522
SpringerLink FULL-TEXT ARTICLE

Personality disorder: a disease in disguise.

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Abstract

Personality disorders (PDs) can be described as the manifestation of extreme personality traits that interfere with everyday life and contribute to significant suffering, functional limitations, or both. They are common and are frequently encountered in virtually all forms of health care. PDs are associated with an inferior quality of life (QoL), poor health, and premature mortality. The aetiology of PDs is complex and is influenced by genetic and environmental factors. The clinical expression varies between different PD types; the most common and core aspect is related to an inability to build and maintain healthy interpersonal relationships. This aspect has a negative impact on the interaction between health-care professionals and patients with a PD. From being discrete and categorical disease entities in previous classification systems, the current concept of PD, reflected in the newly proposed ICD-11, is a dimensional description based on the severity of the disturbed functioning rather than on the type of clinical presentation. Insight about the characteristics of PDs among medical practitioners is limited, which is partly because persons do not seek health care for their PD, but instead for other medical issues which are obscured by their underlying personality problems. What needs to be emphasized is that PDs affect both the clinical presentation of other medical problems, and the outcome of these, in a negative manner and that the integrated effects of having a PD are a shortened life expectancy. Accordingly, PDs need to be recognized in clinical practice to a greater extent than previously.
PMID: 30539674

Cognitive and Emotional Components of Rejection Sensitivity: Independent Contributions to Adolescent Self- and Interpersonal Functioning.

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Abstract

In this article, we focus on rejection sensitivity (RS) in adolescents. Although the RS model distinguishes clearly between the emotional (i.e., anger and anxiety) and the cognitive (i.e., expectation of rejection) components, research has rarely examined their unique connection with psychological problems. We argue that considering the three components separately would provide additional insights regarding the relationship between RS and psychological problems. We aimed to test the goodness of fit of a three-factor solution and to investigate the validity of the three components separately in predicting self- and interpersonal functioning in adolescents. Indeed, 720 adolescents completed the Children's Rejection Sensitivity Questionnaire, self-reports of self- and interpersonal functioning (self-esteem and interpersonal reactivity), and peer ratings of preference and bothersomeness. The three-factor solution showed fit indexes comparable to the two alternative one-factor solutions underlying the traditional approach of the composite scores. More importantly, we found specific contributions of each of the three RS components in predicting different features of self- and interpersonal functioning. Thus, depending on the psychological problems under consideration, the role of the three RS components varies. We discuss the implications of these findings.
PMID: 30539642

[Short form of the Zuckerman-Kuhlman-Aluja Personality Questionnaire: Its trait and facet relationships with personality disorder functioning styles in Chinese general and clinical samples.](#)

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Abstract

Five-factor model of personality trait measures displays predictable associations with personality disorder features in both general and clinical populations. Facet-level measures such as the Zuckerman-Kuhlman-Aluja Personality Questionnaire offer more detailed associations in these aspects. Recently, a short form of this questionnaire (ZKA-PQ/SF), with five traits and four facets under each trait, has been developed for further application of personality measures in a reasonable short time. We hypothesized that ZKA-PQ/SF displays predictable associations with personality disorder functioning styles in both general and clinical populations. We therefore in China, invited 446 healthy volunteers and 112 personality disorder patients to undergo the tests of ZKA-PQ/SF, the Parker Personality Measure (PERM) and the Plutchik-van Praag Depression Inventory. Patients scored significantly higher on all PERM styles and on ZKA-PQ/SF Neuroticism and Aggressiveness traits and some of their facets, and lower on ZKA-PQ/SF Extraversion and its facets, and on Work Energy facet of Activity. ZKA-PQ/SF traits and some facets displayed associations with PERM styles supporting previous documentation, while those trait- and facet-related associations were even more specific in patients. Our results thus support the ZKA-PQ/SF application in clinical practice to aid the psychological explanation and the diagnosis of personality disorders, at least in Chinese culture.

[Similar articles](#)

Genetically Informative Mediation Modeling Applied to Stressors and Personality-Disorder Traits in Etiology of Alcohol Use Disorder.

Rosenström T[1], Czajkowski NO[2,3], Ystrom E[2,3,4], Krueger RF[5], Aggen SH[6], Gillespie NA[6], Eilertsen E[2], Reichborn-Kjennerud T[2,7], Torvik FA[2,3].

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Abstract

A statistical mediation model was developed within a twin design to investigate the etiology of alcohol use disorder (AUD). Unlike conventional statistical mediation models, this biometric mediation model can detect unobserved confounding. Using a sample of 1410 pairs of Norwegian twins, we investigated specific hypotheses that DSM-IV personality-disorder (PD) traits mediate effects of childhood stressful life events (SLEs) on AUD, and that adulthood SLEs mediate effects of PDs on AUD. Models including borderline PD traits indicated unobserved confounding in phenotypic path coefficients, whereas models including antisocial and impulsive traits did not. More than half of the observed effects of childhood SLEs on adulthood AUD were mediated by adulthood antisocial and impulsive traits. Effects of PD traits on AUD 5–10 years later were direct rather than mediated by adulthood SLEs. The results and the general approach contribute to triangulation of developmental origins for complex behavioral disorders.
PMID: 30536213

Similar articles

Ventral striatal dopamine transporter availability is associated with lower trait motor impulsivity in healthy adults.

Smith CT[1], San Juan MD[2], Dang LC[2], Katz DT[2], Perkins SF[2], Burgess LL[2], Cowan RL[2,3,4], Manning HC[4,5,6,7], Nickels ML[4], Claassen DO[8], Samanez-Larkin GR[9], Zald DH[2,3].

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Abstract

Impulsivity is a transdiagnostic feature of a range of externalizing psychiatric disorders. Preclinical work links reduced ventral striatal dopamine transporter (DAT) availability with heightened impulsivity and novelty seeking. However, there is a lack of human data investigating the relationship between DAT availability, particularly in subregions of the striatum, and the personality traits of impulsivity and novelty seeking. Here we collected PET measures of DAT availability (BP_{ND}) using the tracer ^{18}F-FE-PE2I in 47 healthy adult subjects and examined relations between BP_{ND} in striatum, including its subregions: caudate, putamen, and ventral striatum (VS), and trait impulsivity (Barratt Impulsiveness Scale: BIS-11) and novelty seeking (Tridimensional Personality Questionnaire: TPQ-NS), controlling for age and sex. DAT BP_{ND} in each striatal subregion showed nominal negative associations

with total BIS-11 but not TPQ-NS. At the subscale level, VS DAT BP_{ND} was significantly associated with BIS-11 motor impulsivity (e.g., taking actions without thinking) after correction for multiple comparisons. VS DAT BP_{ND} explained 13.2% of the variance in motor impulsivity. Our data demonstrate that DAT availability in VS is negatively related to impulsivity and suggest a particular influence of DAT regulation of dopamine signaling in VS on acting without deliberation (BIS motor impulsivity). While needing replication, these data converge with models of ventral striatal functions that emphasize its role as a key interface linking motivation to action.

Similar articles

30. Lancet Child Adolesc Health. 2018 Dec 6. pii: S2352-4642(18)30351-1. doi: 10.1016/S2352-4642(18)30351-1. [Epub ahead of print]

Childhood seizures and risk of psychiatric disorders in adolescence and early adulthood: a Danish nationwide cohort study.

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Abstract

BACKGROUND:

Paediatric seizures have been linked to psychiatric disorders in childhood, but there is a paucity of large-scale population-based studies of psychiatric comorbidity in later life. We aimed to examine the relation between childhood seizures and the risk of psychiatric disorders in adolescence and early adulthood.

METHODS:

We did a register-based cohort study of all individuals born in Denmark in 1978-2002. Using diagnostic information from the Danish National Patient Register, all cohort members were categorised according to occurrence of febrile seizures and epilepsy, before entering the follow-up period on their 10th birthday. Individuals were followed up until onset of mental illness, death, emigration, or the end of the study period on Dec 31, 2012. Cox regression analyses were used to estimate the risk of five predefined groups of psychiatric disorders (substance abuse disorders, schizophrenia, mood disorder, anxiety, and personality disorder), separately and combined. Models were adjusted for relevant confounders.

FINDINGS:

Between Jan 1, 1978, and Dec 31, 2002, 1 291 679 individuals were born in Denmark and followed up in our population cohort (approximately 15 million person-years). 43 148 individuals had a history of febrile seizures, 10 355 had epilepsy, and 1696 had both these disorders. 83 735 (6%) cohort members were identified with at least one of the psychiatric disorders of interest. The risk of any psychiatric disorder was raised in individuals with a history of febrile seizures (hazard ratio [HR] 1·12, 95% CI 1·08-1·17), epilepsy (1·34, 1·25-1·44), or both disorders (1·50, 1·28-1·75). Excess risk of psychiatric illness associated with childhood seizures was present across a range of different disorders, most notably schizophrenia but also anxiety and mood disorders. Associations did not differ between males and females (p=0·30) but increased with a growing number of admissions for febrile seizures (p<0·0001) and with later onset of childhood epilepsy (p<0·0001).

INTERPRETATION:

Children with epilepsy and febrile seizures-with and without concomitant epilepsy-are at increased risk of developing a broad range of psychiatric disorders in later life. Clarification of the underlying mechanisms attributable to these associations is needed to identify potential options for prevention.

FUNDING:

Novo Nordisk Foundation, Danish Epilepsy Association, Central Denmark Region, Lundbeck Foundation, and Stanley Medical Research Institute.

PMID: 30528754
Similar articles

The network of psychopathic personality traits: A network analysis of four self-report measures of psychopathy.

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Abstract

Psychopathy is often perceived as a constellation of personality traits, yet there is little consensus as to what constitutes the core features of psychopathy. We applied a network approach to investigate the psychopathy network, as operationalized by four self-report measures of psychopathy among a large sample of undergraduate students. Items assessing manipulativeness and irresponsibility/impulsivity had the strongest centrality indices in the item-level psychopathy network models. Stimulus seeking, social deviance, and interpersonal/affective traits were the most central domains in the psychopathy network derived from all factors in the four psychopathy measures. Network analysis may offer an alternative approach to help researchers identify characteristics that are important in the psychopathy network. (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30525778

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Spiteful and contemptuous: A new look at the emotional experiences related to psychopathy.

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Abstract

Psychopathy has long been conceptualized in terms of an absence of emotion. Yet, recent studies have suggested that the experience of other-directed negative emotions may be more intimately linked to psychopathy than previously acknowledged, although there is limited knowledge concerning the experience of such emotions. The present study examined the disposition to experience two other-directed emotions, spitefulness and contempt, that are conceptually linked with psychopathy but currently are limited in empirical support. Across 2 studies with 3 nonclinical samples (Ns = 1,237, 239, 521), we found evidence that psychopathic traits-as assessed via the Self-Report Psychopathy Scale (SRP; Paulhus, Neumann, & Hare, 2016; Study 1 and Study 2) and the Triarchic Psychopathy Measure (TriPM; Patrick, 2010; Study 2)-were positively associated with spitefulness (Study 1) and contempt (Study 2). These associations were consistent across psychopathy instruments (SRP and TriPM) and dimensions (i.e., the SRP Interpersonal, Affective, Lifestyle, and Antisocial facets, and the TriPM Meanness and Disinhibition dimensions), were stronger for the interpersonal and affective traits of psychopathy, and held when accounting for several theoretically relevant covariates. The only exception concerned the TriPM Boldness scale, which had less consistent associations with contempt. The present findings further our understanding of the emotional experiences related to psychopathy, highlighting the relevance of focusing on other-directed negative emotions, especially those that are interpersonal in nature and share an antagonistic component. (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30520651
Similar articles

Difficulties regulating emotions mediates the associations of parental psychological control and emotion invalidation with borderline personality features.

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Abstract

Extant research has supported a connection between socialization in childhood and difficulties regulating emotions. The biosocial theory of borderline personality disorder (BPD; Crowell, Beauchaine, & Linehan, 2009; Linehan, 1993) suggests that emotion dysregulation is a core mechanism underlying the extreme behaviors, mood instability, identity disturbance, and relationship instability observed in BPD. The present study investigated the impact of socialization factors related to emotions, parental autonomy support, parental psychological control, and childhood trauma on BPD features in a nonclinical young adult sample (N = 357). Relationships between socialization factors and BPD features were evaluated using structural equation modeling, to test integrative hypotheses informed by biosocial theory and self-determination theory. We found that recalled experiences of childhood trauma, emotional magnification of negative emotions, neglect of negative emotions, and parental psychological control were positively associated with BPD features. Difficulties regulating emotions mediated the relationships of childhood emotion socialization factors and psychological control with BPD features. Implications for future research, resiliency, and intervention are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved).

PMID: 30520650

34. Personal Disord. 2018 Dec 6. doi: 10.1037/per0000307. [Epub ahead of print]

Meta-analysis to derive an empirically based set of personality facet criteria for the alternative DSM-5 model for personality disorders.

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Abstract

The alternative model for personality disorders (AMPD) is outlined in Section III of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. This model includes 25 dimensional trait facets that are used as criteria for six personality disorders in addition to impairment in functioning. Numerous previous studies have examined the degree to which the proposed trait facets converge with the Section II personality disorders (PDs) they are meant to capture, but the results from these various studies have been inconsistent. The current investigation sought to provide a meta-analysis of published and unpublished data, and in particular, to develop empirically derived trait criterion profiles for each of the six

AMPD PDs. A total of 25 independent data sets utilizing diverse samples and methods that included measurement of AMPD traits and at least one Section II PD derived from both published and unpublished work were considered for this review. The findings indicated general support for the traits proposed for each of the six PDs within the AMPD, with obsessive-compulsive PD the notable exception. The discriminant validity, however, was questionable for several of the PDs; several nonproposed traits also correlated with the Section II PD counterparts at moderate to large degrees. Intraclass correlations used to model the agreement across the empirically derived trait profiles for each of the six PDs, however, revealed that most of the disorders were relatively distinct from one another. (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30520649

35.

Alpha response reveals attention abnormalities in psychopathy.

Tillem S[1], Brennan G[1], Wu J[2], Mayes L[2], Baskin-Sommers A[1].

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Abstract

Psychopathy is a personality disorder associated with callous, impulsive, and antisocial behaviors. Decades of research indicate that individuals higher on psychopathy exhibit abnormal allocation of attention during goal pursuit. However, the manner in which attention is allocated to goal-relevant information and the downstream neurocognitive consequences of this attention abnormality remain unclear. The present study addresses this gap by examining the relationship between psychopathy and the allocation of attention during an electroencephalogram (EEG)-based continuous performance task in a sample of 61 adolescents and young adults. Results indicate that individuals higher on psychopathy overallocate attention to visual cues during the task (i.e., enhanced parieto-occipital alpha suppression), and this overallocation of attention reduces the neural resources required for motor control (i.e., blunted central alpha activity during NoGo trials). Psychopathy appears related to a unique pattern of attention allocation that prioritizes neural resources for goal-relevant information, resulting in alterations in the neural response for downstream cognitive functions. (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30507238

36.

Emotional modulation of the pupil response in psychopathy.

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Abstract

Psychopathy is a form of personality disorder associated with a deficit in emotional processing. However, there is debate whether this deficit applies to all emotions or exists only for negative emotions. The pupil dilates rapidly in response to emotional stimuli, allowing a time-sensitive index of emotional processing. Across 3 experiments using (a) visual images of real-world scenes, (b) auditory sound clips, and (c) videos of dynamic facial expressions, we measured emotional modulation of the pupil response to both negative and positive stimuli. Participants were 82 male mentally disordered offenders. Psychopathy was measured using the Psychopathy Checklist-Revised to produce factor scores of interpersonal-affective traits (Factor 1) and lifestyle-antisocial traits (Factor 2). Participants with high Factor 1 scores showed reduced emotional modulation of the pupil response to negative images and angry faces but not to any of the positive stimuli. These effects only occurred shortly after the emotion was presented (<2,000 ms), suggesting delayed processing of negative affective stimuli in Factor 1 psychopathy. Factor 2 scores were not associated with any changes in pupil response. There were no effects of psychopathy on the pupil response to the affective sound clips. The results support a specific psychopathic deficit in the processing of negative stimuli related to the interpersonal-affective dimension of psychopathy. We argue that pupillometry is a powerful and noninvasive tool to investigate emotional processing in clinical populations. (PsycINFO Database Record (c) 2018 APA, all rights reserved).
PMID: 30507237
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37. JAMA Psychiatry. 2018 Dec 5. doi: 10.1001/jamapsychiatry.2018.3428. [Epub ahead of print]

A Nationwide Study in Denmark of the Association Between Treated Infections and

the Subsequent Risk of Treated Mental Disorders in Children and Adolescents.

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Abstract

Importance:

Infections have been associated with increased risks for mental disorders, such as schizophrenia and depression. However, the association between all infections requiring treatment and the wide range of mental disorders is unknown to date.

Objective:

To investigate the association between all treated infections since birth and the subsequent risk of development of any treated mental disorder during childhood and adolescence.

Design, Setting, and Participants:

Population-based cohort study using Danish nationwide registers. Participants were all individuals born in Denmark between January 1, 1995, and June 30, 2012 (N = 1 098 930). Dates of analysis were November 2017 to February 2018.

Exposures:

All treated infections were identified in a time-varying manner from birth until June 30, 2013, including severe infections requiring hospitalizations and less severe infection treated with anti-infective agents in the primary care sector.

Main Outcomes and Measures:

This study identified all mental disorders diagnosed in a hospital setting and any redeemed prescription for psychotropic medication. Cox proportional hazards regression was performed reporting hazard rate ratios (HRRs), including 95% CIs, adjusted for age, sex, somatic comorbidity, parental education, and parental mental disorders.

Results:

A total of 1 098 930 individuals (51.3% male) were followed up for 9 620 807.7 person-years until a mean (SD) age of 9.76 (4.91) years. Infections requiring hospitalizations were associated with subsequent increased risk of having a diagnosis of any mental disorder (n = 42 462) by an HRR of 1.84 (95% CI, 1.69-1.99) and with increased risk of redeeming a prescription for psychotropic medication (n = 56 847) by an HRR of 1.42 (95% CI, 1.37-1.46). Infection treated with anti-infective agents was associated with increased risk of having a diagnosis of any mental disorder (HRR, 1.40; 95% CI, 1.29-1.51) and with increased risk of redeeming a prescription for psychotropic medication (HRR, 1.22; 95% CI, 1.18-1.26). Antibiotic use was associated with particularly increased risk estimates. The risk of mental disorders after infections increased in a dose-response association and with the temporal proximity of the last infection. In particular, schizophrenia spectrum disorders, obsessive-compulsive disorder, personality and behavior disorders, mental retardation, autistic spectrum disorder, attention-deficit/hyperactivity disorder, oppositional defiant disorder and conduct disorder, and tic disorders were associated with the highest risks after infections.

Conclusions and Relevance:

Although the results cannot prove causality, these findings provide evidence for the involvement of infections and the immune system in the etiology of a wide range of mental disorders in children and adolescents.
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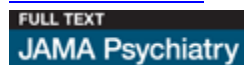
38. Laterality. 2019 Jan;24(1):113-124. doi: 10.1080/1357650X.2018.1481865. Epub 2018 May 31.

The association between inconsistent handedness and psychopathy does not extend to the domain of moral reasoning.

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Abstract

A recent study [Shobe, E., & Desimone, K. (2016). Inconsistent handers show higher psychopathy than consistent handers. Laterality: Asymmetries of Body, Brain and Cognition, 21(2), 143-160. doi:10.1080/1357650X.2015.1089879] found an association between inconsistent handedness (the use of one's non-dominant hand for some tasks) and psychopathy. Because this provides evidence for an association between an individual difference and a trait that is perceived negatively, the present study set out to (1) attempt to replicate the finding and (2) determine whether inconsistent handedness and psychopathy predict similar patterns of moral reasoning. An Mturk sample of 344 adults took the Edinburgh Handedness Inventory, the Short Dark Triad Questionnaire, and the Moral Foundations Questionnaire. The finding of a modest association between handedness and psychopathy was replicated. However, handedness and psychopathy predicted totally different response patterns on the Moral Foundations Questionnaire, with psychopathy predicting less concern for others and fairness and inconsistent handedness predicting less respect for authority and less in group loyalty.
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