

# Personality and widowhood increase the risk for incident depression in the two years following the first acute coronary syndrome.

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## **Abstract**

### **OBJECTIVES:**

Incident depression, occurring after an acute coronary syndrome (ACS) in never depressed patients, exerts a negative effect on the cardiac prognosis. Nonetheless only a few studies have evaluated the risk factor for incident depression and, particularly, no study have investigated the role of personality disorders. Therefore, the aim of this study is to verify if personality disorders represent a risk for incident depression in patients at their first ACS.

### **METHOD:**

The study sample was selected among never depressed patients who were consecutively admitted to the Coronary Intensive Care Unit, from January 2009 to March 2012, for the first ACS. The study sample included 262 patients. The presence of depressive disorder was assessed with the Primary Care Evaluation of Mental Disorders (DSM-IV criteria), whereas its severity was evaluated with the Hospital Anxiety and Depression Scale. Evaluations were collected at baseline and at 1, 2, 4, 6, 9, 12 and 24 months of follow-up. Moreover, at baseline personality disorders were investigated with the Structured Clinical Interview for DSM-IV Axis II disorders.

### **RESULTS:**

Out of 262 subjects, a depressive disorder was diagnosed in 56 patients (21%). At baseline risk factors for incident depression were being widowed, having a distress reaction and narcissistic personality traits.

### **CONCLUSION:**

Clinicians should keep in mind these characteristics when facing patients at their first ACS, given the detrimental effect of depression on cardiac prognosis. A psychological support should prevent the onset of incident depression in these patients.

PMID: 31037958

# Testing a model of reward sensitivity, implicit and explicit drinker identity and hazardous drinking.

[Tatnell DG](#)<sup>1</sup>, [Loxton NJ](#)<sup>1,2,3</sup>, [Modecki KL](#)<sup>1,2</sup>, [Hamilton K](#)<sup>1,2</sup>.

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## **Abstract**

### **OBJECTIVE:**

The aim of this study was to investigate both implicit and explicit drinker identity as mediators of reward sensitivity and problematic drinking. University students engage in problematic levels of alcohol consumption, exposing them to increased negative health outcomes. Although personality traits (e.g. reward sensitivity) and social-cognitive variables (e.g. implicit and explicit drinker identity) have been used to investigate drinking behaviour, few studies link personality and multiple indices of drinker identity to problematic drinking.

### **DESIGN:**

University students (N = 136) completed a drinker identity implicit association test, and questionnaires measuring reward sensitivity, explicit binge drinker identity and problematic drinking as part of a lab-based correlational study.

### **MAIN OUTCOME MEASURES:**

The Alcohol Use Disorders Identification Test was the main outcome measure with participants self-reporting drinking frequency, quantity and negative physical and psychological outcomes of drinking over the past 3-months.

### **RESULTS:**

A mediation model revealed that reward sensitivity was significantly associated with explicit, but not implicit, binge drinker identity. Explicit binge drinker identity mediated the reward sensitivity and problematic drinking association.

### **CONCLUSION:**

This research provides an evidence base for identity-based drinking interventions for students characterised by high reward sensitivity, by promoting identities that do not idealise problematic drinking behaviour.

PMID: 31035814

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3. Personal Disord. 2019 Apr 29. doi: 10.1037/per0000338. [Epub ahead of print]

## [Inpatient adolescents with borderline personality disorder features: Identity diffusion and narrative incoherence.](#)

[Lind M](#)<sup>1</sup>, [Vanwoerden S](#)<sup>1</sup>, [Penner F](#)<sup>1</sup>, [Sharp C](#)<sup>1</sup>.

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1. Department of Psychology.

### **Abstract**

Borderline personality disorder (BPD) is a severe disorder with poor prognosis. Therefore, a growing number of researchers emphasize the need to evaluate correlates of BPD present during adolescence that can be identified and targeted to prevent exacerbation over time. A core feature of BPD is a disturbed sense of self; however, such disturbances can manifest themselves in different ways in adolescence. In this study, we examined whether such disturbances would appear through self-reported identity disturbance and more indirectly through incoherent oral narratives, rated based on the content derived from the Child Attachment Interview. Thus, higher levels of identity diffusion and lower levels of narrative coherence of past events were expected to associate with BPD features in 70 inpatient adolescents. Findings confirmed hypotheses; however, when considering covariance between narrative coherence and identity diffusion, only identity diffusion remained significant. Findings are discussed in terms of how both constructs might be underlying mechanisms of a disturbed sense of self in BPD and how they speak to future treatment and a more dimensional conceptualization of personality disorders. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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## [How do schema modes and mode factors align with defense styles and personality disorder symptoms?](#)

[Jacobs I](#)<sup>1</sup>, [Lenz L](#)<sup>2</sup>, [Dörner S](#)<sup>3</sup>, [Wegener B](#)<sup>4</sup>.

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## Abstract

Maladaptive schema modes (or *modes*) are a key concept in schema therapy; they reflect sets of currently activated maladaptive schemas, schema-evoked emotional distress, and coping attempts. Drawing on a set of 20 modes, this study aimed to replicate personality disorder (PD)-specific mode models, to investigate relationships among modes, higher order mode factors (i.e., Internalization, Externalization, and Compulsivity), and defense styles and to test the contributions of higher order mode factors and defense styles to variance in PD symptoms. The sample consisted of  $N = 533$  German-speaking psychiatric inpatients. A total of 67 practically significant correlations between 20 modes and 10 PD scores were found (range:  $|.44|$  to  $|.76|$ ), and 36 out of 47 hypothesized PD-mode associations were confirmed. In a series of 23 regression analyses, the immature, neurotic, and mature defense styles showed 23, 10, and 12 significant effects on mode variables, respectively. Defense styles jointly accounted for 9.0% to 42.4% of variance in mode variables after controlling for the effects of age and sex, implying that modes and defense styles are related yet distinguishable constructs. Finally, mode factors and defense styles independently accounted for unique variance in all 10 PD scores, with mode factors contributing significantly more to variance in antisocial, obsessive-compulsive, and avoidant PD symptoms. Implications of the results for theory and practice are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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5. Personal Disord. 2019 Apr 29. doi: 10.1037/per0000340. [Epub ahead of print]

## [Comparing DSM-5-Hybrid, SWAP, and PDM prototype models of personality disorders: Convergent and divergent findings.](#)

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1. Department of Psychology.

## Abstract

Although dimensional models of personality disorders are of great interest, there exist three methods by which personality disorders may be diagnosed for their fit to a predetermined prototype. In this study, we evaluate a *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, hybrid model prototype match (modified from the original prototype *DSM-5* proposal; Skodol,

Bender, Morey, et al., 2011; Skodol, Bender, Oldham, et al., 2011), the Shedler-Westen Assessment Procedure-2 (Shedler, 2015), and the *Psychodynamic Diagnostic Manual* prototype match (PDM Task Force, 2006). Three hundred twenty-nine clinical psychology graduate students and interns rated patients they currently were treating with each of the aforementioned diagnostic models, as well as completing a checklist of their *DSM-IV* personality disorder symptoms. Matching a prototype was defined as being a *very good match* (exemplifying the disorder, a prototypical case) or a *good match* (has the diagnosis, disorder applies). Frequencies of the prototype assignments are reported. For the SWAP-2 and *PDM*, depressive and borderline personality disorders were most frequently assigned, whereas avoidant and borderline personality disorder were the most assigned prototypes for the *DSM-5* hybrid categories. However, the degree of convergence across methods on similar diagnostic constructs was low. Implications of these findings for personality disorder diagnosis are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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## [The experience of benefit and impairment of personality disorder traits and personality disorder trait attitudes.](#)

[Hart W](#)<sup>1</sup>, [Tortoriello GK](#)<sup>1</sup>.

Author information:

1. Department of Psychology.

### **Abstract**

Recent evidence suggests that people's personality disorder (PD) trait levels relate positively to attitudes toward that PD trait, but amid this evidence has arisen an incongruity. In separate studies, people's PD trait levels relate positively to rating that PD trait as beneficial *and* impairing, so explanations for the positive relation between PD trait levels and PD trait attitudes are needed. We tested 2 explanations using a sample including adults ( $N = 457$ ) who self-reported PD trait levels as well as PD trait benefit, impairment, and attitudes. The *maximization hypothesis*, which argues that higher PD trait levels correspond more strongly to trait-corresponding benefit than impairment, received some support. The *weighting hypothesis*, which argues that people disproportionately weigh PD trait benefits over impairments upon generating attitudes of a PD trait, received general support. Mediation analyses indicated that for each PD trait domain, the indirect effect of PD trait levels on trait-corresponding attitudes was stronger via trait-corresponding benefit compared with impairment. We also obtained evidence that relations between PD trait levels and trait-corresponding attitudes or benefit ratings, but not impairment ratings, were enhanced as perceived control over that trait's expressions increased. Findings help illuminate some of the mystery surrounding PD trait evaluation. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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## [Introducing a short self-report for the assessment of DSM-5 level of personality functioning for personality disorders: The Self and Interpersonal Functioning Scale.](#)

[Gamache D](#)<sup>1</sup>, [Savard C](#)<sup>2</sup>, [Leclerc P](#)<sup>1</sup>, [Côté A](#)<sup>1</sup>.

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### **Abstract**

In the present study, we report on the development and validation of the Self and Interpersonal Functioning Scale (SIFS), a 24-item self-report questionnaire designed to assess the four core elements of personality pathology (Identity, Self-direction, Empathy, and Intimacy) from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, Level of Personality Functioning for personality disorders. Participants from a community sample ( $n = 280$ ) and patients from a specialized treatment facility for personality disorders ( $n = 1\ 06$ ) were included in the validation sample. Overall, the SIFS showed sound psychometric properties. A second-order factor solution, which consisted of the four Level of Personality Functioning elements and an overarching personality pathology factor, showed the best fit indices. The four SIFS elements showed a well-differentiated and conceptually meaningful pattern of associations with related constructs. In light of these results, the SIFS should be considered as a promising, concise measure of Criterion A for clinical screening and research purposes. Its relative strengths and limitations in contrast with other existing self-report measures of Criterion A are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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## [Improvement of Emotional Empathy and Cluster B Personality Disorder Symptoms Associated With Decreased Cocaine Use Severity.](#)

[Vonmoos M](#)<sup>1</sup>, [Eisenegger C](#)<sup>2</sup>, [Bosch OG](#)<sup>1,3</sup>, [Preller KH](#)<sup>1</sup>, [Hulka LM](#)<sup>1</sup>, [Baumgartner M](#)<sup>4</sup>, [Seifritz E](#)<sup>3,5</sup>, [Quednow BB](#)<sup>1,5</sup>.

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## Abstract

**Aims:** Chronic cocaine users display impaired social cognitive abilities, reduced prosocial behavior, and pronounced cluster B personality disorder (PD) symptoms all contributing to their social dysfunctions in daily life. These social dysfunctions have been proposed as a major factor for maintenance and relapse of stimulant use disorders in general. However, little is known about the reversibility of social cognitive deficits and socially problematic personality facets when stimulant use is reduced or ceased. Therefore, we examined the relation between changing intensity of cocaine use and the development of sociocognitive functioning and cluster B PD symptomatology over the course of 1 year. **Methods:** Social cognition, social decision-making, and cluster B PD symptoms were assessed in 38 cocaine users (19 with increased and 19 with decreased use) and 48 stimulant-naive healthy controls at baseline and at 1-year follow-up. Cocaine use severity was objectively determined by quantitative 6-month hair analyses. The categorization of the two cocaine user groups was based on a combination of absolute ( $\pm 0.5$  ng/mg) and relative ( $\pm 10\%$ ) changes in the cocaine hair concentration between baseline and the 1-year follow-up. Social cognition was assessed using the Multifaceted Empathy Test (MET) and the Movie for the Assessment of Social Cognition (MASC). A combined Distribution/Dictator Game was applied for assessing social decision-making. Cluster B PD symptoms were measured by a Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II) PD questionnaire according to *Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV)*. **Results:** Increased cocaine use was linked to worsened empathy, while decreased cocaine use went along with improved emotional empathy. Moreover, whereas decreased cocaine use was associated with reduced severity of self-reported cluster B PD symptoms, these symptoms remained largely stable in *increasers*. In contrast to a significant reduction of prosocial behavior at baseline in the combined cocaine user group, specifically *decreasers* were not statistically distinguishable from controls at the follow-up. **Conclusions:** Sociocognitive deficits and cluster B PD symptoms of chronic cocaine users are adaptable over time as they covary with the increase or decrease in cocaine use. Hence, abstinence orientation and training of social cognition and interaction might improve social functioning, and should therefore be important therapeutic elements in cocaine addiction treatment.

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# Capturing the Severity and Impairment Associated With Depression: The Overall Depression Severity and Impairment Scale (ODSIS) Validation in a Spanish Clinical Sample.

[Mira A](#)<sup>1,2</sup>, [González-Robles A](#)<sup>2</sup>, [Molinari G](#)<sup>2,3</sup>, [Miguel C](#)<sup>2</sup>, [Díaz-García A](#)<sup>2</sup>, [Bretón-López J](#)<sup>2,3</sup>, [García-Palacios A](#)<sup>2,3</sup>, [Quero S](#)<sup>2,3</sup>, [Baños R](#)<sup>3,4</sup>, [Botella C](#)<sup>2,3</sup>.

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## Abs tract

**Background:** The Overall Depression Severity and Impairment Scale (ODSIS) is a self-report scale designed to evaluate the severity and functional impairment associated with depression. **Objective:** This study evaluated the psychometric properties of the online version of the ODSIS in Spanish outpatients with depression and anxiety disorders. **Method:** Patients with a main diagnosis of a depressive ( $n = 283$ ) or anxiety disorder ( $n = 191$ ) and a mean age of 38.15 ( $SD = 12.06$ ) were evaluated with a clinical diagnostic interview and measures assessing depression, anxiety, positive and negative affect, and quality of life. Factorial structure, internal consistency, convergent, and discriminant validity and cutoff scores were analyzed. **Results:** Consistent with previous validations of the instrument, Confirmatory Factor Analysis showed a unidimensional factor structure. Furthermore, the results obtained supported the internal consistency and construct validity of the ODSIS scores. A score of 5 was found to meet the criteria used in this study for the optimal cutoff score. **Conclusion:** The results obtained in this study show that the Spanish version of the ODSIS delivered online is an adequate tool to assess the depression-related severity and impairment in a brief and easy fashion.

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# Profiles of Impulsivity in Problematic Internet Users and Cigarette Smokers.

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## **Abstract**

Problematic Internet use (PIU) has been gradually recognized as a mental health issue among adolescents and young students. PIU shows many similarities with substance use disorders, but the shared and distinct mechanisms underlying them are unclear. The purpose of the current study was to explore the relationships between impulsive traits and PIU as well as cigarette smoking behaviors among young adults. Two independent samples of university students ( $N_1 = 1281$ ,  $N_2 = 1034$ , respectively) over 3 years were assessed with multiple measurements of impulsivity, including the Barratt Impulsiveness Scale-11 (BIS-11), the UPPSP Impulsive Behaviors Scale (UPPSP), and the Delay-discounting Test (DDT). Logistic regression models revealed that across the two independent samples, BIS-11 Attentional Impulsiveness was the common trait positively predicting both PIU and cigarette smoking. While BIS-11 Motor Impulsiveness as well as UPPSP Lack of Perseverance, Lack of Premeditation, and Negative Urgency were the typical traits linked to PIU as positive predictors, UPPSP Sensation Seeking was the unique trait linked to cigarette smoking as a positive predictor. These results suggested that specific dimensions of impulsivity might be concurrently implicated in PIU and cigarette smoking among young adults, putatively representing important trait marks for addictive behaviors.

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11. Psychother Res. 2019 Apr 24:1-12. doi: 10.1080/10503307.2019.1609114. [Epub ahead of print]

# Early treatment response in psychotherapy for depression and personality disorder: links with core conflictual relationship themes.

[Hegarty BD](#)<sup>1</sup>, [Marceau EM](#)<sup>1</sup>, [Gusset M](#)<sup>1</sup>, [Grenyer BFS](#)<sup>1</sup>.

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## **Abstract**

### **OBJECTIVE:**

Depressed personality disorder patients showing an early rapid response (or sudden gain) in psychotherapy have better outcomes. Early responders are five times more likely to recover, despite equivalent ratings of working alliance. We explored core conflictual relationship themes (CCRTs) of early responders compared to others to further elucidate process-outcome links.

### **METHOD:**

Patients (N = 20) with diagnosed major depression and personality disorder received 16 weeks of psychodynamic therapy. Early response was defined as a 50% reduction in Beck Depression Inventory symptoms during the first six sessions. Transcripts of therapy session three for early responders (n = 10) and others (n = 10) were analyzed using the CCRT Leipzig/Ulm method, identifying 728 components scored by two independent judges.

### **RESULTS:**

Relationship narratives showed CCRT-wish satisfaction was lower for those not having an early response, for both CCRT "Response of Other" and "Response of Self" components. These patients told narratives of others as more unreliable, aggressive, and less supportive, with less feelings of being loved and a lower experience of being self-determined.

### **CONCLUSIONS:**

Specific negative relationship patterns may inhibit the ability to benefit from both therapy and extra-therapy relationships, contributing to a slower treatment response.

PMID: 31018824

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12. Clin Rehabil. 2019 Apr 24:269215519845133. doi: 10.1177/0269215519845133. [Epub ahead of print]

## **Feasibility and effects of an exercise-based intervention in prison inmates with**

# psychiatric disorders: the PsychiActive project randomized controlled trial.

[Bueno-Antequera J](#)<sup>1,2</sup>, [Oviedo-Caro M<sup>Á</sup>](#)<sup>1,2</sup>, [Munguía-Izquierdo D](#)<sup>1,2, 3</sup>.

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## **Abstract**

### **OBJECTIVE:**

To evaluate the feasibility and effects of a 12-week intervention combining aerobic and strength exercises in prison inmates with psychiatric disorders.

### **DESIGN:**

Two parallel-group, randomized controlled trials.

### **SETTING:**

A psychiatric prison hospital.

### **SUBJECTS:**

Forty-one men prison inmates (mean age  $\pm$  SD = 38.2  $\pm$  9.2 years, mean prison duration  $\pm$  SD = 2.6  $\pm$  2.5 years) with psychiatric disorders (primarily personality disorder, n = 27; mean illness duration  $\pm$  SD = 12.0  $\pm$  10.5 years).

### **INTERVENTIONS:**

Participants were randomly allocated to intervention group consisted of exercise plus usual care ( n = 21) or control group which received usual care ( n = 20) for 12 weeks. The exercise programme included three weekly sessions of group-based moderate-to-high intensity combined exercises designed and supervised by exercise professionals.

### **MAIN MEASURES:**

Fitness and anthropometric measures were assessed using field-based tests (6-minute walk, Incremental Shuttle Walk, Arm-Curl, and Chair-Stand), handgrip dynamometry, bioelectrical impedance, and waist and hip circumferences.

### **RESULTS:**

There were no adverse events, and 10 intervention participants withdrew. The remaining 11 participants attended a mean of 28 sessions, of which nine met the compliance criteria. Between-group change differences substantially favoured the compliance intervention group for the 6-minute walk (+21.2%),

Incremental Shuttle Walk (+33.9%), Arm-Curl (+13.8%), waist (-3.5%), waist/height0.5 (-1.7%) (-2.7%), waist/hip (-3.4%), and Body Shape Index (-3.3%) (-3.5%). Additional analysis showed beneficial effects of exercise participation on handgrip strength.

**CONCLUSION:**

The intervention was safe, had a high dropout rate, and seemed to be effective for improving fitness and anthropometric measures in men prison inmates with psychiatric disorders who attended and participated in the exercise sessions.

PMID: 31018684

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13. Psychiatry. 2019 Apr 24:1-11. doi: 10.1080/00332747.2019.1600218. [Epub ahead of print]

## [A Strategy to Address High Comorbidity of Personality Disorders in a Chinese Population: A Principal and Subordinate Diagnostic Model.](#)

[Wang J](#), [Chen Z](#), [Sun W](#), [Zheng Y](#), [Hui L](#), [Liu X](#), [Wang J](#), [Wu H](#), [Qiao Y](#), [Zhang T](#).

### **Abstract**

#### **OBJECTIVE:**

Multiple and overlapping diagnoses of personality disorders (PDs) have been a major obstacle in clinical practice and research. This study aims to investigate the comorbidity of PDs in a sample of a high-risk clinical population. We propose a diagnostic model to address this critical issue.

#### **METHODS:**

The sample population included 982 PD patients. The PD diagnoses were concluded based on self-reported and face-to-face interviews. To address the issue of overlapping PD diagnoses, we defined the criteria for clinically distinguishing principal and subordinate PDs, and determined the frequency of each condition.

#### **RESULTS:**

Diagnostic overlap among PDs was quite common across all categories. Of all 982 PD patients, 436 (44.4%) met the criteria for more than one PD. In terms of specific PD diagnoses, the comorbidity rate of each PD was nearly 47.1-74.7%. The principal and subordinate PDs were distinguished

accordingly. Avoidant, obsessive-compulsive, and borderline PD remain the most prevalent types of principal PD in this clinical population.

## CONCLUSIONS:

The principal/subordinate model may be one strategy of resolving the issue of PD comorbidity in Chinese clinical settings.

PMID: 31017559

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14. Arch Womens Ment Health. 2019 Apr 23. doi: 10.1007/s00737-019-00963-7. [Epub ahead of print]

## [Prenatal maternal personality as an early predictor of vulnerable parenting style.](#)

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## Abstract

Perinatal mental health problems, particularly depression, are prevalent and have been a central focus of prevention initiatives. The greater proportion of ongoing annual perinatal mental health economic cost burdens relate to children. A key linking mechanism is mother-infant relationship quality. Perinatal depression symptoms are typically transient. However, personality style, including interpersonal sensitivity, is a more stable construct and predicts proneness to depression and common mental disorders. Building on our previous work, the objective of the present study is to examine the association between specific dimensions of prenatal interpersonal sensitivity and postpartum mother-infant relationship quality in the context of prenatal depression symptoms. We analysed data from the Avon Longitudinal Study of Parents and Children (ALSPAC). Interpersonal sensitivity and depression symptoms were measured at 18 weeks gestation. In a randomly selected 10% subsample of the ALSPAC cohort, mother-infant interaction was measured through standard observation at 12 months postpartum. For the subsample that had complete data at all time points ( $n = 812$ ), multiple regression models examined prenatal interpersonal sensitivity dimensions predicting postpartum mother-infant relationship quality, accounting for depression symptoms. Two dimensions of maternal interpersonal sensitivity modestly predicted mother-infant relationship quality at 12 months postpartum and remained robust when we controlled for depression

symptoms. The interpersonal sensitivity subscales were significantly associated with prenatal depression symptoms but more consistently and robustly predicted postnatal mother-infant interaction quality. The inclusion of personality measures may strengthen prenatal mental health assessment to identify vulnerability to suboptimal mother-infant relationship quality.

PMID: 31016471

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15. J Emerg Med. 2019 Apr 20. pii: S0736-4679(19)30143-X. doi: 10.1016/j.jemermed.2019.03.016. [Epub ahead of print]

## [Cryptococcal Meningoencephalitis Presenting as a Psychiatric Emergency.](#)

[Seelig S](#)<sup>1</sup>, [Ryus CR](#)<sup>1</sup>, [Harrison RF](#)<sup>2</sup>, [Wilson MP](#)<sup>3</sup>, [Wong AH](#)<sup>2</sup>.

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### **Abstract**

#### **BACKGROUND:**

Organic conditions can often mimic neuropsychiatric disorders, leading to delays in diagnosis and treatment for the most vulnerable populations presenting to the emergency department (ED).

#### **CASE REPORT:**

Here we discuss a case of cryptococcal meningoencephalitis seemingly consistent with psychosis on initial evaluation, and present strategies to recognize and treat this condition. WHY SHOULD AN EMERGENCY PHYSICIAN BE AWARE OF THIS?: Due to the indolent time course of this disease, initial symptoms of altered mental status and personality changes may be attributed to drug use or psychiatric illness before more overt evidence for increased intracranial pressure and neurologic infection develops. It is important for emergency clinicians to maintain a high level of suspicion for this condition in at-risk patients and reassess them frequently during their ED visit.

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16. Med Hypotheses. 2019 May;126:69-77. doi: 10.1016/j.mehy.2019.03.020. Epub 2019 Mar 23.

# The psycho-periodic cube.

[Ceylan ME](#)<sup>1</sup>, [Evrensel A](#)<sup>2</sup>, [Dönmez A](#)<sup>3</sup>, [Önen Ünsalver B](#)<sup>4</sup>, [Kaya Yertutanol FD](#)<sup>3</sup>, [Com AM](#)<sup>5</sup>.

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## **Abstract**

The current diagnostic classification systems in psychiatry have been developed primarily for evidence-based clinical decision making with both categorical and dimensional approaches having their own advantages and disadvantages. Efforts have been made to improve these classification systems, and we are now at the point where we must expand beyond the one-dimensionality of these systems. In this paper, we propose that psychiatric disorders can be arranged in a three-dimensional classification system according to the degree of dysfunctions on three specific axes in a way that is similar to the arrangement of chemical elements according to their atomic weights in Mendeleev's periodic table. For the three axes, we chose externalization, drive, and attention to represent the three-dimensional descriptions of mental health, namely, well-being in social, motivational, and cognitive areas, respectively. Throughout the paper, we explain our reasons for choosing these three axes and compare our hypothesis with categorical diagnostic systems as well as Cloninger's dimensional diagnostic system using personality disorders, affective disorders, and schizophrenia as the specific diagnostic samples.

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PMID: 31010503

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17. Borderline Personal Disord Emot Dysregul. 2019 Apr 10;6:5. doi: 10.1186/s40479-019-0104-5. eCollection 2019.

## Hypermentalizing as a marker of borderline personality disorder in Italian adolescents: a

# cross-cultural replication of Sharp and colleagues' (2011) findings.

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## **Abstract**

### **Background:**

Extant literature indicates that Borderline Personality Disorder (BPD) may be reliably assessed in adolescence. Sharp and colleagues' (2011) suggested that mentalization could be an important early target for intervention in BPD adolescents and showed that hypermentalizing may represent an important marker to distinguish emerging BPD from adolescent turmoil. We aimed at testing if both dimensionally-assessed and categorically-diagnosed BPD was selectively associated with hypermentalizing errors on the Movie for the Assessment of Social Cognition (MASC) task in Italian adolescent inpatients and community adolescents.

### **Findings:**

The sample was composed of 58 Italian adolescents who were consecutively admitted to an adolescent psychiatry unit in Rome, Italy. BPD was assessed using the Structured Clinical Interview for *DSM-5* Personality Disorders (SCID-5-PD); the MASC task was used to assess mentalizing. Findings supported the hypothesis of a specific link between BPD features and hypermentalizing in adolescent inpatients. Both dimensionally-assessed and categorically-assessed BPD showed significant and non-negligible associations with hypermentalizing. The overall performance on the MASC task significantly discriminated BPD adolescents from Italian community-dwelling adolescents.

### **Conclusions:**

Our findings supported the hypothesis that specific deficits in mentalization-namely, hypermentalizing-may play a crucial role in the developmental pathway leading to emerging BPD in adolescence.

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## Conflict of interest statement

The study was conducted in accordance with the Italian Psychology Association Ethical Guidelines. "Sapienza" University of Rome Institutional Review Board approved the data collection process, in which consent was obtained from the participants, parents/legal guardian, and assent was obtained from the adolescent participants, and approved also the current study data analysis. 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.

18. *J Affect Disord.* 2019 Apr 9;252:464-474. doi: 10.1016/j.jad.2019.04.031. [Epub ahead of print]

# Temperament and character influence on depression treatment outcome.

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## **Abstract**

### **BACKGROUND:**

personality features have been repeatedly associated with depression treatment outcome in Major Depressive Disorder (MDD), however conclusive results are still lacking. Moreover, as for Bipolar Disorder (BD), results are only few and preliminary.

### **AIM:**

the aim of the present study was to perform an exploratory investigation of the influence of personality traits as assessed by the Temperament and Character Inventory (TCI), on principal depression treatment outcomes (non remission, non response and resistance).

### **METHODS:**

743 mood disorders patients (455 MDD (61.24%) and 288 BD (38.76%)) were recruited in the context of 6 European studies. Generalized logit models were performed to test the effects of TCI dimensions on treatment outcomes, considering possible confounders such as age, gender and education. Positive results were controlled for comorbidities (anxiety and substance use disorders) as well.

### **RESULTS:**

MDD Non-Remitters showed high Harm Avoidance (HA) and Self Transcendence (ST) ( $p = 0.0004$ ,  $d = 0.40$ ;  $p = 0.007$ ,  $d = 0.36$  respectively) and low Persistence (P) and Self Directedness (SD) ( $p = 0.05$ ;  $d = 0.18$ ;  $p = 0.002$ ,  $d = 0.40$ , respectively); MDD Non-Responders showed a slightly different profile with high HA and low Reward Dependence (RD) and SD; finally, MDD Resistant showed low RD, P and Cooperativeness (C). In BD patients, only higher HA in non response was observed.

### **LIMITATIONS:**

the retrospective cross-sectional design, the TCI assessment regardless of the mood state and the small number of bipolar patients represent the main limitations.

### **CONCLUSION:**

specific TCI personality traits are associated with depression treatment outcome in MDD patients. The inclusion of such personality traits, together with other socio-demographic and clinical predictors, could ameliorate the accuracy of the prediction models available to date.

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19. J Forensic Leg Med. 2019 Apr 8;64:49-51. doi: 10.1016/j.jflm.2019.04.003. [Epub ahead of print]

## [Cause, manner and age of death in a series of decedents with tattoos presenting for medicolegal autopsy.](#)

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### **Abstract**

Tattoos have been previously linked to high-risk behaviours involving drug use, sexual promiscuity, mental health disorders such as depression and subsequent suicidality, aberrant personality traits including lack of sociability and reduced inhibition, psychopathy and schizophrenia. All of these have been associated with violent and early deaths. Given the recent increase in numbers of individuals being tattooed in Western communities, a retrospective study was undertaken of 100 consecutive autopsy cases with tattoos over a 5-year period from 2013 to 2017, with age and sex-matched controls. Although those with  $\geq 5$  tattoo regions were slightly younger than those with  $< 5$ , 47.4 compared to 49.7 years, this did not reach statistical significance ( $p = 0.35$ ). Similarly, there were no significant differences in the cause and manner of death among the groups ( $p = 0.09$ ). This study has, therefore, shown no significant association between the number of tattoos and premature mortality, or between the cause and manner of death and the presence or absence of tattoos. Previous stereotypes regarding tattooed individuals may no longer apply.

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# Comorbidity Patterns Among Patients With Opioid Use Disorder and Problem Gambling: ADHD Status Predicts Class Membership.

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## **Abstract**

### **OBJECTIVE:**

Psychiatric comorbidities are highly prevalent among individuals affected by substance use disorders and those with non-substance-related addictive disorders such as gambling disorder. More recently, the frequent co-occurrence of substance use disorders and attention-deficit hyperactivity disorder (ADHD) has received particular attention. The aim of our study was to identify patterns of psychiatric comorbidity and to examine associations between patient group and ADHD status with class membership.

### **METHODS:**

Participants were patients with opioid use disorder enrolled in opioid maintenance treatment (OMT), either recruited from the community (n = 142; M age = 35.8 years; 38.7% female) or prison (n = 133; M age = 35.7 years; 21.8% female), and patients undergoing treatment for problem gambling (PrG; n = 80; M age = 43.1 years; 20% female). To enable direct comparisons, the following instruments were applied: Mini International Neuropsychiatric Interview, Adult ADHD self-report scale, Wender Utah Rating Scale, and European Addiction Severity Index. We used a latent class analysis (LCA) to identify psychiatric comorbidity patterns and a multinomial logistic regression to examine associations between patient group, ADHD status, age, and gender with class membership.

### **RESULTS:**

The LCA resulted in a three-class solution: (1) a class of individuals with a relatively low probability of current psychiatric comorbidities, except for a high probability of substance use disorders; (2) a class with markedly increased probabilities of current and recurrent psychiatric comorbidities, especially for major depression; and (3) a class with very low probabilities of psychiatric

comorbidities, except for moderate probabilities of substance use disorders and antisocial personality disorder. Both OMT patients recruited from the community and those in prison were less likely than PrG patients to be assigned to the most burdened class with respect to psychiatric comorbidity (class 2). Further, both individuals with ADHD in childhood and those with adult ADHD were more likely members of class 2.

## CONCLUSIONS:

PrG patients seem to be at an even higher risk for psychiatric comorbidities compared to OMT patients. Raising awareness among practitioners for the high prevalence of psychiatric comorbidities among patients with gambling disorder and individuals with ADHD is crucial to initiate adequate treatment and to improve response.

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# [Who Should Play a Key Role in Preventing Common Mental Disorders that Affect Employees in the Workplace? Results of a Survey with Occupational Health Physicians, Primary Care Physicians, Psychotherapists, and Human Resource Managers.](#)

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## Abstract

The rising burden of common mental disorders (CMDs) in employees requires strategies for prevention. No systematic data exist about how those involved perceive their roles, responsibilities, and interactions with other professional groups. Therefore, we performed a multi-professional standardized survey with health professionals in Germany. A self-administered questionnaire was completed by 133 occupational health physicians (OHPs), 136 primary care physicians (PCPs), 186 psychotherapists (PTs), and 172 human resource managers (HRMs). Inter alia, they were asked which health professionals working in the company health service and in the outpatient care or in the sector of statutory insurance agents should play a key role in the primary, secondary, and tertiary prevention of CMDs in employees. The McNemar test was used in order to compare the attributed roles among the professionals involved. With regard to CMDs, all the professional groups involved in this study declared OHPs as the most relevant pillar in the field of prevention. In primary prevention, HRMs regarded themselves, OHPs, and health insurance agents as equally relevant in terms of prevention. PTs indicated an important role for employee representatives in this field. In secondary prevention, PCPs were regarded as important as OHPs. HRMs indicated themselves as equally important as OHPs and PCPs. In tertiary prevention, only OHPs identified themselves as main protagonists. The other groups marked a variety of several professions. There is a common acceptance from the parties involved that might help the first steps be taken toward overcoming barriers, e.g., by developing a common framework for quality-assured intersectional cooperation in the field of CMD prevention in employees.

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**[Broader autism phenotype and couple interactions in parents of children with autism.](#)**

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## Abstract

The broader autism phenotype refers to sub-clinical autism spectrum disorder characteristics involving socially and emotionally aloof and rigid personality traits and social communication difficulties. Relatives of individuals with autism spectrum disorder, including parents, evidence an increased rate of broader autism phenotype. The goal of this study was to evaluate the association between actor (one's own) and partner (their partner's) broader autism phenotype and the self-reported, observed, and physiological (i.e. electrodermal reactivity) markers of the quality of videotaped couple problem-solving interactions in 158 couples, who had a child with autism spectrum disorder (aged 5-12 years). The mean age of mothers was 39.79 (standard deviation = 5.06) years and the mean age of fathers was 41.77 (standard deviation = 6.02) years for fathers, and 36.6% of parents did not have a college degree. Actor-partner interdependence models, using structural equation modeling in analysis of moment structures, were conducted. Results indicated that parent broader autism phenotype was positively related to adverse couple problem-solving interactions across all measurement methods (observed codes, self-reported affect, and electrodermal reactivity). These effects were independent of child-related challenges. The effect of parent broader autism phenotype occurred through both actor and partner pathways and was strongest for father broader autism phenotype.

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## [Craving for heroin: difference between methadone maintenance therapy patients with and without ADHD.](#)

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## Abstract

### INTRODUCTION:

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder persisting in adulthood in 40-60% of cases. Clinical and neuroimaging studies suggest that patients affected by both drug addiction and ADHD show higher rates of craving for drug than patients without ADHD. We designed a pilot open-label study to investigate the effects of ADHD on craving for heroin in methadone maintenance therapy patients.

#### **METHOD:**

Patients were recruited from outpatient facilities in an addiction treatment unit in the municipality of Alba, Italy. They were assessed using the Structured Clinical Interview for DSM-5 (SCID-5), the SCID-5 for Personality Disorders (SCID-5-PD), the Diagnostic Interview for Adult ADHD, second edition (DIVA 2.0), and the Clinical Opiate Withdrawal Scale (COWS). Categorical variables were examined using the chi-square test, and continuous variables, the t-test and Mann-Whitney's U test for normally and non-normally distributed data, respectively. Data distribution was evaluated using Shapiro-Wilk's test. Significance was set at  $p=0.05$ . Bonferroni correction was applied (0.0063) to avoid type I error.

#### **RESULTS:**

A total of 104 patients were included in the study: 14 affected by ADHD (13.5%) and 90 were not affected (86.5%). Patients with ADHD showed higher intensity of craving for heroin than patients without ADHD in the absence of withdrawal symptoms.

#### **CONCLUSION:**

Drug addiction and ADHD share various neurobiological mechanisms that mutually influence the evolution of both disorders. In particular, dopamine dysfunction within various brain circuits may influence impulsivity levels, motivation, inhibitory control, executive functions, and behavior and, consequently, the intensity of craving.

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## **The Association Between Affective Temperament Traits and Dopamine Genes in Obese Population.**

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## Abstract

Studies indicate the heritable nature of affective temperament, which shows personality traits predisposing to the development of mental disorders. Dopaminergic gene polymorphisms such as *DRD4*, *COMT*Val158Met, and *DAT1* have been linked to affective disorders in obesity. Due to possible correlation between the aforementioned polymorphisms and the affective temperament, the aim of our research was to investigate this connection in an obese population. The study enrolled 245 obese patients (178 females; 67 males). The affective temperament was assessed using the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego autoquestionnaire (TEMPS-A). Genetic polymorphisms of *DAT1*, *COMT*Val158Met and *DRD4* were collected from peripheral blood sample and determined using a polymerase chain reaction (PCR). Only in *COMT* polymorphisms, the cyclothymic and irritable dimensions were significantly associated with Met/Val carriers ( $p = 0.04$ ;  $p = 0.01$ ). Another interesting finding was the correlation between the affective temperament and age in men and women. We assume that dopamine transmission in heterozygotes of *COMT* may determine the role of the affective temperament in obese persons. Dopaminergic transmission modulated by *COMT* may be responsible for a greater temperament expression in obese individuals. To our knowledge, this is the first study describing the role of affective temperament in the obese population, but more research is needed in this regard.

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## [A search for cortical correlates of trait impulsivity in Parkinson's Disease.](#)

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## Abstract

### BACKGROUND:

Impulsivity is an enduring personality trait that is highly relevant for the development of neuropsychiatric disorders. Although impulse control disorders (ICD) are well-characterized non-motor features in Parkinson's disease (PD), mainly related to medication, little is known about neural correlates reflecting trait aspects of impulsivity in PD patients. Here, we address the question whether motor, attentional and non-planning components, measured by the Barratt Impulsiveness Scale (BIS-11), are distinctly related to cortical thickness and cortical folding abnormalities in PD when compared to age-matched healthy controls (HC).

### METHOD:

We investigated cortical thickness (CT) and complexity of cortical folding (CCF) in 22 PD patients with moderately advanced disease stages without ICD and 18 HC using high-resolution structural magnetic resonance imaging (MRI) data. Surface-based data analysis was driven by CAT12 toolbox.

### RESULTS:

PD patients showed widespread CT loss in frontal, cingulate, temporo-parietal and occipital regions (FDR corrected at  $p < 0.05$  using threshold-free cluster enhancement). Significant differences in CCF between groups were not found. Using a multiple regression model, CT in inferior and superior frontal, anterior cingulate and precentral regions significantly predicted BIS attentional subscores ( $p = 0.041$ ).

### CONCLUSION:

These data suggest a specific cortical trajectory associated with impulsivity in moderately advanced staged PD patients. The attentional dimension of trait impulsivity appears to be specifically related to CT, in contrast to alterations of early neurodevelopmental markers, i. e. CCF. Our results shed light on structural correlates of trait impulsivity in PD patients and establish a baseline for future research into neural risk factors potentially predisposing to ICD development.

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## [Mental health professionals' perceived clinical utility of the ICD-10 vs. ICD-11 classification of personality disorders.](#)

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### **Abstract**

#### **AIM:**

The ICD-11 classification of personality disorders (PDs) has adopted a dimensional approach which includes three levels of severity (mild, moderate and severe) with the option of specifying five trait qualifiers (negative affectivity, detachment, dissociation, disinhibition and anankastia) and one borderline pattern qualifier. This study examined mental health professionals' perceived clinical utility of the ICD-11 PD framework compared with the ICD-10 categorical PD framework.

#### **METHOD:**

A sample of 163 mental health professionals (primarily psychologists, nurses and medical doctors) completed a survey in which they were asked to apply the ICD-10 and ICD-11 PD classifications on one of their patients followed by judgement of their clinical utility.

#### **RESULTS:**

The ICD-11 PD framework was generally rated as being slightly more useful than the ICD-10 framework even when accounting for educational background and years of experience. This advantage particularly involved the utility for treatment planning, communicating with patients, comprehensiveness and ease of use. The two frameworks showed no significant differences with respect to utility for communicating with other professionals and describing global personality.

## CONCLUSION:

This study provided initial evidence that mental health professionals perceive the ICD-11 PD classification as slightly more useful for clinical practice than the ICD-10 classification. © 2019 John Wiley & Sons, Ltd.

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# Comorbidity in social anxiety disorder: diagnostic and therapeutic challenges.

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## Abstract

Comorbid disorders are highly prevalent in patients with social anxiety disorder, occurring in as many as 90% of patients. The presence of comorbidity may affect the course of the disease in several ways such as comorbidity in patients with social anxiety disorder (SAD) is related to earlier treatment-seeking behavior, increased symptom severity, treatment resistance and decreased functioning. Moreover, comorbidities cause significant difficulties in nosology and diagnosis, and may cause treatment challenges. In this review, major psychiatric comorbidities that can be encountered over the course of SAD as well as comorbidity associated diagnostic and therapeutic challenges will be discussed.

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## Conflict of interest statement

Disclosure and potential conflicts of interest: The authors declare that they have no conflicts of interest. The International Committee of Medical Journal Editors (ICMJE) Potential Conflicts of

Interests form for the authors are available for download at <http://www.drugsincontext.com/wp-content/uploads/2019/02/dic.212573-COI.pdf>

28. J Pers Disord. 2019 Apr 15:1-30. doi: 10.1521/pedi\_2019\_33\_424. [Epub ahead of print]

## [Personality Pathology Profiles as Moderators of the Growing Pro-Social Program: Outcomes on Cognitive, Emotion, and Behavior Regulation in Male Prison Inmates.](#)

[Brazão N](#), [Rijo D](#), [da Silva DR](#), [do Céu Salvador M](#), [Pinto-Gouveia J](#)<sup>1</sup>.

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### **Abstract**

This study consisted of secondary data analysis of information collected from inmates who had participated in an earlier independent randomized controlled trial testing the effects of the Growing Pro-Social (GPS) program. The current study assessed personality disorders as moderators of the GPS effects in cognitive malfunctioning, emotion regulation strategies, and prison misconduct in male prison inmates. Participants were 254 inmates randomly assigned to either the GPS (n = 121) or the control group (n = 133). Participants completed self-report measures at four time points, and were interviewed with the SCID-II at baseline. Prison misconduct information was collected from prison records. Latent profile analysis identified four different personality pathology profiles. Mixed ANOVAs showed non-significant time × condition × personality pathology profiles effects, indicating that change on the outcome measures was not affected by personality pathology. Findings suggested that severely disturbed inmates could benefit from the GPS program, which stresses the need to provide appropriate treatment to offenders.

PMID: 30985238

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29. J Abnorm Psychol. 2019 Apr 15. doi: 10.1037/abn0000416. [Epub ahead of print]

## [Is psychopathology elevated in Big-C visual artists and scientists?](#)

[Knudsen KS](#)<sup>1</sup>, [Bookheimer SY](#)<sup>2</sup>, [Bilder RM](#)<sup>2</sup>.

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1. Department of Psychology.
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## Abstract

The idea that psychopathology is associated with exceptional creativity has persisted despite a paucity of corroborating or disconfirming evidence. The authors measured psychopathology, including schizotypal personality traits, social responsiveness/autism spectrum traits, and lifetime incidence of mental disorders, along with lab-based tests of creativity in a unique sample of *Big-C* (exceptionally creative) individuals. The authors examined Big-C visual artists (VIS;  $n = 35$ ), Big-C scientists (SCI;  $n = 41$ ), and a smart comparison group (SCG;  $n = 31$ ) matched on age, sex, race/ethnicity, parental education, and estimated IQ. Neither lifetime nor current prevalence of mental disorders was higher in Big-C groups relative to either the SCG or epidemiologic estimates, but individuals without a lifetime history of psychiatric disorder scored higher on a test of creative cognition relative to those who had at least one lifetime diagnosis. The groups differed in self-reported symptoms: VIS reported more schizotypal features than both SCI and SCG, and higher levels of socially divergent traits than SCI. Self-reported symptoms were below diagnostic thresholds in all 3 groups. The findings indicate that neither exceptional creativity nor performance on tests that putatively assess creativity are associated with mental illness but suggest that certain schizotypal features and socially divergent traits-at subclinical levels-are associated with Big-C achievement, at least in visual artists. The findings further raise questions about the sensitivity of laboratory tests for Big-C cognition. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 30985172

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30. J Pers Assess. 2019 Apr 12:1. doi: 10.1080/00223891.2019.1591817. [Epub ahead of print]

## [CORRECTION TO: Special Series on the Personality Functioning Component of the Alternative DSM-5 Model for Personality Disorders.](#)

[No authors listed]

### Erratum for

- [Introduction to the Special Series on the Personality Functioning Component of the Alternative DSM-5 Model for Personality Disorders.](#) [J Pers Assess. 2018]

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# Experiences of (young) women after out of home placement: An examination of personality disorder symptoms through the lens of child maltreatment.

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## **Abstract**

### **BACKGROUND:**

Child maltreatment has been associated with the development of various mental health problems, including the development of personality disorders.

### **OBJECTIVE:**

This study investigated the association between child maltreatment and personality disorder symptoms in 125 women who transitioned out of residential care.

### **METHOD:**

The Child Trauma Questionnaire was used for the measurement of child maltreatment, and Personality disorder symptoms were measured using the Personality Diagnostic Questionnaire 4+. The Psychological Distress Index was used to control for symptoms of distress.

### **RESULTS:**

A Stepwise regression analysis showed that the majority of the associations were found between self-reported emotional abuse, neglect and personality disorder symptoms. Emotional abuse was significantly related to the Paranoid ( $\beta = .42, p < 0.001$ ), Schizoid ( $\beta = .18, p < 0.05$ ), Schizotypal ( $\beta = .18, p < 0.05$ ), Histrionic ( $\beta = .22, p < 0.05$ ), Avoidant ( $\beta = .31, p < .001$ ), Dependent ( $\beta = 0.31, p < .001$ ), Obsessive Compulsive ( $\beta = 0.29, p = .001$ ), Passive Aggressive ( $\beta = 0.23, p < 0.01$ ) and the Depressive personality disorder ( $\beta = .38, p < .001$ ). Emotional neglect was significantly associated to the Borderline Personality Disorder ( $\beta = .32, p < 0.001$ ) and the Paranoid Personality Disorder ( $\beta = -0.22, p < 0.05$ ).

## CONCLUSIONS:

The current study underlines the detrimental effects of childhood maltreatment, and in particular the effects of emotional abuse and neglect.

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PMID: 30974255

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32. Subst Use Misuse. 2019 Apr 11:1-10. doi: 10.1080/10826084.2019.1586950. [Epub ahead of print]

# Anxiety and depression in alcohol use disorder individuals: the role of personality and coping strategies.

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## Abstract

### BACKGROUND:

Anxiety and depression favor the maintenance and relapse of alcohol use disorders (AUDs). Some five factor model personality dimensions (e.g. high neuroticism, low extraversion, and conscientiousness) and coping strategies (e.g. high avoidant and low problem-focused) are associated with AUD and with anxiety and/or depression in AUD individuals.

### OBJECTIVES:

This study aimed to investigate personality and coping in an AUD population as potential predictors of anxiety and depression.

### METHODS:

Through a cross-sectional and multicenter study, 122 AUD people (74 men and 48 women) responded to a sociodemographic interview and three self-questionnaires assessing personality (BFI), coping strategies (brief COPE), and anxiety-depression symptomatology (HADS). Comparative and correlational analyses, as well as hierarchical regressions, were performed.

## RESULTS:

AUD women show higher neuroticism, use more emotion-focused coping and less problem-focused coping than AUD men. They also present higher anxiety. Neuroticism is associated with an ineffective use of coping strategies. Other dimensions, such as openness to experience, extraversion, and conscientiousness, show negative relationships with avoidant coping and positive links with problem-focused strategies. Neuroticism, avoidant coping and gender are predictive for anxiety. Both avoidant and problem-focused coping, but no personality dimension, are predictive for depression.

## CONCLUSION:

These findings underscore the importance of interventions involving specific coping strategies in AUD patients (whether or not anxiety and/or depression is present), both to reduce alcohol use and prevent relapse. Specific therapeutic support for women would be beneficial in the case of anxiety comorbidity.

PMID: 30973041

[Similar articles](#)



33. Psychiatr Serv. 2019 Apr 10;appips201800284. doi: 10.1176/appi.ps.201800284. [Epub ahead of print]

# [Embedding Recovery to Transform Inpatient Mental Health Care: The 333 Model.](#)

[Kar Ray M](#)<sup>1</sup>, [Lombardo C](#)<sup>1</sup>, [Syed Z](#)<sup>1</sup>, [Patel N](#)<sup>1</sup>, [Denman C](#)<sup>1</sup>, [Jones PB](#)<sup>1</sup>.

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## Abstract

### OBJECTIVE:

The 333 model is a radical redesign of acute mental health care. Time-limited inpatient pathways for assessment ( $\leq 3$  days), treatment ( $\leq 3$  weeks), and recovery ( $\leq 3$  months) replaced traditional geographical-sector wards. By making beds available, 333 aspired to improve access, deliver early

treatment, and shorten hospital stays-generating savings through reductions in beds and out-of-area placements (OAPs). This article compares the model's performance against national benchmarking and internal targets.

#### **METHODS:**

The complement of general adult beds (2011-2016) was mapped out. Patient flow data (April 2015-March 2017) were extracted from the National Health Service data warehouse and compared with 2016 NHS benchmarking and 333 targets.

#### **RESULTS:**

Between 2012 and 2016, beds were reduced by 44% compared with 17% nationally. OAPs due to bed unavailability became extremely rare. More than 74% (N=2,679) of patients who were admitted to the assessment unit between 2015 and 2017 were discharged back to the community, minimizing fragmentation of care. Median length of stay was one-sixth as long as the national rate, but readmission rates were higher than the national mean because of the model's innovative approach to managing treatment of patients with personality disorders. Bed occupancy was below the national average, with beds available every night for 2 years.

#### **CONCLUSIONS:**

With its recovery-focused approach, 333 has reduced length of stay and ensured that a stay on any ward is meaningful and adds value. The article demonstrates that bed and OAP reduction and the delivery of safe care can be achieved simultaneously.

PMID: 30966945

[Similar articles](#)

34. J Clin Neurosci. 2019 Apr 5. pii: S0967-5868(18)32129-5. doi: 10.1016/j.jocn.2019.03.062. [Epub ahead of print]

## **Volumetric MRI study of orbito-frontal cortex and thalamus in obsessive-compulsive personality disorder.**

[Atmaca M](#)<sup>1</sup>, [Korucu T](#)<sup>2</sup>, [Tabara MF](#)<sup>2</sup>, [Yildirim H](#)<sup>2</sup>, [Kılıç MC](#)<sup>3</sup>.

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3. Department of Radiology, Firat University School of Medicine, Elazig, Turkey.

## Abstract

### OBJECTIVES:

Obsessive compulsive personality disorder (OCPD) is currently thought to bear a close relationship with obsessive-compulsive disorder (OCD), and other compulsive disorders such as eating disorder and autistic spectrum disorder, as well as with the personality disorders, focusing on some important dimensions like phenomenology, heritability, environmental risk factors, comorbidity, course of illness, neurocognitive endophenotypes, and treatment response. In the present study, when we have taken into consideration the knowledge aforementioned, we aimed to examine OFC and thalamus volumes in patients with OCPD.

### METHODS:

We comparatively measured orbito-frontal cortex (OFC) and thalamus volumes of patients with OCPD and healthy control subjects.

### RESULTS:

Patients with OCPD had considerably smaller left and right OFC volumes compared to those of healthy control subjects. We also found that thalamus volumes of patients were statistically significantly greater than those of healthy comparisons for both sides of region of interest.

### CONCLUSIONS:

We consider that volumetric alterations determined in the present study may be involved in the pathophysiology of the OCPD, considering that OCPD might be related to OCD spectrum disorders neuroanatomically.

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PMID: 30962057

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35. Rev Neurosci. 2019 Apr 6. pii: /j/revneuro.ahead-of-print/revneuro-2018-0116/revneuro-2018-0116.xml. doi: 10.1515/revneuro-2018-0116. [Epub ahead of print]

## [N2 amplitude modulation across the antisocial spectrum: a meta-analysis.](#)

[Pasion R](#)<sup>1</sup>, [Prata C](#)<sup>1</sup>, [Fernandes M](#)<sup>1</sup>, [Almeida R](#)<sup>1</sup>, [Garcez H](#)<sup>1</sup>, [Araújo C](#)<sup>1</sup>, [Barbosa F](#)<sup>1</sup>.

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## Abstract

Despite the accumulated knowledge on antisocial behavior and the positive event-related potential peaking around 300 ms (P3), less is known about the preceding negative electrophysiological response around 200 ms (N2). A systematic search of the literature was conducted to analyze the N2 modulation across the antisocial spectrum. Thirty-seven studies ( $n = 1199$ ) were retrieved to the quantitative analysis. Reduced N2 amplitudes were found in the more severe antisocial manifestations (violent behavior and antisocial personality disorder), which is consistent with previous findings on P3 alterations and N2 reduced amplitudes in externalizing disorders. Findings on psychopathy were mixed, also in accordance with previous P3 results. From a dimensional lens, this supports the heterogeneity of the psychopathic personality structure: impulsivity features are a closer attribute of antisocial behavior and thus may be associated with N2 reduction, while adaptive psychopathic traits may be associated with intact (or even increased) N2 amplitude. The increased N2 amplitudes observed in impulsive behavior challenge, however, the previous meta-analytic findings. As most of the studies on impulsivity include subclinical samples, it leads to the hypothesis that some compensatory mechanisms can still occur at a subclinical level, reflecting the need for heightened allocation of brain resources to yield similar performances. Importantly, inhibition was the core deficit to explain N2 blunted amplitudes, alongside with deficits in the frontal brain region. From our findings, the reduction in P3 amplitude across the antisocial spectrum may be detected in the previous N2 time window.

PMID: 30954973

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36. *Trials*. 2019 Apr 5;20(1):196. doi: 10.1186/s13063-019-3306-7.

## [Short-term versus long-term mentalization-based therapy for outpatients with subthreshold or diagnosed borderline personality disorder: a protocol for a randomized clinical trial.](#)

[Juul S](#)<sup>1,2</sup>, [Lunn S](#)<sup>3</sup>, [Poulsen S](#)<sup>3</sup>, [Sørensen P](#)<sup>4</sup>, [Salimi M](#)<sup>4</sup>, [Jakobsen JC](#)<sup>5</sup>, [Bateman A](#)<sup>6</sup>, [Simonsen S](#)<sup>4</sup>.

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## **Abstract**

### **BACKGROUND:**

Psychotherapy for borderline personality disorder is often lengthy and resource-intensive. However, the current length of outpatient treatments is arbitrary and based on trials that never tested if the treatment intensity could be reduced. As a result, there is insufficient evidence to inform the decision between short-term and long-term psychotherapy for borderline personality disorder. Mentalization-based therapy is one treatment option for borderline personality disorder and consists traditionally of an 18-month treatment program.

### **METHODS/DESIGN:**

This trial is an investigator-initiated single-center randomized clinical superiority trial of short-term (20 weeks) compared to long-term (14 months) mentalization-based therapy for outpatients with subthreshold or diagnosed borderline personality disorder. Participants will be recruited from the Outpatient Clinic for Personality Disorders at Stolpegaard Psychotherapy Centre, Mental Health Services, Capital Region of Denmark. Participants will be included if they meet a minimum of four DSM-V criteria for borderline personality disorder. Participants will be assessed before randomization, and at 8, 16, and 24 months after randomization. The primary outcome is severity of borderline symptomatology assessed with the Zanarini Rating Scale for borderline personality disorder. Secondary outcomes include self-harm incidents, functional impairment (Work and Social Adjustment Scale, Global Assessment of Functioning) and quality of life (Short-Form Health Survey 36). Severity of psychiatric symptoms (Symptom Checklist 90-R) will be included as an exploratory outcome. Measures of personality functioning, attachment, borderline symptoms, group alliance, and mentalization skills will be included to explore potential predictors and mechanisms of change.

### **DISCUSSION:**

This trial will provide evidence of the beneficial and harmful effects of short-term compared to long-term mentalization-based therapy for outpatients with subthreshold or diagnosed borderline personality disorder.

### **TRIAL REGISTRATION:**

ClinicalTrials.gov, [NCT03677037](https://clinicaltrials.gov/ct2/show/study/NCT03677037) . Registered on September 19, 2018.

PMCID: PMC6451226 [Free PMC Article](#)

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37. Acta Psychiatr Scand. 2019 Apr 5. doi: 10.1111/acps.13032. [Epub ahead of print]

## [Severe childhood trauma and clinical and neurocognitive features in schizotypal personality disorder.](#)

[Velikonja T](#)<sup>1,2</sup>, [Velthorst E](#)<sup>1,2</sup>, [McClure MM](#)<sup>1,3</sup>, [Rutter S](#)<sup>1,4</sup>, [Calabrese WR](#)<sup>1</sup>, [Rosell D](#)<sup>1</sup>, [Koenigsberg HW](#)<sup>1,4</sup>, [Goodman M](#)<sup>1,4</sup>, [New AS](#)<sup>1,4</sup>, [Hazlett EA](#)<sup>1,4</sup>, [Perez-Rodriguez MM](#)<sup>1,4,5</sup>.

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### **Abstract**

#### **OBJECTIVE:**

Literature suggests that childhood trauma increases vulnerability for schizophrenia-spectrum disorders, including schizotypal personality disorder (SPD). Yet, it remains unexplored whether childhood trauma predicts symptom load and the level of neurocognitive functioning in SPD.

#### **METHOD:**

We included 225 individuals with SPD and 127 healthy controls. Childhood trauma was evaluated using the Childhood Trauma Questionnaire, and schizotypal traits were assessed using the Schizotypal Personality Questionnaire. Standard neurocognitive assessments covered six cognitive domains.

#### **RESULTS:**

All types of reported childhood trauma were significantly associated with SPD, in a linear fashion. Severe sexual abuse showed the greatest magnitude of association with higher cognitive-perceptual load (e.g., ideas of reference, odd belief or magical thinking); severe emotional neglect was associated with interpersonal scores (e.g., excessive social anxiety, constricted affect) within the SPD group. SPD individuals who reported severe trauma showed worse cognitive functioning (i.e., working memory, verbal/visual learning and memory, as well as verbal fluency).

## CONCLUSIONS:

Particular severe childhood trauma types were associated with higher cognitive-perceptual and interpersonal symptoms in SPD, along with worse cognitive functioning. These findings highlight the need for clinicians to enquire about childhood trauma in SPD patients, since unaddressed early adverse experiences may carry long-term negative consequences.

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38. Br J Sports Med. 2019 Apr 3. pii: bjsports-2019-100654. doi: 10.1136/bjsports-2019-100654. [Epub ahead of print]

# [Psychotherapy for mental health symptoms and disorders in elite athletes: a narrative review.](#)

[Stillman MA](#)<sup>1</sup>, [Glick ID](#)<sup>2</sup>, [McDuff D](#)<sup>3</sup>, [Reardon CL](#)<sup>4</sup>, [Hitchcock ME](#)<sup>5</sup>, [Fitch VM](#)<sup>6</sup>, [Hainline B](#)<sup>7</sup>.

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## Abstract

### BACKGROUND:

Athletes, like non-athletes, suffer from mental health symptoms and disorders that affect their lives and their performance. Psychotherapy, either as the sole treatment or combined with other non-pharmacological and pharmacological strategies, is a pivotal component of management of mental health symptoms and disorders in elite athletes. Psychotherapy takes the form of individual,

couples/family or group therapy and should address athlete-specific issues while being embraced as normative by athletes and their core stakeholders.

## MAIN FINDINGS:

This narrative review summarises controlled and non-controlled research on psychotherapy for elite athletes with mental health symptoms and disorders. In summary, treatment is similar to that of non-athletes-although with attention to issues that are athlete-specific. Challenges associated with psychotherapy with elite athletes are discussed, including diagnostic issues, deterrents to help-seeking and expectations about services. We describe certain personality characteristics sometimes associated with elite athletes, including narcissism and aggression, which could make psychotherapy with this population more challenging. The literature regarding psychotherapeutic interventions in elite athletes is sparse and largely anecdotal.

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## Conflict of interest statement

Competing interests: None declared.

39. Psychopharmacology (Berl). 2019 Apr 2. doi: 10.1007/s00213-019-05239-7. [Epub ahead of print]

# [Anabolic androgenic steroid dependence is associated with impaired emotion recognition.](#)

[Hauger LE](#)<sup>1</sup>, [Sagoe D](#)<sup>2</sup>, [Vaskinn A](#)<sup>3</sup>, [Arnevik EA](#)<sup>4</sup>, [Leknes S](#)<sup>5</sup>, [Jørstad ML](#)<sup>4</sup>, [Bjørnebekk A](#)<sup>4</sup>.

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## **Abstract**

### **RATIONALE:**

Illicit use of anabolic androgenic steroids (AAS) has grown into a serious public health concern throughout the Western World. AAS use is associated with adverse medical, psychological, and social consequences. Around 30% of AAS users develop a dependence syndrome with sustained use despite adverse side effects. AAS dependence is associated with a high frequency of intra- and interpersonal problems, and it is central to identify factors related to the development and maintenance of dependence.

### **METHODS:**

The present study investigated the ability to recognize emotion from biological motion. The emotional biological motion task was administered to male AAS dependent users (AAS dependents; n = 45), AAS non-dependent users (AAS non-dependents; n = 38) and a comparison-group of non-using weightlifters (non-users; n = 69).

### **RESULTS:**

Multivariate analysis of variance showed a general impairment in emotion recognition in AAS dependents, compared to the non-using weightlifters, whereas no significant impairment was observed in AAS non-dependents. Furthermore, AAS dependents showed impaired recognition of fearful stimuli compared to both AAS non-dependents and non-using weightlifters. The between-group effect remained significant after controlling for Intelligence Quotient (IQ), past 6 months of non-AAS drug use, antisocial personality problems, anxiety, and depression.

### **CONCLUSION:**

AAS dependents show impaired emotion recognition from body movement, fear in particular, which could potentially contribute to higher frequency of interpersonal problems and antisocial behaviors in this population.

PMID: 30941469

[Similar articles](#)



40. Behav Cogn Psychother. 2019 May;47(3):363-385. doi: 10.1017/S1352465818000462. Epub 2018 Aug 22.

## **Is Reassurance Seeking Specific to OCD? Adaptation Study of the Turkish Version of**

# Reassurance Seeking Questionnaire in Clinical and Non-Clinical Samples.

[Haciomeroglu B<sup>1</sup>](#), [Inozu M<sup>2</sup>](#).

Author information:

1. Department of Psychology, Ankara Hacı Bayram Veli University, Ankara, Turkey.
2. Department of Psychology, Hacettepe University, Ankara, Turkey.

## **Abstract**

### **BACKGROUND:**

Reassurance seeking in obsessive compulsive disorder (OCD) is a kind of neutralization behaviour that causes considerable interpersonal conflicts.

### **AIMS:**

The purpose of this study was to conduct the adaptation of the Reassurance Seeking Questionnaire (ReSQ; Kobori and Salkovskis, 2013) into the Turkish language, and to examine its psychometric properties. Moreover, we aimed to identify the specificity of reassurance seeking to OCD, as opposed to other anxiety disorders and depression.

### **METHOD:**

Five groups of participants (OCD, anxiety disorders, depression, healthy control groups, and a university student sample) were administered ReSQ, Obsessive Beliefs Questionnaire, Obsessive-Compulsive Inventory-Revised Form, State and Trait Anger Expression Inventory, Guilt Inventory, Beck Depression Inventory and State Trait Anxiety Inventory-Trait Form.

### **RESULTS:**

The findings revealed acceptable test-retest and internal consistency coefficients, and also good construct, convergent, discriminant and criterion validity information for the Turkish version of the ReSQ scales. Results also revealed some aspects of reassurance seeking specific to OCD as opposed to other anxiety disorders and depression.

### **CONCLUSION:**

The results of the present study indicated a good reliability and validity information for the Turkish version of the ReSQ, supporting the cross-cultural nature of the scale.

PMID: 30132422 [Indexed for MEDLINE]

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1. Psychotherapy (Chic). 2019 Jun;56(2):285-296. doi: 10.1037/pst0000217.

## Comparing the treatment process in successful and unsuccessful cases in two forms of psychotherapy for cluster C personality disorders.

[Lilliengren P](#)<sup>1</sup>, [Philips B](#)<sup>2</sup>, [Falkenström F](#)<sup>3</sup>, [Bergquist M](#)<sup>4</sup>, [Ulvenes P](#)<sup>5</sup>, [Wampold B](#)<sup>5</sup>.

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5. Research Institute, Modum Bad Psychiatric Center.

### **Abstract**

Different forms of psychotherapy are effective for cluster C personality disorders, but we know less about what in-session processes promote change. Contrasting successful and unsuccessful cases may elucidate processes that facilitate or impede outcome and offer suggestions for clinical practice and future research. In this exploratory outcome-process study, 10 successful and 10 unsuccessful cases were selected from a randomized trial comparing cognitive therapy and short-term psychodynamic psychotherapy for cluster C personality disorders. Videotaped sessions were rated with the Psychotherapy Process Q-Set (PQS). The treatments were compared in terms of which PQS items differentiated successful and unsuccessful cases, as well as their resemblance with PQS prototypes of "ideal treatments." Therapists' behavior in early sessions was also explored. Results indicate that successful cases in our sample were characterized by a more active and engaged patient. In contrast, unsuccessful cases were characterized by a more directive or "controlling" therapist stance. Correlations with PQS prototypes were moderate to strong in both successful and unsuccessful cases, suggesting that optimal and suboptimal interpersonal processes may be independent of adherence to particular treatments. Exploration of therapist behaviors in early sessions indicated that therapists were more likely to adjust their way of working in the successful cases. Our result suggests that patient engagement and therapists' early efforts to improve the therapy relationship may be pivotal for successful outcome, whereas therapist controlling behavior may obstruct the treatment process, regardless of therapy model used. The impact of these in-session processes should be examined

more closely in larger samples in future studies. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31144852

[Similar articles](#)

2. Personal Disord. 2019 May 30. doi: 10.1037/per0000343. [Epub ahead of print]

## Emotional experiences of clients with borderline personality disorder in dialectical behavior therapy: An empirical investigation of in-session affect.

[King AM](#)<sup>1</sup>, [Rizvi SL](#)<sup>1</sup>, [Selby EA](#)<sup>1</sup>.

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### **Abstract**

Borderline personality disorder (BPD) is a diagnosis characterized by intense and labile emotion; dialectical behavior therapy, a common treatment for BPD, aims to reduce the intensity and lability of clients' emotion through multiple methods, some of which occur in the therapy session, with the expectation that changes will generalize to the rest of clients' lives. However, little research has examined how BPD clients' affect presents and varies in session or whether affect in session reflects patients' patterns of affect outside of treatment. This study had 2 aims: (a) to explore changes in clients' positive and negative affect in therapy, and (b) to assess if the severity of client psychopathology relates to affect in treatment. Positive and negative affect ratings were collected from clients (N = 73) at the start and end of every individual therapy session (total sessions = 1,474). Hierarchical linear modeling and linear regression were used to examine patterns of affect and assess the relationship between affect and severity. Results indicated that positive affect increased while negative affect decreased between the start and end of sessions, with the same pattern of change in pre-session affect from week to week. In addition, increased BPD severity was associated with lower pre-session positive affect ratings and higher negative affect ratings. Further exploration is needed to assess which dialectical behavior therapy treatment processes contribute to changes in in-session affect and how in-session affect relates to treatment outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31144840

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3. Personal Disord. 2019 May 30. doi: 10.1037/per0000341. [Epub ahead of print]

# Managing borderline personality disorder from a life course perspective: Clinical staging and health management.

[Hutsebaut J](#)<sup>1</sup>, [Videler AC](#)<sup>2</sup>, [Verheul R](#)<sup>1</sup>, [Van Alphen SPJ](#)<sup>3</sup>.

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## **Abstract**

Personality disorders change phenomenologically throughout the life course, in interaction with biological, psychological, and social events. In this article, we present a life course perspective on borderline personality disorder (BPD), based on clinical staging (conditional stimulus [CS]) and health management (HM). CS is presented as an alternative to the traditional categorical classification, providing improved opportunities to assess the severity of borderline impairment throughout the life course. It is primarily proposed as a heuristic strategy to guide design and selection of appropriate treatment according to the stage of disease progression. In addition, we introduce the concept of HM in the field of BPD, to organize continuous and coordinated health care management for patients with (emerging) BPD. HM redirects the exclusive focus on curative treatment of late-stage disorders to the broad spectrum of preventive, curative, and care interventions necessary to respond to the various needs in the different stages of BPD throughout the life course. Combining clinical staging and HM could provide a more effective and efficient framework for organizing mental health care for BPD. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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4. Personal Disord. 2019 May 30. doi: 10.1037/per0000344. [Epub ahead of print]

# Self-referential hypermentalization in schizotypy.

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## **Abstract**

There is substantial evidence that patients with schizophrenia have deficits in their ability to make inferences about others' mental states. However, the findings in schizotypy are mixed. In an effort to elucidate these mixed findings, the current study evaluated self-referential theory of mind (ToM) in positive schizotypy, or the ability to make inferences about others' mental states as they apply to the self. In addition, we differentiated between 2 ToM error types: hypermentalization (excessive mental state attribution) and undermentalization (overly simplistic or lack of mental state attribution). We used a 3-group design (positive schizotypy, negative affect psychiatric control group, and healthy control group) to assess ToM performance on the hinting task (Corcoran, Mercer, & Frith, 1995) and a newly developed self-referential version of the hinting task that differentiates between ToM error types. Results demonstrated that the schizotypy group made significantly greater self-referential hypermentalization errors than both control groups. Self-referential hypermentalization was significantly related to referential thinking, aberrant salience, interpersonal schizotypic traits, and functional outcome. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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5. Eat Weight Disord. 2019 May 29. doi: 10.1007/s40519-019-00716-6. [Epub ahead of print]

## [Psychopathological and psychiatric evaluation of patients affected by lipodystrophy.](#)

[Calabrò PF](#)<sup>1,2</sup>, [Ceccarini G](#)<sup>1</sup>, [Calderone A](#)<sup>1</sup>, [Lippi C](#)<sup>1</sup>, [Piaggi P](#)<sup>3</sup>, [Ferrari F](#)<sup>1</sup>, [Magno S](#)<sup>1</sup>, [Pedrinelli R](#)<sup>2</sup>, [Santini F](#)<sup>4</sup>.

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### **Abstract**

#### **PURPOSE:**

Lipodystrophy is a collection of rare disorders defined by complete or partial loss of adipose tissue, due to abnormal adipocyte production, function, or distribution; it shares the main metabolic complications with obesity. Aims of the present study were to investigate the psychopathological characteristics of non-HIV lipodystrophic patients in comparison with a group of obese patients, a group of patients affected by oncologic chronic illness, and a control group of healthy subjects.

## **METHODS:**

All participants were female: 16 non-HIV lipodystrophic women (mean age  $42 \pm 12$  years), 20 women with breast cancer (adenocarcinoma with a positive sentinel lymph node in outpatients awaiting chemotherapy, mean age  $44 \pm 5$  years), 20 obese women (mean age  $40 \pm 3$  years), and 20 healthy women (mean age  $40 \pm 2$  years). Each lipodystrophic patient received a psychiatric assessment, following the diagnostic criteria for DSM-5. Patients and controls received a battery of self-report instruments measuring general psychopathology, body image concerns, eating habits and food craving, and pain concerns. The following psychopathological rating scales were used: SCL-90-R (Symptom Check List) for general psychopathology, BUT (Body Uneasiness Test) for body image, FCQ-T (Food Cravings Questionnaire Trait) for food craving, and WHYMPI (West Haven Yale Multidimensional Pain Inventory) for multidimensional pain inventory.

## **RESULTS:**

The psychiatric assessment of the 16 lipodystrophic patients revealed: three lifetime mood disorder, six current mood disorder, six lifetime anxiety disorder, five current anxiety disorder, four current somatic symptom disorder with predominant pain, six current binge eating disorder, 11 eating disorder not otherwise specified, two borderline personality disorder, one obsessive-compulsive personality disorder, one avoidant personality disorder, and five personality disorder not otherwise specified. In SCL-90-R scale, the subscale sensitivity showed a significantly higher score in the lipodystrophic and oncologic groups compared to healthy subjects. The subscale paranoid ideation showed a significantly higher score in the lipodystrophic group vs all the other groups. The total score of BUT scale was significantly higher in the lipodystrophic compared to healthy subjects. In WHYMPI scale, the scores of pain interference and family support were significantly higher in the lipodystrophic group. The scores of negative responses were significantly higher in the lipodystrophic group vs healthy subjects. In FCQ-T scale, the score of Cues dimension in lipodystrophic patients was significantly lower as compared with all the other groups.

## **CONCLUSIONS:**

Our findings suggest that lipodystrophic patients have an increased prevalence of mood, anxiety, pain, and eating disorders.

## **LEVEL OF EVIDENCE:**

Level III. Evidence obtained from case-control analytic study.

PMID: 31144218

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6. Borderline Personal Disord Emot Dysregul. 2019 May 21;6:9. doi: 10.1186/s40479-019-0106-3. eCollection 2019.

# European guidelines for personality disorders: past, present and future.

[Simonsen S](#)<sup>1</sup>, [Bateman A](#)<sup>2</sup>, [Bohus M](#)<sup>3</sup>, [Dalewijk HJ](#)<sup>4</sup>, [Doering S](#)<sup>5</sup>, [Kaera A](#)<sup>6</sup>, [Moran P](#)<sup>7</sup>, [Renneberg B](#)<sup>8</sup>, [Ribaudi JS](#)<sup>9,10</sup>, [Taubner S](#)<sup>11</sup>, [Wilberg T](#)<sup>12</sup>, [Mehlum L](#)<sup>13</sup>.

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## **Abstract**

Personality disorders (PD) are common and burdensome mental disorders. The treatment of individuals with PD represents one of the more challenging areas in the field of mental health and health care providers need evidence-based recommendations to best support patients with PDs. Clinical guidelines serve this purpose and are formulated by expert consensus and/or systematic reviews of the current evidence. In this review, European guidelines for the treatment of PDs are summarized and evaluated. To date, eight countries in Europe have developed and published guidelines that differ in quality with regard to recency and completeness, transparency of methods, combination of expert knowledge with empirical data, and patient/service user involvement. Five of the guidelines are about Borderline personality disorder (BPD), one is about antisocial personality disorder and three concern PD in general. After evaluating the methodological quality of the nine European guidelines from eight countries, results in the domains of diagnosis, psychotherapy and pharmacological treatment of PD are discussed. Our comparison of guidelines reveals important contradictions between recommendations in relation to diagnosis, length and setting of treatment, as well as the use of pharmacological treatment. All the guidelines recommend psychotherapy as the treatment of first choice. Future guidelines should rigorously follow internationally accepted methodology and should more systematically include the views of patients and users.

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### **Conflict of interest statement**

Competing interestsSS, AB, MB, SD, JSR and LM are either presently involved or have previously been involved in randomized controlled trial of MBT, DBT and TFP. SS was part of the workgroup for the Danish guidelines. AB and PAM were part of the workgroup for the British guidelines. MB, BR and ST have either previously or are presently involved in development of the German guidelines.

7. Cleft Palate Craniofac J. 2019 May 29:1055665619851650. doi: 10.1177/1055665619851650. [Epub ahead of print]

## **"Exposed and Vulnerable": Parent Reports of Their Child's Experience of Multidisciplinary Craniofacial Consultations.**

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### **Abstract**

#### **OBJECTIVE:**

Childhood is a period of extensive socioemotional development, which can be impacted by the presence of a congenital craniofacial anomaly (CFA). Complex multidisciplinary treatment and long-term follow-up are normally required, yet understanding of children's treatment experiences is limited. The objective of this study was to investigate children's experiences of multidisciplinary team (MDT) consultations from the perspective of their parents.

#### **DESIGN:**

Thirty-eight parents of children with a rare CFA were interviewed in person or over the telephone. Interviews were transcribed verbatim, translated into English, and explored using thematic analysis.

#### **RESULTS:**

Background factors influencing the child's experience of the consultation included age, developmental stage, personality, and prior treatment experiences. Participants tried to prepare their child for meeting the MDT, but did not fully understand what to expect themselves. During consultations, participants were acutely focused on their child's emotional state, making it difficult to balance their desire to protect the child from potentially negative experiences, and the need to engage in a constructive dialogue with health professionals. Participants believed that health

professionals' conduct could considerably influence the child's well-being and subsequent treatment decisions. Finally, participants highlighted the need to debrief their child to help them adjust positively.

## CONCLUSIONS:

The ultimate goal of craniofacial care is to help children develop into confident adults who are able to cope with the challenges associated with their condition. Multidisciplinary teams play a vital role in creating a safe and supportive environment in which children feel genuinely informed and involved in key aspects of their care.

PMID: 31142141

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8. Int J Psychiatry Clin Pract. 2019 May 29:1-11. doi: 10.1080/13651501.2019.1576904. [Epub ahead of print]

# Psychopharmacological treatment of patients with borderline personality disorder: comparing data from routine clinical care with recommended guidelines.

[Riffer F](#)<sup>1</sup>, [Farkas M](#)<sup>1</sup>, [Streibl L](#)<sup>1</sup>, [Kaiser E](#)<sup>1</sup>, [Sprung M](#)<sup>1</sup>.

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## Abstract

**Objectives:** Borderline personality disorder (BPD) is a life-threatening mental disorder. Guideline recommendations for pharmacological treatment of patients with BPD vary widely. The objective of the present study was to investigate pharmacotherapy of BPD patients in a routine clinical care setting. **Methods:** Data on the pharmacological treatment of 110 patients (90% female) with BPD (F-60.3), treated in an inpatient psychiatric-psychosomatic clinic in Austria were assessed. **Results:** Results show that clinicians frequently prescribe psychotropic medications to patients with BPD, in many cases multiple medications. The most commonly prescribed substance groups were antipsychotics, mood stabilisers and antidepressants. The most commonly prescribed individual drugs were Quetiapine, Lamotrigine and Setraline. There was no significant difference in the different types or overall number of medications prescribed to BPD patients with vs. without comorbid diagnoses. Pharmacotherapy was not related to comorbidity. **Conclusions:** The present study shows that in routine clinical care settings psychotropic medications are frequently prescribed to patients with BPD, very often resulting in polypharmacy. A positive association between the number of medications and the effectiveness of the inpatient treatment program, as well as the absence of a relationship between number of medications and comorbidity contradicts the often suggested

iatrogenic effect of polypharmacy. Key points Guidelines for pharmacotherapy of borderline personality disorders lack consensus Yet, clinicians frequently prescribe psychotropic medications to BPD patients Types/number of medications prescribed to patients with vs. without comorbidities are similar Larger treatment effects are observed for patients with greater numbers of medications Further knowledge is needed about how and why clinicians prescribe medications.

PMID: 31140337

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9. Front Psychiatry. 2019 May 10;10:336. doi: 10.3389/fpsy.2019.00336. eCollection 2019.

## [Internet Gaming Disorder in Adolescents With Psychiatric Disorder: Two Case Reports Using a Developmental Framework.](#)

[Benarous X](#)<sup>1,2</sup>, [Morales P](#)<sup>3</sup>, [Mayer H](#)<sup>1</sup>, [Iancu C](#)<sup>1</sup>, [Edel Y](#)<sup>3</sup>, [Cohen D](#)<sup>1,4</sup>.

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### **Abstract**

Internet gaming disorder (IGD) has been a controversial entity with various opinions about its clinical relevance as an independent mental disorder. This debate has also included discussions about the relationships between problematic gaming, various psychiatric disorders, and personality traits and dimensions. This paper outlines a developmental-theory based model of Internet gaming misuse inspired by the treatment of two adolescent inpatients. The two clinical vignettes illustrate distinct developmental pathways: an "internalized pathway" *via* the development of social anxiety, emotional and behavioral avoidance; and an "externalized pathway" with a low level of emotional regulation strategies and impulsivity. In both clinical cases, attachment issues played a key role to understand the specific associations of risk and maintaining factors for IGD, and gaming behaviors may be seen as specific forms of maladaptive self-regulatory strategies for these two youths. These clinical observations support the assumption that gaming use problematic in adolescents should be viewed with a developmental approach, including key aspects of emotional development that represent significant targets for therapeutic interventions.

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10. Front Psychiatry. 2019 May 10;10:325. doi: 10.3389/fpsy.2019.00325. eCollection 2019.

# Exploring the Relationship Between the Acceptability of an Internet-Based Intervention for Depression in Primary Care and Clinical Outcomes: Secondary Analysis of a Randomized Controlled Trial.

[Mira A](#)<sup>1,2</sup>, [Soler C](#)<sup>1</sup>, [Alda M](#)<sup>2,3,4</sup>, [Baños R](#)<sup>5,6</sup>, [Castilla D](#)<sup>1,2,5</sup>, [Castro A](#)<sup>7,8</sup>, [García-Campayo J](#)<sup>3,4,8</sup>, [García-Palacios A](#)<sup>1,5</sup>, [Gili M](#)<sup>7,8</sup>, [Hurtado M](#)<sup>9</sup>, [Mayoral F](#)<sup>8,9</sup>, [Montero-Marín J](#)<sup>2,3,8</sup>, [Botella C](#)<sup>1,5</sup>.

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## Abstract

**Background:** Depression is one of the most prevalent psychological disorders worldwide. Although psychotherapy for depression is effective, there are barriers to its implementation in primary care in Spain. The use of the Internet has been shown to be a feasible solution. However, the acceptability of Internet-based interventions has not been studied sufficiently. **Objective:** To assess the acceptability of an Internet-based intervention (IBI) for depression in primary care, and explore the relationship between expectations and satisfaction and the improvement in the clinical variables in primary care patients receiving this intervention. Furthermore, it offers data about the effects of some sociodemographic characteristics on these acceptability variables and analyzes whether the expectations are related to finalizing the intervention. **Methods:** Data were based on depressive patients who were participants in a randomized controlled trial. In the present study, we present the data from all the participants in the Internet intervention groups ( $N = 198$ ). All the participants filled out the expectation and satisfaction scales (six-item scales regarding treatment logic, satisfaction, recommending, usefulness for other disorders, usefulness for the patient, and

unpleasantness), the Beck Depression Inventory-II, and the secondary outcome measures: depression and anxiety impairment, and positive and negative affect. **Results:** Results showed that participants' expectations and satisfaction with the program were both high and differences in expectations and satisfaction depended on some sociodemographic variables (age: older people have higher expectations; sex: women have greater satisfaction). A positive relationship between these variables and intervention efficacy was found: expectations related to "usefulness for the patient" were a statistically related predictor to the results on the BDI-II ( $Beta = 0.364$ ), and the perception of how logical the treatment is ( $Beta = 0.528$ ) was associated with change in the clinical variable. Furthermore, the higher the expectations, the higher the improvements exhibited by the patients in all measures evaluated during the ten intervention modules. High expectations were also directly related to finalizing the intervention. **Conclusions:** This is the first study in Spain to address this issue in the field of IBIs for depression in primary care. The IBI showed high acceptance related to the intervention's efficacy and completion. Research on IBI acceptability could help to implement the treatment offered. Clinical Trial Registration: [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov), identifier [NCT01611818](https://clinicaltrials.gov/ct2/show/study/NCT01611818).  
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11. Hamostaseologie. 2019 May 27. doi: 10.1055/s-0039-1688920. [Epub ahead of print]

## [The Prominent Pioneering 'Plateleteer': Reflections on and Personal Reminiscences of Gustav V. R. Born \(1921-2018\).](#)

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### **Abstract**

Among the pioneers in platelet research, Gustav Born was perhaps the most prominent representative, just a real "plateleteer". He achieved scientific fame for the invention and application of light transmission aggregometry. Importantly, he paved the way for contemporary antiplatelet therapy. Integrating his fundamental knowledge of platelet biology into the pathology of vascular disorders, Born provided seminal contributions to the understanding of atherogenesis and thrombogenesis. He also generated visions for pharmacological strategies that, nowadays, are translated into reality. Inside and outside of science, Born was a great man. He had a deeply held belief in humanity. In this article, his life, scientific career and achievements are appreciated together with personal reminiscences of this outstanding personality.

Georg Thieme Verlag KG Stuttgart · New York.

PMID: 31132799

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### Conflict of interest statement

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

12. Clin Psychol Psychother. 2019 May 27. doi: 10.1002/cpp.2382. [Epub ahead of print]

# Effects of mindfulness training on the default mode network in borderline personality disorder.

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### Abstract

Patients with borderline personality disorder (BPD) present dysfunctions of the default mode network (DMN). Mindfulness training has proven effective to improve the symptoms of BPD. The present study examines the effect of mindfulness training on BPD symptomatology and DMN activity during the performance of a working memory task in patients with BPD. Sixty-five individuals with BPD were randomized to receive psychotherapy with either the Mindfulness module of dialectical behavioural therapy (DBT-M) or with Interpersonal Effectiveness module (DBT-IE). The impact of treatments was evaluated with clinical and mindfulness variables as well as with fMRI during performance of the task. Both groups showed improvement in BPD symptoms and other clinical variables after treatment. Unexpectedly, there were not between-group differences in DMN activation or de-activation. However, activation of the left anterior insula increased in both groups post-intervention. Compared to the control group, participants in the DBT-M group presented higher de-activation in a cluster extending bilaterally from the calcarine, to the cuneus and superior occipital gyri.

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PMID: 31132302

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# Mobile Intervention for Individuals With Psychosis, Dual Disorders, and Their Common Comorbidities: A Literature Review.

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## Abstract

Over 50% of people diagnosed with a severe mental illness, such as schizophrenia or bipolar disorder, will meet criteria for a substance use disorder in their lifetime. This dual disorder often starts during youth and leads to significant societal costs, including lower employability rates, more hospitalizations, and higher risk of homelessness and of suicide attempts when compared to those with a serious mental illness without substance misuse. Moreover, many individuals presenting with comorbid disorders also present with other psychological difficulties as well, such as personality disorders or anxiety and depression, also known as complex comorbid disorders. Transdiagnostic treatments that focus on core difficulties found in people with complex dual disorders, such as emotional regulation, are direly needed. Emotional regulation skills can help reduce distress related to psychotic symptoms and maintain abstinence in substance use disorders. New technologies in the field of communications have developed considerably over the past decade and have the potential to improve access to such treatments, a major problem in many health care settings. As such, this paper aims at: presenting core difficulties present in many individuals with dual disorders, reviewing the scientific literature pertaining to the use of mobile applications in mental health and addictions, and presenting the development and potential of a new application for emotional regulation for people with dual disorders.

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## Schizophrenia-spectrum psychopathology in obsessive-compulsive disorder: an empirical study.

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### **Abstract**

The differential diagnosis of obsessive-compulsive disorder (OCD) and schizophrenia-spectrum disorders can be difficult. In the current diagnostic criteria, basic concepts such as obsession and delusion overlap. This study examined lifetime schizophrenia-spectrum psychopathology, including subtle schizotypal symptomatology and subjective anomalies such as self-disorders, in a sample diagnosed with OCD in a specialized setting. The study also examined the differential diagnostic potential of the classic psychopathological notions of true obsession ('with resistance') and pseudo-obsession. The study involved 42 outpatients diagnosed with OCD at two clinics specialized in the treatment of OCD. The patients underwent semi-structured, narrative interviews assessing a comprehensive battery of psychopathological instruments. The final lifetime research-diagnosis was based on a consensus between a senior clinical psychiatrist and an experienced research clinician. The study found that 29% of the patients fulfilled criteria of schizophrenia or another non-affective psychosis as main, lifetime DSM-5 research-diagnosis. Another 33% received a research-diagnosis of schizotypal personality disorder, 10% a research-diagnosis of major depression and 29% a main research-diagnosis of OCD. Self-disorders aggregated in the schizophrenia-spectrum groups. True obsessions had a specificity of 93% and a sensitivity of 58% for a main diagnosis of OCD. In conclusion, a high proportion of clinically diagnosed OCD patients fulfilled diagnostic criteria of a schizophrenia-spectrum disorder. The conspicuous obsessive-compulsive symptomatology may have resulted in a disregard of psychotic symptoms and other psychopathology. Furthermore, the differentiation of obsessions from related psychopathological phenomena is insufficient and a conceptual and empirical effort in this domain is required in the future.

PMID: 31129700

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# [A genome-wide association meta-analysis of prognostic outcomes following cognitive behavioural therapy in individuals with anxiety and depressive disorders.](#)

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## **Abstract**

Major depressive disorder and the anxiety disorders are highly prevalent, disabling and moderately heritable. Depression and anxiety are also highly comorbid and have a strong genetic correlation ( $r_g \approx 1$ ). Cognitive behavioural therapy is a leading evidence-based treatment but has variable outcomes. Currently, there are no strong predictors of outcome. Therapygenetics research aims to identify genetic predictors of prognosis following therapy. We performed genome-wide association meta-analyses of symptoms following cognitive behavioural therapy in adults with anxiety disorders ( $n = 972$ ), adults with major depressive disorder ( $n = 832$ ) and children with anxiety disorders ( $n = 920$ ; meta-analysis  $n = 2724$ ). We estimated the variance in therapy outcomes that could be

explained by common genetic variants ( $h^2_{\text{SNP}}$ ) and polygenic scoring was used to examine genetic associations between therapy outcomes and psychopathology, personality and learning. No single nucleotide polymorphisms were strongly associated with treatment outcomes. No significant estimate of  $h^2_{\text{SNP}}$  could be obtained, suggesting the heritability of therapy outcome is smaller than our analysis was powered to detect. Polygenic scoring failed to detect genetic overlap between therapy outcome and psychopathology, personality or learning. This study is the largest therapygenetics study to date. Results are consistent with previous, similarly powered genome-wide association studies of complex traits.

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16. Mol Cell Endocrinol. 2019 May 20. pii: S0303-7207(19)30135-2. doi: 10.1016/j.mce.2019.04.021. [Epub ahead of print]

## [Associations between neuropsychological performance and appetite-regulating hormones in patients with anorexia nervosa and healthy controls: Ghrelin's putative role as a mediator of decision-making.](#)

[Paslakis G](#)<sup>1</sup>, [Agüera Z](#)<sup>2</sup>, [Granero R](#)<sup>3</sup>, [Sánchez I](#)<sup>4</sup>, [Riesco N](#)<sup>4</sup>, [Jiménez-Murcia S](#)<sup>5</sup>, [Fernández-García JC](#)<sup>6</sup>, [Garrido-Sánchez L](#)<sup>6</sup>, [Tinahones FJ](#)<sup>6</sup>, [Casanueva FF](#)<sup>7</sup>, [Baños RM](#)<sup>8</sup>, [Botella C](#)<sup>9</sup>, [Crujeiras AB](#)<sup>7</sup>, [Torre R](#)<sup>10</sup>, [Fernández-Real JM](#)<sup>11</sup>, [Frühbeck G](#)<sup>12</sup>, [Ortega FJ](#)<sup>11</sup>, [Rodríguez A](#)<sup>12</sup>, [Serra-Majem L](#)<sup>13</sup>, [Fitó M](#)<sup>14</sup>, [Menchón JM](#)<sup>15</sup>, [Fernández-Aranda F](#)<sup>16</sup>.

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## **Abstract**

Anorexia nervosa (AN) is a severe eating disorder accompanied by alterations in endocrinological circuits and deficits in neuropsychological performance. In this study, a series of appetite-regulating hormones (ghrelin, leptin, cholecystokinin, PYY, adiponectin, and visfatin) were measured under fasting conditions in female patients with AN and female healthy controls. All of the participants also underwent a battery of neuropsychological assessment [namely the Iowa Gambling Task (IGT), the Wisconsin Card Sorting Test (WCST), and the Stroop Color and Word Test (SCWT)]. As the main finding, we found that higher ghrelin levels predict better performance in the IGT. Ghrelin may be a putative mediator of decision-making, a finding that has not been described so far. The role of

ghrelin in decision-making can only be described as speculative, as there are hardly any additional evidence-based data published up to date. Further studies are warranted.

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17. J Pers Assess. 2019 May 20:1-11. doi: 10.1080/00223891.2019.1594842. [Epub ahead of print]

## [Development of a Short Form for the DSM-5 Levels of Personality Functioning Questionnaire.](#)

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### **Abstract**

The Diagnostic and Statistical Manual of Mental Disorders (5th ed. [DSM-5]; American Psychiatric Association, 2013 ) introduced the Alternative DSM-5 Model for Personality Disorders (AMPD). Criterion A of the AMPD conceptualizes level of personality functioning (LOPF) in terms of self- and interpersonal functioning. This article describes the development of a short form for the DSM-5 Level of Personality Functioning Questionnaire (DLOPFQ). A sample of 1,279 participants was drawn from community, clinical, and college settings. All participants completed the DLOPFQ full form. The sample was split into a derivation sample (n = 640) and a validation sample (n = 639). Exploratory factor analysis of the derivation sample data was used to select short-form items. Using the validation sample, confirmatory factor analyses (CFAs) were used to assess fit for proposed item-to-subscale assignments. Short-form subscales had good internal consistency estimates, correlated strongly with full-form subscales, correlated with one another, and were associated with relevant constructs. CFA supported a second-order factor model (i.e., four factors loading onto a higher order LOPF factor). Overall, the DLOPFQ Short Form provides a brief assessment of the constructs measured by the full form. Limitations of the study are reviewed, speculations for improving the measure are discussed, and suggestions for future directions are provided.

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18. Psychol Trauma. 2019 May 20. doi: 10.1037/tra0000474. [Epub ahead of print]

# Dissociative subtype of posttraumatic stress disorder or PTSD with comorbid dissociative disorders: Comparative evaluation of clinical profiles.

[Swart S](#)<sup>1</sup>, [Wildschut M](#)<sup>1</sup>, [Draijer N](#)<sup>2</sup>, [Langeland W](#)<sup>2</sup>, [Smit JH](#)<sup>2</sup>.

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## **Abstract**

### **INTRODUCTION:**

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) introduced a dissociative subtype for patients with posttraumatic stress disorder (PTSD) and depersonalization and/or derealization symptoms. Despite high comorbidity rates between PTSD and dissociative disorders (DDs), research has not paid attention to the differentiation or overlap between the dissociative subtype of PTSD and DDs. This raises a question: To what extent do patients with dissociative PTSD differ from patients with PTSD and comorbid DDs?

### **METHOD:**

We compared three groups of complex patients with trauma-related disorders and/or personality disorders (n = 150): a dissociative PTSD, a nondissociative PTSD, and a non-PTSD group of patients with mainly personality disorders. We used structured clinical interviews and self-administered questionnaires on dissociative symptoms and disorders, personality disorders, trauma histories, depression, anxiety, and general psychopathology. The Dissociative Experiences Scale (DES;  $\geq 20$ ) and the depersonalization/derealization subscale of the DES were used for differentiating dissociative PTSD from nondissociative PTSD.

### **RESULTS:**

Of all patients, 33% met criteria for dissociative PTSD. More than half of the dissociative PTSD patients (54%) met criteria for one or more DDs; using the depersonalization/derealization subscale of the DES, even 66% had a comorbid DD. But also of the non-PTSD patients, 24% had a mean DES score of  $\geq 20$ . There were no symptomatic differences (e.g., depression and anxiety) between dissociative PTSD with and without comorbid DDs.

## CONCLUSION:

Overlap between dissociative PTSD and DD is large and we recommend replication of previous studies, using structured clinical assessment of DDs. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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19. Eur Arch Psychiatry Clin Neurosci. 2019 May 20. doi: 10.1007/s00406-019-01027-8. [Epub ahead of print]

# Facial emotion recognition in people with schizophrenia and a history of violence: a mediation analysis.

[Bulgari V](#)<sup>1</sup>, [Bava M](#)<sup>2</sup>, [Gamba G](#)<sup>2</sup>, [Bartoli F](#)<sup>2</sup>, [Ornaghi A](#)<sup>2</sup>, [Candini V](#)<sup>1</sup>, [Ferla MT](#)<sup>3</sup>, [Cricelli M](#)<sup>3</sup>, [Bianconi G](#)<sup>4</sup>, [Cavalera C](#)<sup>1,5</sup>, [Conte G](#)<sup>6</sup>, [Stefana A](#)<sup>6</sup>, [Picchioni M](#)<sup>7,8</sup>, [Iozzino L](#)<sup>1</sup>, [Crocamo C](#)<sup>2</sup>, [Carrà G](#)<sup>9,10</sup>.

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## Abstract

Evidence for an association between impaired facial emotion recognition and violence in people with schizophrenia is inconclusive. In particular, the role of misidentification patterns involving specific emotions such as anger and the influence of clinical characteristics on this association remain unclear. In this study, we compared facial emotion recognition performance in age- and gender-matched schizophrenia spectrum disorders subjects with (N = 52) and without (N = 52) a history of violence. Data on current symptom severity, Cluster B personality status, past victimization, and alcohol and substance misuse were also collected. Compared to those without, subjects with a history of violence showed worse facial emotion recognition performances, involving anger, fear, disgust, sadness, and happiness. When formally testing the reporting of angry faces,

evidence of enhanced sensitivity to anger was not supported. Finally, when the impact of current symptoms was assessed, higher severity of activation symptoms, including motor hyperactivity, elevated mood, excitement and distractibility, mediated the relationship between history of violence and poor facial emotion recognition performance. As a whole, our findings seem to support the role of perceptual deficits involving different emotions as well as of a mediation played by activation symptoms. Facial emotion recognition deficits associated with the propensity to violence, as well as certain symptoms mediating their relationship, should be targeted by specific treatment approaches.

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20. Eur J Psychotraumatol. 2019 May 7;10(1):1603557. doi: 10.1080/20008198.2019.1603557. eCollection 2019.

## [Childhood maltreatment and risk for suicide attempts in major depression: a sex-specific approach.](#)

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### **Abstract**

**Background:** Childhood maltreatment increases the risk of suicide attempts in the general population, possibly having similar effects among patients with major depressive disorder (MDD). The few studies that have addressed this association have been restricted to specific populations (e.g. treatment-resistant depression, personality disorders) and have rarely taken sex into account. **Objective:** To examine the impact of childhood maltreatment on suicide attempts among MDD patients above and beyond other risk factors and potential confounders, while considering potential sex-specific effects. **Methods:** The study assessed 165 patients with a principal diagnosis of MDD. Neurological alterations, psychiatric comorbidities, and drug abuse were reasons for exclusion.

Logistic regressions using the whole sample, and divided by sex, were run to test the association between childhood maltreatment and history of suicide attempts, controlling for symptom severity, comorbidities, and treatment-resistant depression. **Results:** There was a significant and clinically relevant association between childhood maltreatment and history of suicide attempts in the total sample. Patients with childhood maltreatment were 3.01 times more likely to present a history of suicide attempts than patients without childhood maltreatment. A family history of psychiatric disorders also contributed to the variance of attempted suicide, but its interaction with childhood maltreatment was not statistically significant. When testing the model separately, the effect of childhood maltreatment on suicide attempts remained for females, whereas for males, age of MDD onset and Childhood Trauma Questionnaire minimization-denial scale were predictive variables. **Conclusions:** Childhood maltreatment is a clear predictor of suicidal behaviour among MDD patients, and this effect remains significant after controlling for potential confounders. Also, the sex of patients emerges as a relevant factor that may model the mechanisms underlying the prediction of suicide attempts. Since suicide is the main cause of premature death among MDD patients, interventions targeting childhood maltreatment should be included in preventive and clinical strategies.

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21. J Autism Dev Disord. 2019 May 18. doi: 10.1007/s10803-019-04058-1. [Epub ahead of print]

## [Theory of Mind \(ToM\) Performance in High Functioning Autism \(HFA\) and Schizotypal-Schizoid Personality Disorders \(SSPD\) Patients.](#)

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## Abstract

The similarities between high functioning autism (HFA) and schizotypal-schizoid personality disorder (SSPD) in terms of social cognition and interpersonal deficits may lead to confusion in symptom interpretation, and consequently result in misdiagnosis. Thus, this study aims to investigate differences in mentalizing with particular interest on the socio-cognitive and socio-affective dimensions. Three Advanced Theory of Mind (ToM) tests were applied in 35 patients with HFA, 30 patients with SSPD and 36 healthy controls. Individuals with HFA showed greater impairment and no dissociation between affective and cognitive ToM components. Conversely, SSPD individuals displayed less difficulties but greater impairments on the cognitive component. Beyond the replicability of ToM impairment in HFA individuals, our findings suggest more impaired cognitive ToM in SSPD participants which further support the sequence of mentalizing development build upon different chronological stages.

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22. Psychiatry Res. 2019 May 14. pii: S0165-1781(19)30033-2. doi: 10.1016/j.psychres.2019.05.016. [Epub ahead of print]

## [Short communication: Diffusion tensor anisotropy in the cingulate in borderline and schizotypal personality disorder.](#)

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## Abstract

Despite considerable phenomenological differences between borderline personality disorder (BPD) and schizotypal personality disorder (SPD), research increasingly provides evidence that some BPD symptoms overlap with SPD symptoms (e.g., disturbed cognitions). We examined the cingulate, a brain region implicated in the pathophysiology of both disorders, to determine similarities/differences between the groups, and similarities/differences from healthy controls (HC's). 3T structural and diffusion tensor magnetic resonance imaging scans were acquired in BPD (n = 27), SPD (n = 32), HC's (n = 34). Results revealed that BPD patients exhibited significantly lower FA in posterior cingulate white matter compared to HC's (p = 0.04), but SPD patients did not.

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23. Eur Psychiatry. 2019 May 14;60:14-19. doi: 10.1016/j.eurpsy.2019.05.002. [Epub ahead of print]

# People with severe problematic personality traits and offending histories: What influences occupational participation?

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## Abstract

### BACKGROUND:

Occupational participation is important for personality disordered offenders (PDOs) because it is integral to health and desistance from offending. What influences occupational participation is unknown for PDOs in the community, limiting effective intervention to affect change. In England and Wales, the Offender Personality Disorder Pathway aims to improve outcomes for people considered highly likely to have a severe personality disorder and who present a high risk of reoffending, who are determined to be PDOs on the basis of a structured assessment. This study identified the influencers of occupational participation for the population who receive this service.

## **METHOD:**

In this critical realist, qualitative study, narrative interviews were conducted with 18 PDOs supervised by probation in England. Transcripts were analyzed using a grounded theory approach to establish influencers of occupational participation.

## **RESULTS:**

Four themes describe influencers of occupational participation: function of occupations; influence of the past; external forces; and learning and adaptation. The latter theme reflected understandings of occupational adaptation described by the Model of Human Occupation.

## **CONCLUSIONS:**

An intervention to increase prosocial occupational participation should be developed and evaluated for PDOs in the community, taking account of occupational participation over the life course.

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24. Eur Eat Disord Rev. 2019 May 16. doi: 10.1002/erv.2682. [Epub ahead of print]

# **Transactions between early binge eating and personality predict transdiagnostic risk.**

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## **Abstract**

Psychiatric comorbidities are prevalent in youth eating disorders. In a sample of 1,906 youth from the United States (49.2% female), followed from elementary school into high school, we found support for a model to help explain this comorbidity. Endorsement of binge eating in fifth grade (elementary school) predicted increases in negative urgency, negative affect, and lack of planning in seventh grade (middle school). In turn, seventh grade negative urgency predicted increases in 10th grade (high school) externalizing dysfunction (binge eating, alcohol use problems, and smoking) and internalizing dysfunction (depressive symptoms). Seventh grade negative affect predicted increases in 10th grade binge eating and depressive symptoms. Seventh grade lack of planning predicted increases only in 10th grade externalizing behaviours. Early engagement in binge eating may elevate

risk for multiple forms of dysfunction, at least in part due to its prediction of high-risk personality change in middle school.

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25. Psychol Addict Behav. 2019 May 16. doi: 10.1037/adb0000468. [Epub ahead of print]

## [Big Five personality traits and alcohol, nicotine, cannabis, and gambling disorder comorbidity.](#)

[Dash GF](#)<sup>1</sup>, [Slutske WS](#)<sup>1</sup>, [Martin NG](#)<sup>2</sup>, [Statham DJ](#)<sup>3</sup>, [Agrawal A](#)<sup>4</sup>, [Lynskey MT](#)<sup>5</sup>.

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### **Abstract**

The *Diagnostic and Statistical Manual of Mental Disorders (DSM; 5th ed.)* reassignment of gambling disorder as an addictive disorder alongside the substance-related addictive disorders encourages research into their shared etiologies. The aims of this study were to examine: (a) the associations of Big Five personality dimensions with alcohol, nicotine, cannabis, and gambling disorders, (b) the comorbidity between these disorders, (c) the extent to which common personality underpinnings explain comorbidity, (d) whether results differed for men and women, and (e) the magnitude of personality differences corresponding to the 4 disorders. Participants were 3,785 twins and siblings (1,365 men, 2,420 women;  $M_{\text{age}} = 32$  years, range = 21-46 years) from the Australian Twin Registry who completed psychiatric interviews and Big Five personality inventories. The personality profile of high neuroticism, low agreeableness, and low conscientiousness was associated with all 4 addictive disorders. All but 1 of the pairwise associations between the disorders were significant. After accounting for Big Five traits, the associations were attenuated to varying degrees but remained significant. The results were generally similar for men and women. The results suggest that the Big Five traits of neuroticism, agreeableness, and conscientiousness are associated with the general propensity to develop an addictive disorder and may in part explain their co-occurrence; however, they may be more broadly associated with the propensity for any psychiatric disorder. The effect sizes of the personality associations suggest that the diagnosis of gambling disorder as operationalized by the *DSM* may be more severe than the other addictive disorders. Calibration of the diagnosis of gambling disorder to the other addictive disorders may be warranted. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31094546

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26. BMC Psychiatry. 2019 May 15;19(1):150. doi: 10.1186/s12888-019-2098-3.

## [Prediction of psychiatric comorbidity on premature death in a cohort of patients with substance use disorders: a 42-year follow-up.](#)

[Fridell M](#)<sup>1</sup>, [Bäckström M](#)<sup>2</sup>, [Hesse M](#)<sup>3</sup>, [Krantz P](#)<sup>4</sup>, [Perrin S](#)<sup>2</sup>, [Nyhlén A](#)<sup>5</sup>.

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### **Abstract**

#### **BACKGROUND:**

We need to better understand how the use of different substances and psychiatric comorbidity influence premature death generally and cause-specific death by overdose, intoxication and somatic disorders in people with substance use disorders.

#### **METHOD:**

A cohort of 1405 patients consecutively admitted to a Swedish detoxification unit for substance use disorders in 1970-1995 was followed-up for 42 years. Substances were identified by toxicological analyses. Mortality figures were obtained from a national registry. Causes of death were diagnosed by forensic autopsy in 594 patients deceased by 2012. Predictions were calculated by competing risks analysis.

#### **RESULTS:**

Forty-two per cent of the cohort died during follow-up; more men than women (46.3% vs 30.4%). The standardised mortality ratio (SMR) was calculated as the ratio of observed deaths in males and females in specific age groups in the cohort versus expected deaths in corresponding groups in the general population. SMR was 5.68 for men (CI 95%; 5.04-6.11) and 4.98 (CI 95%; 4.08-5.88) for women. The crude mortality rate (number of deaths divided by number of person observation years) was 2.28% for men and 1.87% for women. Opiates predicted increased risk of premature death while amphetamine and cannabis predicted lower risk. Comorbid psychiatric disorders were identified in 378 cases and personality disorders in 763 cases. Primary psychoses or

mood/depression and anxiety disorders predicted a higher risk of premature mortality. Death by overdose was predicted by male gender, younger age at admission to substance treatment, opiate use, and comorbid depression and anxiety syndromes. Cannabis and amphetamine use predicted a lower risk of overdose. Death by intoxication was predicted by male gender, use of sedatives/hypnotics or alcohol/mixed substances, primary psychoses and depression/anxiety syndromes. Premature death by somatic disorder was predicted by male gender and alcohol/mixed abuse.

## CONCLUSION:

Psychiatric comorbid disorders were important risk factors for premature drug-related death. Early identification of these factors may be life-saving in the treatment of patients with substance use disorders.

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27. *Trials*. 2019 May 14;20(1):268. doi: 10.1186/s13063-019-3310-y.

## [Video feedback intervention to enhance parental reflective functioning in primary caregivers of inpatient psychiatric children: protocol for a randomized feasibility trial.](#)

[Leyton F](#)<sup>1,2</sup>, [Olhaberry M](#)<sup>3</sup>, [Alvarado R](#)<sup>4,5</sup>, [Rojas G](#)<sup>6</sup>, [Dueñas LA](#)<sup>7</sup>, [Downing G](#)<sup>8</sup>, [Steele H](#)<sup>9</sup>.

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## **Abstract**

### **BACKGROUND:**

Children requiring hospitalization for psychiatric care have serious disorders, high use of psychotropic medication, and frequent readmissions. The development and implementation of therapies focused on incorporating primary caregivers or attachment figures is necessary for working with children with severe psychiatric disorders. Mentalization or parental reflective functioning (PRF) is the ability of parents to understand their children's behaviors as an expression of internal emotional states and act accordingly to help them regulate their emotions; in this way mentalizing is a key component of sensitive parenting. Video-assisted therapies have proven to be effective in promoting change in parent-child relationships. The majority of studies have been carried out with mothers of pre-school children and in an outpatient setting. Video intervention therapy (VIT) is a flexible manualized therapy, which allows the intervention to be individualized to the context where it is applied, according to the needs and resources of the people who participate in it. The objective of the study is to evaluate the feasibility and acceptability of applying VIT to improve the PRF of the parents as primary carers of children hospitalized in a psychiatric service.

### **METHODS:**

This is a pilot randomized, single-masked (outcome assessor) study with a qualitative component. It will involve a block randomization procedure to generate a 2:1 allocation (with more people allocated to the intervention arm). The intervention consists of four modules; every module has both one video-recorded play session and one VIT session per week. People assigned to the control group will receive treatment as usual plus weekly play sessions. Feasibility and acceptability of the study will be quantitatively and qualitatively assessed. Evaluation of the caregivers will include assessments of PRF, wellbeing and personality structure; assessments of children will include parent-ratings and clinician-ratings of symptomatology and general functioning. After every video feedback (VF) session, PRF, the caregiver's wellbeing and children's general functioning will be reassessed.

### **DISCUSSION:**

This study will contribute to the currently scarce evidence on how to provide family attachment-based interventions in a child inpatient psychiatric unit. It will also inform the design and implementation of a future randomized clinical trial.

### **TRIAL REGISTRATION:**

ClinicalTrials.gov, [NCT03374904](https://clinicaltrials.gov/ct2/show/study/NCT03374904) . Registered on 14 December 2017 (retrospectively registered).

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# [The Severity of Personality Pathology: A Risk Factor for Concurrent Substance Use Disorders in Alcohol Use Disorder.](#)

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## **Abstract**

### **OBJECTIVE:**

Co-occurrence of substance use disorders (CO-substance use disorders) among individuals with alcohol use disorder (AUD) is largely recognized as a critical clinical issue. However, the specific clinical variables involved are still unclear. The recent findings are controversial in pointing out the unique contribution of both impulsivity and emotion dysregulation on CO-substance use disorders. Furthermore, the co-variation between AUD and other substance use disorders includes different aspects of maladaptive personality functioning (i.e., overall severity and specific features). Therefore, this study aims at clarifying the role of impulsivity, emotional dysregulation, and severity of personality pathology on CO-substance use disorders among treatment-seeking individuals with AUD.

### **METHODS:**

One hundred ninety-three treatment-seeking individuals with AUD (DSM-IV-TR) were consecutively recruited. Impulsivity (Barratt Impulsiveness Scale [BIS-11]), emotional dysregulation (Difficulties in Emotion Regulation Scale [DERS]), and personality pathology (Structured Clinical Interview for DSM-IV Axis II Personality Disorder [SCID-II]) were assessed after a 2-week detoxification period. The analyses were based on several stepwise forward logistic regressions. The total score of BIS-11 and DERS together with the number of SCID-II criteria were considered, in following the order, as independent variables controlling for the comorbidity with other lifetime Axis I disorders. CO-substance use disorders was the dependent variable (i.e., any CO-substance use disorders, benzodiazepine and cannabis/cocaine use disorders).

### **RESULTS:**

The number of SCID-II criteria was the only significant predictor of overall CO-substance use disorders, odds ratio (OR) = 1.16; 95% confidence interval (CI) [1.07, 1.26],  $p < .01$ , and cannabis/cocaine use disorders, OR = 1.19; 95% CI [1.08, 1.31],  $p < .01$ . On the contrary, DERS total score was the most robust predictor of benzodiazepine use disorder, OR = 1.02; 95% CI [1.01, 1.04],  $p < .01$ , albeit the severity of maladaptive personality functioning was also significantly associated with this disorder, OR = 1.09; 95% CI [1.00, 1.18],  $p < .05$ .

## CONCLUSIONS:

The severity of maladaptive personality pathology represents one of the main aspects involved in CO-substance use disorders among individuals with AUD. This dimension predicts the CO-substance use disorders above and beyond specific personality dimensions and other psychiatric conditions. Therefore, personality functioning should be precisely assessed and personality pathology should be addressed in the framework of AUD treatments for promoting effective long-term outcomes.

PMID: 31088228

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29. Acta Psychiatr Scand. 2019 May 14. doi: 10.1111/acps.13039. [Epub ahead of print]

# Personality Disorders of drivers killed in fatal motor vehicle accidents in Finland during 1990-2011.

[Räsänen T](#)<sup>1</sup>, [Hakko H](#)<sup>1</sup>, [Riipinen P](#)<sup>2</sup>, [Räty E](#)<sup>3</sup>, [Kantojärvi L](#)<sup>1</sup>.

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## Abstract

### OBJECTIVE:

To examine the association of personality disorders (PDs) to deaths of drivers in fatal motor vehicle accidents, and analyse gender differences in lifetime psychiatric disorders and medico-legal findings at the time of accident.

### METHODS:

The study sample consisted of 4,810 Finnish drivers killed in fatal motor vehicle accidents in Finland between 1990 and 2011. Doctor-diagnosed PD was found in 146 drivers (118 men, 28 women). The information of psychiatric morbidity was obtained from the Finnish Care Register for Health Care.

## RESULTS:

The proportion of deceased drivers with PDs had increased significantly over the study period, particularly among females and those with PD NOS. Suicidality and use of medication affecting driving ability was more common among females with PD compared to males with PD. 88% of all deceased drivers with PD had comorbid psychiatric disorders.

## CONCLUSION:

Our findings indicate that PDs may predispose drivers to fatal motor vehicle accidents, particularly females. This study emphasizes the importance of evaluating the fitness-to-drive of subjects with PD and especially comorbid substance use disorders, which may relate to an increased risk of fatal motor accidents. This article is protected by copyright. All rights reserved.

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30. Perspect Psychiatr Care. 2019 May 13. doi: 10.1111/ppc.12397. [Epub ahead of print]

## [Predictive factors for suicidal attempts: A case-control study.](#)

[Wongpakaran N](#)<sup>1</sup>, [Wongpakaran T](#)<sup>1</sup>, [Kittipodjanasit A](#)<sup>2</sup>, [Chompoonsri P](#)<sup>3</sup>, [Kuntawong P](#)<sup>1</sup>, [Wedding D](#)<sup>4</sup>.

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## Abstract

### PURPOSE:

To identify predictors for 12-month suicide attempt from general psychiatric outpatients.

### DESIGN AND METHODS:

A case-control study compared 55 cases of suicide attempt within the previous 12 months matched for age and sex with 55 nonsuicidal cases. All were interviewed for psychiatric and personality disorder (PD) diagnoses using a DSM-IV-TR diagnostic interview.

## FINDINGS:

Factors associated with suicide attempt included depressive disorders (odds ratio [OR] = 4.62) and borderline PD (OR = 8.99).

## PRACTICAL IMPLICATIONS:

More attention should be paid to identifying PD especially borderline PD in suicidal attempters, and further study of modifiable factors associated with depression and borderline PD is encouraged.

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PMID: 31087381

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31. J Clin Psychol Med Settings. 2019 May 14. doi: 10.1007/s10880-019-09629-z. [Epub ahead of print]

# [Construct Validity of the PHQ-9 Depression Screen: Correlations with Substantive Scales of the MMPI-2-RF.](#)

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## Abstract

The PHQ-9 is a brief, 9-item, self-administered screening tool widely used in primary care medical settings to assess the potential presence of Major Depressive Disorder (MDD). Most published research on the PHQ-9 has focused on sensitivity and specificity with regard to the DSM-IV (American Psychiatric Association, in Diagnostic and statistical manual of mental disorders, 4th edn, American Psychiatric Publishing, Arlington, VA, 2000) categorical diagnosis of MDD, and, indeed, the PHQ-9 exhibits very good psychometric properties in this regard. The current research is an effort to more precisely assess what is being measured by the PHQ-9, given the notably heterogeneous nature of MDD as broad diagnostic category. Here, we provide correlations between the PHQ-9 and substantive scales of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, in Minnesota Multiphasic Personality Inventory-Restructured Form: Manual for administration, scoring, and interpretation, University of Minnesota Press, Minneapolis, 2008/2011), a comprehensive measure of personality and psychopathology. Participants were 231 college student volunteers who completed the PHQ-9 and MMPI-2-RF as components of a broader

research program. Results show that the PHQ-9 was strongly correlated with the broad Higher-Order EID-Emotional/Internalizing Dysfunction scale of the MMPI-2-RF, as well as with RCd-Demoralization, RC7-Dysfunctional Negative Emotions, NEGE-r-Negative Emotionality, and several specific facet scales. Surprisingly, the correlation with RC2-Low Positive Emotions, was not among the strongest, despite the fact that the PHQ-9 ostensibly targets this specific feature of depression (anhedonia). Substantial correlations with the somatic/cognitive scales of the MMPI-2-RF were also found. Implications for modified interpretation of the PHQ-9, and the need for more precise dimensional (rather than categorical) screening tools, are discussed.

PMID: 31087240

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32. Exp Brain Res. 2019 May 13. doi: 10.1007/s00221-019-05554-7. [Epub ahead of print]

## [Is schizotypic maternal personality linked to sensory gating abilities during infancy?](#)

[Smith ES](#)<sup>1,2</sup>, [Crawford TJ](#)<sup>3</sup>, [Thomas M](#)<sup>4</sup>, [Reid VM](#)<sup>3</sup>.

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### **Abstract**

Schizotypy is a personality dimension within the general population elevated among schizophrenia-spectrum patients and their first-degree relatives. Sensory gating is the pre-attentional habituation of responses distinguishing between important and irrelevant information. This is measured by event-related potentials, which have been found to display abnormalities in schizophrenic disorders. The current study investigated whether 6-month-old infants of mothers with schizotypic traits display sensory gating abnormalities. The paired-tone paradigm: two identical auditory tones (stimulus 1 and stimulus 2) played 500 ms apart, was used to probe the selective activation of the brain during 15-minutes of sleep. Their mothers completed the Oxford and Liverpool Inventory of Feelings and Experiences-Short Form as an index of schizotypy dimensionality, categorized into: infants of control, and infants of schizotypic, mothers. The findings revealed that although the infants' P50 components displayed significant differences between stimulus 1 and stimulus 2 in the paired-tone paradigm, there was no clear difference between infants of schizotypic and infants of control mothers. In contrast, all mothers displayed significant differences between stimulus 1 and stimulus 2, as observed in the infants, but also significant differences between their sensory gating ability correlated with schizotypy dimensionality. These findings are consistent with sensory processes, such as sensory gating, evidencing impairment in schizophrenia-spectrum disorders. The present research supports the idea that first-degree relatives of individuals who identify on this spectrum, within the sub-clinical category, do not display the same deficit at 6 postnatal months of age.

PMID: 31087111

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33. J Pers Disord. 2019 May 14:1-16. doi: 10.1521/pedi\_2019\_33\_435. [Epub ahead of print]

# [Quality of Internalized Object Representations and Suicidality in Individuals With Anaclitic and Introjective Personality Styles.](#)

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## **Abstract**

Research has shown differences in the characteristics of suicidal behavior in individuals with dependent (anaclitic) versus self-critical (introjective) personality styles. Questions remain, however, as to what factors distinguish suicidal from nonsuicidal individuals within each personality style. The current study examined clinical and interpersonal correlates of suicidality in 124 patients attending residential treatment for complex psychiatric disorders, with the aim of clarifying how social cognition and quality of internalized object representations relate to suicidality in individuals with anaclitic versus introjective personality organizations. Higher anaclitic and lower introjective traits each predicted higher frequency of prior attempts. Furthermore, higher anaclitic and lower introjective traits interacted with the affective-interpersonal quality of object representations to predict prior attempts, such that each trait was associated with more frequent past attempts in the context of poorer quality of object relations. The treatment implications of these findings are discussed, and areas for future research are considered.

PMID: 31084554

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34. [Persistent Depressive Disorder \(Dysthymia\) \[Internet\].](#)

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StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019-. 2019 May 4.

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**Excerpt**

Persistent depressive disorder is a newly coined term in the DSM-5 to capture what was originally known as dysthymia and chronic major depression. This disorder has been poorly understood, and its classification has evolved due to the complicated and ever-evolving nature of the nosology of depressive disorders.[1] In the past, this disease was considered a depressed personality state, but it is likely better conceptualized as a disease state rather than a personality disorder (permanent, pervasive way of approaching the world). This change is reflected in the history of the diagnosis as the DSM-II originally identified it as a personality disorder. It was not until the DSM-III that dysthymic disorder was defined as a mild chronic depression lasting longer than 2 years.[2] The origin of the word dysthymia dates back to its Greek roots with the first use of the word referring to psychiatry occurring by CF Fleming around 1844.[3][4]

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35. Schizophr Res. 2019 May 9. pii: S0920-9964(19)30160-4. doi: 10.1016/j.schres.2019.04.027. [Epub ahead of print]

[An empirical study of five sets of diagnostic criteria for delusional disorder.](#)

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## **Abstract**

### **BACKGROUND:**

The diagnosis of paranoia/delusional disorder has been significantly modified and redefined from DSM-III to DSM-5, which in turn also meaningfully differ from the ICD-10 criteria. In this study we examined the degree to which these diagnostic systems differ on external variables.

### **METHOD:**

Two-hundred and eighty-six subjects diagnosed of paranoia/delusional disorder according to DSM-III, DSM-III-R, DSM-IV, DSM-5 or ICD-10 criteria were examined for a number of validators including risk factors, premorbid features, illness-related variables and psychosocial functioning. The prevalence rates of the diagnostic criteria and their concordance level were examined, such as the degree to which the criteria sets and their main diagnostic features were differentially related to the validators.

### **RESULTS:**

Diagnostic criteria showed poor to fair concordance. The most inclusive system was the DSM-5 (n = 274) and the most restrictive the DSM-III (n = 187). Compared with subjects fulfilling other diagnostic criteria, those with a DSM-III diagnosis showed more and stronger associations with the validators: presence of cluster A personality disorders, insidious illness onset, poor response to treatment, chronic illness course and poor psychosocial functioning. This association pattern was mainly due to the 6-month duration criterion. Stability of delusions, type of delusions and the ICD-10 3-month duration criterion were poorly related to the validators.

### **CONCLUSIONS:**

Diagnostic criteria for delusional disorder are not interchangeable. DSM-III criteria for paranoia may identify a more severe disorder mainly because the 6-month duration criterion. Type of delusions had a small impact on the validators across diagnostic systems. These findings have implications for future classifications of delusional disorder.

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PMID: 31080154

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# Social participation in persons with upper limb amputation receiving an esthetic prosthesis.

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## **Abstract**

### **STUDY DESIGN:**

Qualitative study.

### **INTRODUCTION:**

An amputation injury to the hand may lead to not only impaired hand function but also psychosocial consequences.

### **PURPOSE OF THE STUDY:**

The purpose of the study was to explore personal experiences of social participation for persons provided with an esthetic prosthesis after acquired upper limb amputation.

### **METHODS:**

Thirteen persons with acquired upper limb amputation, who were in need of and had received an esthetic prosthesis, were interviewed. The transcribed text was subjected to content analysis.

### **RESULTS:**

The emotional reactions to a visibly different hand were linked to a changed appearance and a feeling of being exposed. Recollecting the accident could result in nightmares and sleeping disorders. A change of personality, due to sadness after the amputation was expressed, as well as social insecurity and impact on relations and life roles. Adapting to social challenges comprised hiding or exposing the hand, using personal internal resources and receiving support from others. The esthetic prosthesis contributed to an intact appearance and could serve as a facilitator for initial or long-term social participation. The time that had passed since the injury made it easier to deal with the consequences or in achieving acceptance.

## DISCUSSION:

Coping with emotions and social relations after an acquired amputation can be difficult and complex.

## CONCLUSIONS:

Individual needs must be considered and questions about appearance and how it may affect social participation must be asked. An esthetic prosthesis can normalize the appearance and offer the confidence needed to facilitate social participation in those struggling with appearance-related concerns.

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37. J Psychiatr Res. 2019 May 3;114:149-152. doi: 10.1016/j.jpsychires.2019.05.002. [Epub ahead of print]

# Traumatic brain injury and coextensive psychopathology: New evidence from the 2016 Nationwide Emergency Department Sample (NEDS).

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## Abstract

Traumatic brain injury (TBI) is a significant public health issue associated with increased medical comorbidity and economic burden. The majority of studies of TBI among clinical populations are geographically limited and rely on small samples. As such, the current study seeks to examine the

prevalence and psychosocial correlates of TBI in a nationally representative emergency department (ED) sample. Using the 2016 Nationwide Emergency Department Sample, logistic regression was employed to examine the relationship between TBI history, sociodemographic factors and mental health disorders. An estimated 179,986 adults age 18 and older were admitted to United States EDs in 2016 with a personal history of TBI. The majority of patients were male (69.71%), ages 50 years or older (50.92%) with Medicare (44.30%) or Medicaid (28.65%) insurance. Diagnoses of posttraumatic stress disorder (AOR = 3.99), affective disorders (AOR = 2.97), anxiety disorders (AOR = 1.68), personality and behavior disorders (AOR = 2.77), and schizophrenia (AOR = 2.80) were significantly associated with history of TBI. These results provide insight into the developmental pathogenesis of TBI and its comorbid psychiatric consequences.

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38. BMC Psychiatry. 2019 May 10;19(1):144. doi: 10.1186/s12888-019-2131-6.

## [The prevalence, metabolic disturbances and clinical correlates of recent suicide attempts in Chinese inpatients with major depressive disorder.](#)

[Ma YJ](#)<sup>1</sup>, [Wang DF](#)<sup>2</sup>, [Yuan M](#)<sup>1</sup>, [Zhang XJ](#)<sup>1</sup>, [Long J](#)<sup>1</sup>, [Chen SB](#)<sup>1</sup>, [Wu QX](#)<sup>1</sup>, [Wang XY](#)<sup>1</sup>, [Patel M](#)<sup>3</sup>, [Verrico CD](#)<sup>3</sup>, [Liu TQ](#)<sup>4</sup>, [Zhang XY](#)<sup>5,6</sup>.

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## Abstract

### BACKGROUND:

Metabolic disturbances have been correlated with suicidality, but little is known about the association between suicide risk and metabolic disturbances among individuals with depression. This study was to evaluate the prevalence and clinical correlations, especially cardio-metabolic associated factors of recent suicide attempts in Chinese patients with major depressive disorder (MDD).

### METHODS:

A total of 288 MDD inpatients were recruited. Their clinical and demographic data together with plasma glucose, lipid and thyroid function parameters were collected. Self-Rating Depression Scale (SDS), Self-Rating Anxiety Scale (SAS) and Eysenck Personality Questionnaire (EPQ) were rated for most of the patients.

### RESULTS:

Of these MDD inpatients, 20.14% had attempted suicide during the past 1 month. Compared to those who had not attempted suicide, the suicide attempters had a significantly longer duration of illness, lower low-density lipoprotein (LDL) cholesterol, lower total cholesterol, and more psychotic symptoms. However, all these significant results did not survive after the bonferroni correction (all  $p > 0.05$ ). A logistic regression analysis indicated that suicide attempts were associated with the lower total cholesterol and more psychotic symptoms.

### CONCLUSIONS:

Our findings support the hypothesis of the association of low plasma cholesterol level and recent suicidal attempts in patients with MDD.

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39. Intern Emerg Med. 2019 May 10. doi: 10.1007/s11739-019-02101-8. [Epub ahead of print]

## [High-dose lormetazepam dependence: strange case of Dr. Jekyll and Mr. Hyde.](#)

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## Abstract

High-dose benzodiazepine (BZD) abuse is emerging as a substance use disorder (SUD). The aim of the study is to explore the impact of high-dose lorazepam (LMZ) abuse and the characteristics of patients affected by this SUD in a tertiary referral addiction unit. We have retrospectively evaluated 1112 patients admitted to the Addiction Medicine Unit, Verona University Hospital, Italy for detoxification from high-dose BZD dependence. LMZ was the most common BZD, with an increasing prevalence from January 2003 to June 2018. Socio-demographic (more women; higher age and education) and clinical features (higher daily diazepam dosage equivalent, BZD abuse duration, age of first BZD intake; BZD prescribed more frequently for sleep disorders; less frequent history of other SUDs, previous/active alcohol, previous opioids abuse; more frequent overall major psychiatric diseases and major depression; less-frequent bipolar disorders and other psychoses, personality disorders, and more than one psychiatric disease) of LMZ vs. other BZD abusers significantly differed. 96.7% LMZ abusers took oral solution, while two-thirds of other BZD abusers took tablets. Oral solution, BZD abuse duration and prescription of BZD for sleep disorders increased, while history of other SUDs, previous/active alcohol and active cannabinoids SUD reduced the risk of high-dose LMZ vs. other BZDs abuse. The large prevalence of high-dose LMZ abusers in Italy may be strongly related to the availability and characteristics of oral formulation that may transform the innocuous Dr. Jekyll tablets into an evil Mr. Hyde. Restriction to the market of LMZ oral formulation might reduce the risk of high-dose abuse.

PMID: 31076977

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40. Appetite. 2019 May 7;140:50-75. doi: 10.1016/j.appet.2019.05.005. [Epub ahead of print]

## [Orthorexia nervosa: A review of psychosocial risk factors.](#)

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## Abstract

Orthorexia nervosa (ON) is a condition described as a pathological obsession with healthy eating. This paper will review the prevalence of ON and how ON is measured. The primary objective is to critically analyze findings on the psychosocial risk factors associated with ON, to consider its relation to other mental disorders, and to offer directions for future research. The key words "orthorexia" and "orthorexia nervosa" were searched in the databases PsycINFO and MEDLINE/PubMed. This paper reviewed peer-reviewed articles published up until December 31st, 2018. Quality assessment was conducted on each study reviewed. Results identified psychometric problems with the most common measure of ON. Gender and self-esteem were generally found to be unrelated to ON. Perfectionism, obsessive-compulsive traits, psychopathology, disordered eating, history of an eating disorder, dieting, poor body image, and drive for thinness were positively associated with greater ON. Findings between ON and the following risk factors were mixed: age, SES, BMI, belonging to a health-related field, exercise engagement, vegetarianism/veganism, body dissatisfaction, and alcohol, tobacco, and drug use. We discuss how the literature on risk factors informs understanding the nature of psychopathology of ON. Strengths and limitations of studies are reviewed and directions for future research are identified. Suggestions are made for more psychometrically valid assessment measures of ON that include questions about impairment, so that ON etiology can be accurately studied.

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41. Autism. 2019 May 9:1362361319844636. doi: 10.1177/1362361319844636. [Epub ahead of print]

## [Psychopathology in parents of children with autism spectrum disorder: A systematic review and meta-analysis of prevalence.](#)

[Schnabel A](#)<sup>1</sup>, [Youssef GJ](#)<sup>1,2</sup>, [Hallford DJ](#)<sup>1</sup>, [Hartley EJ](#)<sup>1</sup>, [McGillivray JA](#)<sup>1</sup>, [Stewart M](#)<sup>1</sup>, [Forbes D](#)<sup>3</sup>, [Austin DW](#)<sup>1</sup>.

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## Abstract

Parents of children with autism spectrum disorder appear to experience high levels of psychological distress, yet little is known about the prevalence of psychological disorders in this population. The

aim of this systematic review and meta-analysis was to estimate the proportion of these parents who experience clinically significant psychopathology. Articles reporting proportions of psychological disorders in a sample of parents of children with autism spectrum disorder were located. The initial search returned 25,988 articles. Thirty-one studies with a total sample of 9208 parents were included in the final review. The median meta-analytic proportions were 31% (95% confidence interval = [24%, 38%]) for depressive disorders, 33% (95% confidence interval = [20%, 48%]) for anxiety disorders, 10% (95% confidence interval = [1%, 41%]) for obsessive-compulsive disorder, 4% (95% confidence interval = [0%, 22%]) for personality disorders, 2% (95% confidence interval = [1%, 4%]) for alcohol and substance use disorders and 1% (95% confidence interval = [0%, 5%]) for schizophrenia spectrum disorders. Significant heterogeneity was detected in these categories. Further research is needed to gain more insight into variables that may moderate parental psychopathology. This review and meta-analysis is the first to provide prevalence estimates of psychological disorders in parents of children with autism spectrum disorder.

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42. Neuroscientist. 2019 May 8:1073858419841553. doi: 10.1177/1073858419841553. [Epub ahead of print]

## [The Urge to Decide and Act: Implications for Brain Function and Dysfunction.](#)

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### **Abstract**

Humans and other animals are motivated to act so as to maximize their subjective reward rate. Here, we propose that reward rate maximization is accomplished by adjusting a context-dependent "urgency signal," which influences both the commitment to a developing action choice and the vigor with which the ensuing action is performed. We review behavioral and neurophysiological data suggesting that urgency is controlled by projections from the basal ganglia to cerebral cortical regions, influencing neural activity related to decision making as well as activity related to action execution. We also review evidence suggesting that different individuals possess specific policies for adjusting their urgency signal to particular contextual variables, such that urgency constitutes an individual trait which jointly influences a wide range of behavioral measures commonly related to the overall quality and hastiness of one's decisions and actions. Consequently, we argue that a central mechanism for reward rate maximization provides a potential link between personality traits such as impulsivity, as well as some of the motivation-related symptomology of clinical disorders such as depression and Parkinson's disease.

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# [Borderline personality disorder, complex trauma, and problems with self and identity: A social-communicative approach.](#)

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## **Abstract**

Borderline personality disorder (BPD) is a relatively highly prevalent psychiatric disorder that is associated with very high personal and socioeconomic costs. This paper provides a state-of-the-art review of the relationship between complex trauma and key features of BPD, with a focus on problems with self-coherence and self-continuity. We first review evidence for the high prevalence of complex trauma in BPD patients. This is followed by a discussion of emerging knowledge concerning the biobehavioral mechanisms involved in problems related to self and identity in BPD. We emphasize three biobehavioral systems that are affected by complex trauma and are centrally implicated in identity diffusion in BPD: the attachment system, mentalizing or social cognition, and the capacity for epistemic trust—that is, an openness to the reception of social communication that is personally relevant and of generalizable significance. We formulate a new approach to personality and severe personality disorders, and to problems with self and identity in these disorders, rooted in a social-communicative understanding of the foundations of selfhood. We also discuss how extant evidence-based treatments address the above-mentioned biobehavioral systems involved in identity diffusion in BPD and related disorders, and the supporting evidence. We close the paper with recommendations for future research.

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# Intergenerational transmission of emotion dysregulation: Part I. Psychopathology, self-injury, and parasympathetic responsivity among pregnant women.

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## **Abstract**

The World Health Organization recently reported that maternal mental health is a major public health concern. As many as one in four women suffer from psychiatric disorders at some point during pregnancy or the first postpartum year. Furthermore, self-injurious thoughts and behaviors (SITBs) represent one of the leading causes of death among women during this time. Thus, efforts to identify women at risk for serious forms of psychopathology and especially for SITBs are of utmost importance. Despite this urgency, current single-diagnostic approaches fail to recognize a significant subset of women who are vulnerable to perinatal stress and distress. The current study was among the first to investigate emotion dysregulation—a multilevel, transdiagnostic risk factor for psychopathology—and its associations with stress, distress, and SITBs in a sample of pregnant women (26–40 weeks gestation) recruited to reflect a range of emotion dysregulation. Both self-reported emotion dysregulation and respiratory sinus arrhythmia, a biomarker of emotion dysregulation, demonstrated expected associations with measures of mental health, including depression, anxiety, borderline personality pathology, and SITBs. In addition, self-reported emotion dysregulation was associated with blunted respiratory sinus arrhythmia responsivity to an ecologically valid infant cry task. Findings add to the literature considering transdiagnostic risk during pregnancy using a multiple-levels-of-analysis approach.

PMID: 31064587

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# Predicting effects of borderline personality symptoms and self-concept and identity disturbances on internet addiction, depression, and suicidality in college students: A prospective study.

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## **Abstract**

The aims of this study were to evaluate the predicting effects of borderline personality symptoms and self-concept and identity disturbances on internet addiction, significant depression, and suicidality among college students at follow-up assessments conducted 1 year later. A sample of 500 college students aged between 20 and 30 years participated in this study. Their levels of borderline personality symptoms, self-concept and identity disturbances, internet addiction, depression, and suicidality at baseline and at follow-up interviews were assessed through the Borderline Symptoms List, Self-concept and Identity Measure, Chen Internet Addiction Scale, Beck Depression Inventory-II, and questions related to suicidality from the Epidemiological version of the Kiddie Schedule for Affective Disorders and Schizophrenia, respectively. A total of 324 college students received follow-up assessments 1 year later. Among them, 15.4%, 27.5%, and 17% had internet addiction, significant depression, and suicidality, respectively. Our result revealed the severity of borderline symptoms, disturbed identity, unconsolidated identity, and lack of identity at initial assessment increased the occurrence of internet addiction, significant depression, and suicidality at follow-up assessment except for the predictive effect of unconsolidated identity on internet addiction. The results indicated that self-concept and identity and borderline symptoms may have a significant role in the risk of mental health problems in college students.

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# Reduced mentalizing in patients with bulimia nervosa and features of borderline personality disorder: A case-control study.

[Sacchetti S](#)<sup>1</sup>, [Robinson P](#)<sup>2,3</sup>, [Bogaardt A](#)<sup>4</sup>, [Clare A](#)<sup>4</sup>, [Ouellet-Courtois C](#)<sup>4</sup>, [Luyten P](#)<sup>1</sup>, [Bateman A](#)<sup>1</sup>, [Fonagy P](#)<sup>1</sup>.

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## Abstract

### BACKGROUND:

Mentalizing, the mental capacity to understand oneself and others in terms of mental states, has been found to be reduced in some mental disorders such as Borderline Personality Disorder (BPD). Some studies have suggested that Eating Disorders (EDs) may also be associated with impairments in mentalizing, but studies have not always yielded consistent results. This is the first study to systematically investigate mentalizing impairments in patients with Bulimia Nervosa (BN) compared with controls. In addition, we investigated whether impairments in mentalizing were related to BPD features, rather than BN per se, given the high comorbidity between BPD and BN.

### METHODS:

Patients with BN (n = 53) and healthy controls (HCs; n = 87) completed a battery of measures assessing mentalizing including the Reflective Function Questionnaires (RFQ), the Object Relations Inventory (ORI; Differentiation-Relatedness Scales) and the Reading The Mind in The Eyes Test (RMET).

### RESULTS:

Patients with BN scored significantly lower than HCs on all tests of mentalizing, with moderate to large between-group effect sizes. These differences were partially accounted for by BPD features as

assessed with the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD), and partially by bulimic symptoms measured with the Eating Disorder Examination Questionnaire (EDE-Q).

## CONCLUSIONS:

Patients with BN have significantly lower levels of mentalizing as assessed with a broad range of tests compared to HCs. These differences were related to both bulimic symptoms and BPD features. Although further research in larger samples is needed, if replicated, these findings suggest that poor mentalizing may be a significant factor in BN patients and should be addressed in treatment, regardless of the presence of BPD features.

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PMID: 31060534

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47. Prog Neuropsychopharmacol Biol Psychiatry. 2019 May 3;94:109642. doi: 10.1016/j.pnpbp.2019.109642. [Epub ahead of print]

## [The association between SYT1-rs2251214 and cocaine use disorder further supports its role in psychiatry.](#)

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## Abstract

Synaptotagmin-1 is an essential regulator of synaptic vesicle exocytosis, and its encoding gene (SYT1) is a genome and transcriptome-wide association hit in cognitive performance, personality and cocaine use disorder (CUD) studies. Additionally, in candidate gene studies the specific variant rs2251214 has been associated with attention-deficit/hyperactivity disorder (ADHD), antisocial personality disorder and other externalizing phenotypes in adults with ADHD, as well as with response to methylphenidate (MPH) treatment. In this context, we sought to evaluate, in an independent sample, the association of this variant with CUD, a phenotype that shares common biological underpinnings with the previously associated traits. We tested the association between SYT1-rs2251214 and CUD susceptibility and severity (addiction severity index) in a sample composed by 315 patients addicted to smoked cocaine and 769 non-addicted volunteers. SYT1-rs2251214 was significantly associated with susceptibility to CUD, where the G allele presented increased risk for the disorder in the genetic models tested ( $P = 0.0021$ , OR = 1.44, allelic;  $P = 0.0012$ , OR = 1.48, additive;  $P = 0.0127$ , OR = 1.41, dominant). This is the same allele that was associated with increased risk for ADHD and other externalizing behaviors, as well as poor response to MPH treatment in previous studies. These findings suggest that the neurotransmitter exocytosis pathway might play a critical role in the liability for psychiatric disorders, especially externalizing behaviors and CUD. Copyright © 2019 Elsevier Inc. All rights reserved.

PMID: 31059723

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48. Forensic Sci Med Pathol. 2019 Jun;15(2):276-280. doi: 10.1007/s12024-019-00105-6. Epub 2019 Apr 26.

## [The risk of assault against mental health professionals: a fatal case report and literature review.](#)

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## Abstract

Assaults by patients against healthcare providers are an increasing phenomenon worldwide. Mental health professionals in acute facilities and rehabilitation wards have the highest risk of being attacked at work. Verbal abuse or intimidating behaviors represent the most common types of violence. Fatal assault by psychiatric patients has been rarely reported in the literature. We present a case of a female psychiatrist who was fatally stabbed in her office in a Mental Health Center. At autopsy seventy stab wounds were found: four wounds of the neck, fifty penetrating wounds of the thorax, three wounds of the abdomen, six wounds of the lumbar region, and seven wounds of the upper arms including defense injuries. The cause of death was massive blood loss due to multiple stab wounds. The perpetrator was a 44-year-old male patient who had been referred to the victim after a previous admission to hospital following experiences of suicidal ideation and confusion. The extreme and unmotivated violence in a non-acute setting were notable. A borderline-antisocial personality disorder was later diagnosed by forensic experts. This case emphasizes the significant occupational risk for mental healthcare staff to sustain life threatening injuries or death, with implications for training of clinicians, and strategies for preventing aggressive behaviors.

PMID: 31028573 [Indexed for MEDLINE]

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## [Clarifying Deeper Psychological Characteristics of Hikikomori Using the Rorschach Comprehensive System: A Pilot Case-Control Study.](#)

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### **Abstract**

Hikikomori, a form of severe social withdrawal more than 6 months, has increasingly become a crucial issue especially among adolescents. Loneliness, avoidant personality, Japanese culture-related

attachment style ("amae"), and difficulty in expressing emotions are suggested to be related to hikikomori. However, deeper psychological aspects have not been well clarified. The Rorschach test is one of the most popular psychological assessment tools to evaluate deeper personality traits. The Rorschach Comprehensive System (CS) has been established as the most reliable scoring method. Until now, no CS research has been conducted focusing on hikikomori. Therefore, we herein conducted a pilot case-control study using CS in clinical cases with and without hikikomori condition. Participants were recruited from the Mood Disorder/Hikikomori Clinic at Kyushu University Hospital. Twenty-two patients with hikikomori (HK patients) and 18 patients without hikikomori (non-HK patients) participated in the present study. All the 40 participants conducted the self-report Structured Clinical Interview for *DSM-IV* Axis II Personality Disorders (SCID-II) personality questionnaire and CS. Regarding the SCID-II personality questionnaire, various personality traits including passive aggressive trait were significantly higher in HK patients. Among CS variables, HK patients showed higher scores on FC (Form Color) and SumT (total number of texture-related responses). In addition, frequency of SumT was higher in HK patients. The present results suggest that persons with hikikomori are more likely to express emotions indirectly and expect others to presume their feelings and thoughts. Persons with hikikomori may also have difficulty in becoming independent emotionally from primitive dependence and attachment on significant others. Further investigations with larger samples are warranted for validation.

PMCID: PMC6584103 [Free Article](#)

PMID: 31249538

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2. Psychol Psychother. 2019 Jun 27. doi: 10.1111/papt.12240. [Epub ahead of print]

## [Clinical efficacy of a combined acceptance and commitment therapy, dialectical behavioural therapy, and functional analytic psychotherapy intervention in patients with borderline personality disorder.](#)

[Reyes-Ortega MA](#)<sup>1</sup>, [Miranda EM](#)<sup>2</sup>, [Fresán A](#)<sup>3</sup>, [Vargas AN](#)<sup>4</sup>, [Barragán SC](#)<sup>5</sup>, [Robles García R](#)<sup>6</sup>, [Arango I](#)<sup>2</sup>.

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## **Abstract**

### **OBJECTIVE:**

Borderline personality disorder (BPD) consists of a persistent pattern of instability in affective regulation, impulse control, interpersonal relationships, and self-image. Although certain forms of psychotherapy are effective, their effects are small to moderate. One of the strategies that have been proposed to improve interventions involves integrating the therapeutic elements of different psychotherapy modalities from a contextual behavioural perspective (ACT, DBT, and FAP).

### **METHODS:**

Patients (n = 65) attending the BPD Clinic of the Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz in Mexico City who agreed to participate in the study were assigned to an ACT group (n = 22), a DBT group (n = 20), or a combined ACT + DBT + FAP therapy group (n = 23). Patients were assessed at baseline and after therapeutic trial on measures of BPD symptom severity, emotion dysregulation, experiential avoidance, attachment, control over experiences, and awareness of stimuli.

### **RESULTS:**

ANOVA analyses showed no differences between the three therapeutic groups in baseline measures. Results of the MANOVA model showed significant differences in most dependent measures over time but not between therapeutic groups.

### **CONCLUSIONS:**

Three modalities of brief, contextual behavioural therapy proved to be useful in decreasing BPD symptom severity and emotional dysregulation, as well as negative interpersonal attachment. These changes were related to the reduction of experiential avoidance and the acquisition of mindfulness skills in all treatment groups, which may explain why no differences between the three different intervention modalities were observed.

### **PRACTITIONER POINTS:**

Brief adaptations of acceptance and commitment therapy and dialectical behavioural therapy are effective interventions for BPD patients, in combined or isolated modalities, and with or without the inclusion of functional analytic psychotherapy. The reduction of experiential avoidance and the acquisition of mindfulness skills are related with the diminution of BPD symptoms severity, including emotional dysregulation and negative interpersonal attachment.

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PMID: 31246370

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3. Psychol Addict Behav. 2019 Jun 27. doi: 10.1037/adb0000472. [Epub ahead of print]

## [Cannabis use, problem-gambling severity, and psychiatric disorders: Data from the national epidemiological survey on alcohol and related conditions.](#)

[Hammond CJ](#)<sup>1</sup>, [Shirk SD](#)<sup>2</sup>, [Foster DW](#)<sup>1</sup>, [Potenza NB](#)<sup>3</sup>, [Kraus SW](#)<sup>2</sup>, [Mayes LC](#)<sup>4</sup>, [Hoff RA](#)<sup>1</sup>, [Potenza MN](#)<sup>1</sup>.

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### **Abstract**

Cannabis use and related disorders are common in adults and frequently co-occur with subsyndromal and pathological gambling. However, understanding how cannabis use may moderate relationships between problem-gambling severity and psychiatric disorders remains poorly understood. Data from the National Epidemiological Survey on Alcohol and Related Conditions ( $N = 43,093$  adults) were examined to investigate how cannabis use moderated associations between problem-gambling severity (with gambling groups based on the 10 *Diagnostic and Statistical Manual [DSM-IV]* inclusionary criteria for pathological gambling) and Axis I and Axis II psychiatric disorders. Problem-gambling severity groups included low frequency/nongambling, low-risk gambling, at-risk gambling, and problem/pathological gambling (PPG). Among both the group with lifetime cannabis use and that which never used cannabis, greater problem-gambling severity was associated with more psychopathology across mood, anxiety, substance-use and Axis II disorders. Significant Cannabis Use  $\times$  Problem-Gambling Severity Group interactions were observed between PPG and major depression ( $OR = 0.35$ , 95% CI = [0.14-0.85]), cluster A personality disorders ( $OR = 0.37$ , 95% CI = [0.16-0.86])-especially paranoid personality disorder ( $OR = 0.34$ , 95% CI = [0.14-0.81])-and cluster B personality disorders ( $OR = 0.36$ , 95% CI = [0.18-0.75])-especially antisocial personality disorder ( $OR = 0.25$ , 95% CI = [0.11-0.60]). In all cases, associations between problem-gambling severity and psychopathologies were weaker among the lifetime-cannabis-using group as compared to the never-using group. Cannabis use moderates the relationships between problem-gambling severity and psychiatric disorders, with cannabis use appearing to account for some of the variance in the associations

between greater problem-gambling severity and specific forms of psychopathology. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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4. Front Public Health. 2019 Jun 11;7:127. doi: 10.3389/fpubh.2019.00127. eCollection 2019.

## [Personality Associations With Smartphone and Internet Use Disorder: A Comparison Study Including Links to Impulsivity and Social Anxiety.](#)

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### **Abstract**

The present work aims to replicate findings linking specific personality traits with Internet and Smartphone Use Disorder (IUD/SUD). Specifically, earlier research demonstrated that tendencies toward IUD and SUD are associated with high Neuroticism and both low Conscientiousness and low Agreeableness, while IUD (but not SUD) tendencies are negatively related to Extraversion and SUD (but not IUD) tendencies are negatively associated with Openness (1). In the aftermath of the replication crisis in psychology and related disciplines, it has become increasingly important to replicate findings in psychological research. Therefore, we revisited this earlier study by investigating (i) a sample from different countries and (ii) using different questionnaires to assess IUD, SUD and the Five Factor Model of Personality than the earlier work by Lachmann et al. (1). By applying such a design, we believe that replicating results from this earlier study hints toward generalizable associations being (largely) independent from that sample's specific cultural background and instrumentation. Importantly (iii) we used a larger sample consisting of  $N = 773$  in the present study to have higher statistical power to observe the initially reported associations. Additionally, we investigated the role of impulsivity and social anxiety on IUD/SUD, further illuminating the nature of these potential new disorders. Indeed, we were able to reaffirm the aforementioned correlation patterns between personality and IUD/SUD in the present work to a large extent, with low Conscientiousness and high Neuroticism being most robustly associated with higher IUD/SUD. Furthermore, social anxiety and impulsivity showed positive correlations with IUD and SUD, as expected.

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5. J Psychiatr Ment Health Nurs. 2019 Jun 25. doi: 10.1111/jpm.12541. [Epub ahead of print]

## **Stigma: a linguistic analysis of personality disorder in the UK popular press, 2008-2017.**

[Bowen M](#)<sup>1</sup>.

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1. University of Chester, Faculty of Health and Social Care, Parkgate Rd., Chester Cheshire, Ch1 4BJ.

### **Abstract**

#### **INTRODUCTION:**

Many people with a diagnosis of personality disorder experience stigma, and the press' representations may contribute to those processes. To date little is known about how the press write about people with personality disorder and analysis of language used is often limited to checklists of words to avoid.

#### **AIM:**

The aim of the study was to explore the linguistic characteristics of press articles about personality disorder in popular tabloids in the UK and consider the implications for stigmatisation.

#### **METHOD:**

Corpus linguistics was used to examine a 50% sample of all articles published by the popular press in the UK, from 2008 to 2017, that referred to personality disorder (n=260).

#### **RESULTS:**

The findings identified a range of words that constructed narratives of violence.

#### **DISCUSSION:**

The method enabled the findings to expand the current level of knowledge in the field, identifying patterns in the use of the language of violence, which may contribute to the processes of self-stigma.

#### **IMPLICATIONS FOR PRACTICE:**

Greater understanding of the messages in the press can sensitize nurses to common misconceptions about the disorder, how these may have become internalised and the need for psycho-social

interventions to address the impact of self-stigma on self-esteem. This article is protected by copyright. All rights reserved.

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6. Personal Ment Health. 2019 Jun 24. doi: 10.1002/pmh.1454. [Epub ahead of print]

## [Personality disorder co-morbidity in primary care 'Improving Access to Psychological Therapy' services: A qualitative study exploring professionals' perspectives of working with this patient group.](#)

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### **Abstract**

A high prevalence of people present to 'Improving Access to Psychological Therapies' (IAPT) in England with common mental health disorders and co-morbid personality disorder. This group have suboptimal treatment outcomes in IAPT. Whilst new short-term treatment approaches are advocated, no solutions or guidance have been provided. This qualitative study explored IAPT health-care professional (N = 28) perspectives of working with people who present to IAPT with co-morbid personality disorder. Individual semi-structured interviews were digitally recorded, transcribed verbatim and analysed using a framework analysis approach. Results identified a lack of skills and confidence in working with this patient group, restrictive service constraints and a treatment gap between the interface of primary and secondary services. Insight into acceptable adaptations to practice are identified that have transferable utility to a wider international audience who can identify people outside of specialist mental health services with common mental health disorders and co-morbid personality disorder traits.

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# Assessing the relationships between self-reports of childhood adverse experiences and DSM-5 alternative model of personality disorder traits and domains: A study on Italian community-dwelling adults.

[Borroni S](#)<sup>1</sup>, [Somma A](#)<sup>1</sup>, [Krueger RF](#)<sup>2</sup>, [Markon KE](#)<sup>3</sup>, [Perego G](#)<sup>1</sup>, [Pietrobon A](#)<sup>1</sup>, [Turano E](#)<sup>1</sup>, [Fossati A](#)<sup>1</sup>.

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## Abstract

A body of research suggests that child maltreatment may not represent an uncommon phenomenon. Adverse childhood experiences have been consistently linked to a variety of mental disorders, including personality disorder. Starting from these considerations, we aimed at testing the associations between retrospective self-reports of childhood abuse and Personality Inventory for DSM-5 (PID-5) traits and domains in a sample of community-dwelling adult participants (N = 369; 41.2% male). PID-5 scales yielded 63 (52.5%) rank-order correlations with self-reports of childhood abuse that were significant at Bonferroni-corrected p level (i.e.  $p < 0.00042$ ), with values ranging from 0.18 to 0.36. According to Fisher's z-test for correlation coefficient homogeneity, the wide majority of the correlations were reproduced across male participants and female participants. Partial rank-order correlation analyses highlighted specific personality profiles that were uniquely, albeit modestly associated with memories of childhood abuse. Confirming and extending previous findings, our results showed that retrospective reports of childhood abuse are significantly, albeit moderately associated with different dysfunctional personality traits, at least in Italian community-dwelling adults. As a whole, our data seemed to stress the importance of PID-5 traits and domains in improving our understanding of the relationships between self-reports of childhood abuse and dysfunctional personality dimensions in adulthood.

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# Crack users and violence. What is the relationship between trauma, antisocial personality disorder and posttraumatic stress disorder?

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## **Abstract**

### **TITLE:**

Crack users and violence. What is the relationship between trauma, antisocial personality disorder and posttraumatic stress disorder?

### **BACKGROUND:**

Crack use is frequently related to severe social and psychiatric conditions including Antisocial Personality Disorder (ASPD) and Posttraumatic Stress Disorder (PTSD). Social vulnerabilities increase the frequency of traumatic exposure. The relationship of trauma and psychiatric disorders among crack users is still unclear.

### **OBJECTIVES:**

To describe the characteristics of crack users with ASPD and to verify of the association between ASPD and PTSD, ASPD and each type of traumatic event and the temporality of these events.

### **METHODS:**

Data from a multicenter cross-sectional sample of 733 crack users under treatment in six Brazilian capitals was obtained via interviews with Addiction Severity Index (ASI) 6 and Mini International Neuropsychiatric Interview (MINI). Demographic characteristics, psychiatric diagnosis and trauma

history were examined. Descriptive and bivariate analyses were used to assess the relationship between the studied variables.

## RESULTS:

More than 80% of crack users with ASPD and >65% without this diagnosis report traumatic experiences. The prevalence of PTSD disorder among those with ASPD (47.3%) is lower than among those without (52.7%) this diagnosis. The traumatic experiences occur either before or after the first episode of drug use.

## CONCLUSIONS:

The high prevalence of ASPD and PTSD among crack users and their frequent exposure to severe traumatic events was verified as well as the fact that they are often victims and sometimes perpetrators of violence illustrating the complexity of the relationships between crack use, trauma and comorbidities.

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9. Psychol Assess. 2019 Jun 24. doi: 10.1037/pas0000739. [Epub ahead of print]

# [Comparing two domain scoring methods for the Personality Inventory for DSM-5.](#)

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## Abstract

The Personality Inventory for Diagnostic and Statistical Manual of Mental Disorders-5 (PID-5) has become a popular measure of personality pathology, with widespread usage extending beyond its original purpose to aid in the diagnosis of personality disorders. There are 2 methods for scoring the 5 higher order domain scales (Negative Affect, Detachment, Antagonism, Disinhibition, Psychoticism) of this instrument, both of which are used with similar frequency. Krueger, Derringer, Markon, Watson, and Skodol (2012) initially used a scoring method for the 5 domains that included all 25 of the lower order facets. In contrast, the American Psychiatric Association (2013) copyright and publicly available version instructs users to score the domain scales using only 15 of the 25 facets. Our aim in the current study was to compare these 2 scoring methods across various analyses by quantifying the magnitude of any differences in results. The results from both clinical (N = 388) and undergraduate (N = 492) samples supported that the results produced by the 2 domain scoring methods are more

similar than different with respect to mean differences, convergent and discriminant correlations with external criteria, and intraclass correlations comparing the consistency between profiles of correlations produced by each scoring method. In contrast, the domain scale profiles for 2 individuals with a borderline personality diagnosis revealed substantive differences for 3 of the 5 domain scales across scoring methods, which has implications for clinical utility. Given these results, we recommend using the 15-facet domain scoring method for research contexts and that more research is needed to determine the optimal scoring method for clinical contexts. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31233325

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10. Psychosom Med. 2019 Jun 18. doi: 10.1097/PSY.0000000000000724. [Epub ahead of print]

## **Borderline personality disorder in patients with medical illness: A review of assessment, prevalence, and treatment options.**

[Doering S<sup>1</sup>](#).

Author information:

1. Department of Psychoanalysis and Psychotherapy, Medical University of Vienna, Vienna, Austria.

### **Abstract**

#### **OBJECTIVE:**

Borderline personality disorder (BPD) occurs in 0.7-3.5% of the general population. Patients with BPD suffer from excessive comorbidity of psychiatric and somatic diseases and are known to be high utilizers of health care services. Because of a range of challenges related to adverse health behaviors and their interpersonal style, patients with borderline personality disorder are often regarded as "difficult" to interact with and treat optimally.

#### **METHODS:**

This narrative review focuses on epidemiological studies on BPD and its comorbidity with a specific focus on somatic illness. Empirically-validated treatments are summarized and implementation of specific treatment models is discussed.

#### **RESULTS:**

The prevalence of BPD among psychiatric inpatients (9-14%) and outpatients (12-18%) is high; medical service use is very frequent, annual societal costs vary between &OV0556; 11,000 and 28,000. BPD is associated with cardiovascular diseases and stroke, metabolic disease including diabetes and obesity, gastrointestinal disease, arthritis and chronic pain, venereal diseases and HIV infection as well as sleep disorders. Psychotherapy is the treatment of choice for BPD. Several

manualized treatments for BPD have been empirically validated, including Dialectical Behavior Therapy (DBT), Transference-Focused Psychotherapy (TFP), Mentalization-based Therapy (MBT), and Schema-focused Therapy (SFT).

## CONCLUSIONS:

Health care could be substantially improved if all medical specialties would be familiar with BPD, its pathology, medical and psychiatric co-morbidities, complications, and treatment. In mental health care, several empirically validated treatments are available that are applicable in a wide range of clinical settings.

PMID: 31232916

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11. Front Psychol. 2019 Jun 5;10:1321. doi: 10.3389/fpsyg.2019.01321. eCollection 2019.

# [Associations Among Depressive Symptoms, Childhood Abuse, Neuroticism, Social Support, and Coping Style in the Population Covering General Adults, Depressed Patients, Bipolar Disorder Patients, and High Risk Population for Depression.](#)

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## Abstract

### Background:

Exposure to childhood abuse has been identified as a salient risk factor for the development of depression. However, the mediating factors between childhood abuse and depressive symptoms have not been sufficiently elucidated. This study aims to investigate the mediating effects of

neuroticism, social support, and coping style between childhood abuse and depressive symptoms in population covering general adults, depressed patients, bipolar disorder patients, and high risk population for depression.

### Methods:

This is a cross-sectional study. Five validated questionnaires were used to measure the psychological outcomes (Childhood Trauma Questionnaire CTQ-SF, Eysenck Personality Questionnaire EPQR-S, Social Support Rating Scale SSRS, Simplified Coping Style Questionnaire SCSQ, and Patient Health Questionnaire-9 PHQ-9) of 312 participants. Multiple regressions and structural equation modeling (SEM) were used to conduct data analysis.

### Results:

Multiple regression analysis and SEM showed a significant association between childhood emotional abuse and depression symptoms. Neuroticism, use of social support, and active coping style were important mediating variables of this association. The  $R^2$  for our model was 0.456, indicating that 45.6% of the variability in depressive symptoms can be explained by the model.

### Conclusion:

This study suggested that neuroticism, active coping, and use of social support play important role in mediating the effects of childhood abuse on adult depressive symptoms.

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12. BMJ Open. 2019 Jun 21;9(6):e026604. doi: 10.1136/bmjopen-2018-026604.

## [Open-label dose-extending placebos for opioid use disorder: a protocol for a randomised controlled clinical trial with methadone treatment.](#)

[Belcher AM](#)<sup>1</sup>, [Cole TO](#)<sup>1</sup>, [Greenblatt AD](#)<sup>1</sup>, [Hoag SW](#)<sup>2</sup>, [Epstein DH](#)<sup>3</sup>, [Wagner M](#)<sup>4</sup>, [Billing AS](#)<sup>4</sup>, [Massey E](#)<sup>4</sup>, [Hamilton KR](#)<sup>5</sup>, [Kozak ZK](#)<sup>6</sup>, [Welsh CJ](#)<sup>1</sup>, [Weintraub E](#)<sup>1</sup>, [Wickwire EM](#)<sup>7,8</sup>, [Wish ED](#)<sup>4</sup>, [Kaptchuk TJ](#)<sup>9</sup>, [Colloca L](#)<sup>10</sup>.

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## **Abstract**

### **INTRODUCTION:**

More than 2 million individuals in the USA have an opioid use disorder (OUD). Methadone maintenance treatment is the gold standard of medication-based treatment for OUD, but high-dose methadone is associated with cardiotoxicity and respiratory complications, among other side effects. These adverse effects make enhancing the effectiveness of lower doses of methadone an attractive therapeutic goal. Long recognised for its capacity to enhance treatment outcomes for a wide range of neuropsychiatric disorders including pain, the placebo effect offers an as-yet untested avenue to such an enhancement. This approach is particularly compelling given that individuals with substance use disorder tend to have higher salience attribution and may thereby be more sensitive to placebo effects. Our study combines two promising clinical methodologies-conditioning/dose-extension and open-label placebo-to investigate whether placebo effects can increase the effective potency of methadone in treatment-seeking OUD patients.

### **METHODS AND ANALYSIS:**

A total of 120 newly enrolled treatment-seeking OUD patients will be randomly assigned to one of two different groups: either methadone plus daily placebo dose-extension (PDE; treatment group) or methadone/treatment as usual (control). Participants will meet with study team members five times over the course of 3 months of treatment with methadone (baseline, 2 weeks, and 1, 2 and 3 months postbaseline). Throughout this study time period, methadone dosages will be adjusted by an addiction clinician blind to patient assignment, per standard clinical methods. The primary outcome is methadone dose at 3 months. Secondary outcomes include self-report of drug use; 3-month urine toxicology screen results; and treatment retention. Exploratory outcomes include several environmental as well as personality factors associated with OUD and with propensity to demonstrate a placebo effect.

### **ETHICS AND DISSEMINATION:**

Human subjects oversight for this study is provided by the University of Maryland, Baltimore and University of Maryland, College Park Institutional Review Boards. Additionally, the study protocol is reviewed annually by an independent Data and Safety Monitoring Board. Study results will be disseminated via research conference presentations and peer-reviewed publications.

**TRIAL REGISTRATION NUMBER:**

[NCT02941809](#).

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**Conflict of interest statement**

Competing interests: None declared.

13. Psychiatry Res. 2019 Jul;277:39-44. doi: 10.1016/j.psychres.2019.06.014. Epub 2019 Jun 20.

**[Reprint of: F-18Fluorodeoxyglucose 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-<sup>18</sup>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.

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PMID: 31229307

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14. Eur Neuropsychopharmacol. 2019 Jun 18. pii: S0924-977X(19)30259-7. doi: 10.1016/j.euroneuro.2019.06.001. [Epub ahead of print]

## [Patterns of response to antidepressants in major depressive disorder: Drug resistance or worsening of depression are associated with a bipolar diathesis.](#)

[Perugi G](#)<sup>1</sup>, [Pacchiarotti J](#)<sup>2</sup>, [Mainardi C](#)<sup>3</sup>, [Verdolini N](#)<sup>4</sup>, [Menculini G](#)<sup>5</sup>, [Barbuti M](#)<sup>1</sup>, [Angst J](#)<sup>6</sup>, [Azorin JM](#)<sup>7</sup>, [Bowden CL](#)<sup>8</sup>, [Mosolov S](#)<sup>9</sup>, [Young AH](#)<sup>10</sup>, [Vieta E](#)<sup>11</sup>; [BRIDGE-II-MIX Study Group](#).

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## Abstract

Resistance and worsening of depression in response to antidepressants (ADs) are major clinical challenges. In a large international sample of patients with major depressive disorder (MDD), we aim to explore the possible associations between different patterns of response to ADs and bipolarity. A total of 2811 individuals with a major depressive episode (MDE) were enrolled in the BRIDGE-II-MIX study. This post-hoc analysis included only 1329 (47%) patients suffering from MDD. Patients with (TRD-MDD,  $n = 404$ ) and without (NTRD-MDD,  $n = 925$ ) history of resistance to AD treatment and with ( $n = 184$ ) and without ( $n = 1145$ ) previous AD-induced irritability and mood lability (AIM) were compared using Chi-square, t-Student's test and logistic regression models. TRD-MDD patients resulted significantly associated with higher rates of AIM, psychotic features, history of suicide attempts, emotional lability and impulsivity, comorbid borderline personality disorder and polypharmacological treatment, compared to NTRD-MDD group. In comparison to NAIM-MDD patients, subjects in the AIM-MDD group showed significantly higher rates of first-degree family history for BD, previous TRD, atypical features, mixed features, psychiatric comorbidities, lifetime suicide attempts and lower age at first psychiatric symptoms. In addition, patients with AIM presented more often almost all the hypomanic symptoms evaluated in this study. Among these latter symptoms, logistic regressions showed that distractibility, impulsivity and hypersexuality were significantly associated with AIM-MDD. In conclusion, in MDD patients, a lifetime history of resistance and/or irritability/mood lability in response to ADs was associated with the presence of mixed features and a possible underlying bipolar diathesis.

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15. *Neurosci Biobehav Rev.* 2019 Jun 18;103:133-149. doi: 10.1016/j.neubiorev.2019.06.013. [Epub ahead of print]

# [ERN as a transdiagnostic marker of the internalizing-externalizing spectrum: A dissociable meta-analytic effect.](#)

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## **Abstract**

The comorbidity between discrete clinical diagnosis occurs in higher levels than prevalence rates, indicating that mental disorders are systematically overcategorized. Dimensional models - as the Internalizing-Externalizing Spectrum - claim for a common latent structure of psychopathology. The current meta-analysis aims to evaluate whether the externalizing and internalizing latent factors of the psychopathological spectrum display common and distinctive neurobiological substrates, as unveiled by Error-Related Negativity (ERN) modulation. A systematic search of the literature was conducted and a total of 99 articles (160 studies, N = 8123) were included in the quantitative analysis. A dissociable effect was found: reduced ERN amplitude was observed in externalizing, while increased ERN amplitude was reported in internalizing. Larger effects were documented in all the externalizing dimensions (except for alcohol abuse) and were moderated by frontal electrode sites and tasks requiring inhibition. In internalizing, the overall effect was less robust. Disorder severity and tasks with punishment contingencies moderated the findings, and anxiety and obsessive-compulsive traits were the unique dimensions of internalizing accounting for the ERN increased amplitude. Overall, our findings highlight that ERN reduction interacts with the multiple phenotypic expressions of externalizing at a general level, while more specific factors - such as differences in sensitivity and aversion to errors - may explain increased ERN amplitude in internalizing.

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# [A Meta-analysis and Systematic Review of Emotion Regulation Strategies in Borderline Personality Disorder.](#)

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## **Abstract**

Emotion dysregulation is often considered a core characteristic of individuals with borderline personality disorder (BPD). With the development and strength of a contemporary affective-science model that encompasses both healthy emotion regulation (ER) and emotion dysregulation, this model has increasingly been used to understand the affective experiences of people with BPD. In this meta-analysis and review, we systematically review six of the most commonly studied ER strategies and determine their relative endorsement in individuals with elevated symptoms of BPD compared to individuals with low symptoms of BPD and healthy controls, as well as to individuals with other mental disorders. Results from 93 unique studies and 213 different effect-size estimates indicated that symptoms of BPD were associated with less frequent use of ER strategies that would be considered more effective at reducing negative affect (i.e., cognitive reappraisal, problem solving, and acceptance) and more frequent use of ER strategies considered less effective at reducing negative affect (i.e., suppression, rumination, and avoidance). When compared to individuals with other mental disorders, people with BPD endorsed higher rates of rumination and avoidance, and lower rates of problem solving and acceptance. We also review important contributions from studies of ER in BPD that we were unable to incorporate into our meta-analysis. We conclude by discussing how the pattern of using ER strategies in BPD contributes to emotion dysregulation and also the potential reasons for this pattern, integrating both Gross's extended process model of ER and Linehan's updated theoretical account on the development of emotion dysregulation.

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17. Curr Opin Psychiatry. 2019 Jun 18. doi: 10.1097/YCO.0000000000000536. [Epub ahead of print]

# [Personality disorders and physical comorbidities: a complex relationship.](#)

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## **Abstract**

### **PURPOSE OF REVIEW:**

It is not uncommon for clinicians to label patients' complaints as 'psychogenic' when they present with symptoms that are difficult to understand. This article reviews recent reports about the comorbidity of personality disorders and nonpsychiatric medical problems, which call into question the adequacy of the mind-body dichotomy in medicine.

### **RECENT FINDINGS:**

The strong association of any personality disorders with poor health in cross-sectional and community-based studies is now confirmed by personality disorder predicting future deterioration in longitudinal studies. Borderline personality disorder has been studied most frequently, but recent data suggest that severity of any personality disorder is associated with poor and worsening health.

### **SUMMARY:**

Personality disorder is associated with the full range of physical, mental, and social disorders. Greater attention to the common features of personality disorders, which are crucial for the self-regulation of behavior, would facilitate more effective health promotion and disease prevention across all medical specialties, thereby helping to relieve the burdens of chronic common diseases.

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18. Personal Ment Health. 2019 Jun 20. doi: 10.1002/pmh.1449. [Epub ahead of print]

## **Measurement and mental health disparities: Psychopathology classification and identity assessment.**

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1. Stony Brook University.

## **Abstract**

Mental health disparities research compares groups of individuals with regard to their mental health status, and numerous studies have reported significant and burdensome disparities across populations. This literature is based almost entirely on traditional mental disorder constructs (e.g. major depressive disorder and borderline personality disorder) as defined by official nosologies, but these disorders are associated with numerous problems of reliability and validity. Advances in psychopathology classification research have converged on an alternative conceptualization of mental disorder structure, which comprises a set of transdiagnostic dimensions that cut across traditional diagnostic boundaries and overcome the limitations of traditional diagnoses. The application of these dimensions, particularly those of the hierarchical taxonomy of psychopathology model, holds great promise for mental health disparities research. Measurement considerations associated with these transdiagnostic dimensions, as well as participants' intersecting identities, are discussed. Incorporation of these measurement advances with statistical advances allows for the generation and testing of unique hypotheses related to minority stressors that may give rise to observed disparities.

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19. *J Pers Disord.* 2019 Jun 18:1-S18. doi: 10.1521/pedi\_2019\_33\_431. [Epub ahead of print]

## [Toward an Integrated Model of Pathological Personality Traits: Common Hierarchical Structure of the PID-5 and the DAPP-BQ.](#)

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### **Abstract**

A dimensional classification seems to be the next move in the personality disorders field. However, it is not clear whether there is one dimensional model or many, or whether the currently available dimensional instruments measure the same traits. To help clarify these issues, the authors administered the Personality Inventory for *DSM-5* (PID-5) and the Dimensional Assessment of Personality Pathology (DAPP-BQ) to 414 psychiatric outpatients. Factor analyses showed that a

common hierarchical structure underlies both instruments, even if each one measures slightly different aspects of it. Disattenuated correlations indicated that, at the lower order level, two thirds of the PID-5 and DAPP-BQ facets measure essentially the same traits, although the pairings were not exactly as predicted. Among higher order domains, only PID Negative Affectivity and Detachment converged unambiguously with DAPP Emotional Dysregulation and Inhibition. Overall, the PID-5 and the DAPP-BQ reflect, with small divergences, one and the same structure of pathological personality traits.

PMID: 31210573

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20. J Pers. 2019 Jun 17. doi: 10.1111/jopy.12497. [Epub ahead of print]

## [The Subjective-Agentive Personality Sector \(SAPS\): Introduction to the Special Issue on Self, Identity, and Psychopathology.](#)

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### **Abstract**

This special issue is predicated upon the premise that there exists a subjective-agentive personality sector (SAPS) that is crucially relevant to the understanding and treatment of psychopathology. SAPS is often overlooked by "trait" models in personality psychology. It is comprised of "hot" cognitions about one's self and identity as they unfold throughout the life span and are brought to bear on interpersonal relationships. There are four ways in which SAPS may be involved in psychopathology: (1) inherently, as a component of psychiatric disorders, (2) as a passive-vulnerability dimension, namely, by interacting with life stress, (3) as an active-vulnerability dimension, that is, by propelling external situations that culminate in psychopathology, and (4) by constituting a central consequent of psychopathology (i.e., the scarring pattern, see below). In this Journal of Personality special issue, experts in personality and psychopathology demonstrate the centrality of SAPS in unipolar depression, anxiety disorders, bipolar spectrum disorder, eating disorders, post-traumatic stress disorder, complex trauma and Borderline Personality Disorder (BPD), social anxiety disorder, suicidality in the context of mood disorders, and recovery from schizophrenia. A commentary by Dan McAdams, a leader in the study of self and identity, concludes this special issue. This article is protected by copyright. All rights reserved.

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## [Personality and Psychopathology in Patients With Mixed Sensory-Motor Functional Neurological Disorder \(Conversion Disorder\): A Pilot Study.](#)

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### **Abstract**

The purpose of this pilot study was to explore differences in the level of personality functioning, symptom severity, and personality pathology in patients with mixed sensory-motor functional neurological disorder (conversion disorder). Individuals with psychogenic nonepileptic seizures were not included. We recruited 15 patients, mean age of 33.5 years (SD, 11.4 years), 13 females and 2 males, from an outpatient clinic for psychotherapeutic treatment. We assessed the patients using the Structured Clinical Interview for DSM-4 Axis II Personality Disorders, the SCL-90-R, the Karolinska Psychodynamic Profile, and the Defense Style Questionnaire. We were able to distinguish two levels of difficulty in relation to personality functioning as distinct subgroups: 1) "neurotic" with less severe or moderate personality psychopathology and 2) "borderline" with severe personality psychopathology. Furthermore, we concluded that all patients showed severe deficits in personality functioning. The study points out the clinical relevance of identifying personality functioning as part of an assessment in the preparation of a treatment strategy.

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## [DSM-5 Alternative Model of Personality Disorder Dysfunctional Personality Traits as Predictors of Self-Reported Aggression in an](#)

# Italian Sample of Consecutively Admitted, Personality-Disordered Psychotherapy Patients.

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## **Abstract**

In order to assess the relationships between *DSM-5* Alternative Model of Personality Disorder (AMPD) maladaptive personality traits and self-reports of aggression, 508 Italian adult participants who met at least one *DSM-IV* Axis II/*DSM-5* Section II personality disorder (PD) diagnosis were administered the Personality Inventory for *DSM-5* (PID-5) and the Aggression Questionnaire (AQ). Analysis results showed that multiple regression results, PID-5 Hostility, Callousness, and Risk Taking trait scale scores explained a large amount of variance in AQ Physical Aggression (PA) scores. Moreover, PID-5 Hostility, Callousness, and Risk Taking explained more than 20% of the variance in the AQ Physical Aggression scale scores that was left unexplained by selected continuously scored *DSM-IV* Axis II/ *DSM-5* Section II PDs, whereas SCID-II Paranoid, Narcissistic, Borderline, and Antisocial PDs added only 4% of variance to the amount of variance in AQ Physical Aggression scores that was already explained by the PID-5 trait scale scores.

PMID: 31206343

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23. Psychol Assess. 2019 Jun 17. doi: 10.1037/pas0000746. [Epub ahead of print]

# Validation of Personality Inventory for DSM-5 (PID-5) algorithms to assess ICD-11 personality trait domains in a psychiatric sample.

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## Abstract

The International Classification of Disease (11th ed.; ICD-11) personality disorder (PD) proposal characterizes personality psychopathology using an overall impairment severity dimension as well as dysfunctional personality style on the basis of five trait domain qualifiers: Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia. Recent research has indicated that trait facet scales from the Personality Inventory for DSM-5 (PID-5) can be used to index these five broad domains with promising construct validity. Our goal in the current study was to validate the PID-5 algorithms for the five ICD-11 trait domains with some minor adjustments based on the updated ICD-11 text. To this end, we used 343 psychiatric outpatients from a large Canadian metropolitan area, who had completed the PID-5, the Structured Clinical Interview for DSM-IV Axis II Disorders-Personality Questionnaire, the Minnesota Multiphasic Personality Inventory-2 Restructured Form, and the Revised NEO Personality Inventory. The factor structure of the ICD-11 domains was upheld, as expected, and associations with external measures of five-factor model and Personality Psychopathology Five personality traits as well as PD symptom counts adhered to a conceptually expected pattern. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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24. Med Hypotheses. 2019 Jul;128:33-42. doi: 10.1016/j.mehy.2019.05.014. Epub 2019 May 13.

## [The sequencing process generated by the cerebellum crucially contributes to social interactions.](#)

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## Abstract

The capacity to understand another person's emotions, intentions, beliefs and personality traits, based on observed or communicated behaviors, is termed social cognition. During the last decade, social neuroscience has made great progress in understanding the neural correlates of social cognition. However, because the cerebellum is traditionally viewed as only involved in motor processing, the contribution of this major part of the brain in social processing has been largely ignored and its specific role in social cognition remains unclear. Nevertheless, recent meta-analyses have made its crucial contribution to social cognition evident. This raises the question: What is the exact function of the cerebellum in social cognition? We hypothesize that the cerebellum builds internal action models of our social inter-actions to predict how other people's actions will be executed, what our most likely responses are to these actions, so that we can automatize our interactions and instantly detect disruptions in these action sequences. This mechanism likely allows to better anticipate action sequences during social interactions in an automatic and intuitive way and to fine-tune these anticipations, making it easier to understand behaviors and to detect violations. This hypothesis has major implications in neurological disorders affecting the cerebellum such as autism, with detrimental effects on social functionality, especially on more complex and abstract social cognitive processes. Because the fundamental anatomical organization of the cerebellum is identical in many species (cerebellar microcomplexes), this hypothesis could have major impacts to elucidate social interactions in social animals.

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25. Med Hypotheses. 2019 Jul;128:1-5. doi: 10.1016/j.mehy.2019.04.019. Epub 2019 Apr 26.

## [The Beehive Theory: Role of microorganisms in late sequelae of traumatic brain injury and chronic traumatic encephalopathy.](#)

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## Abstract

Traumatic brain injury and chronic traumatic encephalopathy are both major health problems, well-publicized for the severe delayed effects attributed to them, including cognitive decline, psychiatric disorders, seizures, impaired motor function, and personality changes. For convenience, the two

afflictions are considered together under the rubric traumatic brain injury. Despite the need for neuroprotective agents, no substances have shown efficacy in clinical studies. Thus, a deeper understanding of the neuropathological mechanism of such injury is still needed. Proposed here is a theory that microorganisms from within the brain and elsewhere in the body contribute to the long-term neurological deterioration characteristic of traumatic brain injury. The label, "The Beehive Theory", is drawn from the well-known fact that disturbing a tranquil beehive with a blow can cause a swarm of angry bees to exit their dwelling place and attack nearby humans. Similarly, an impact to the head can initiate dislocations and disruptions in the microbiota present in the brain and body. First, since the normal human brain is not sterile, but is host to a variety of microorganisms, blows to the skull may dislodge them from their accustomed local environments, in which they have been living in quiet equilibrium with neighboring brain cells. Deleterious substances may be released by the displaced microbes, including metabolic products and antigens. Second, upon impact commensal microbes already resident on surfaces of the nose, mouth, and eyes, and potentially harmful organisms from the environment, may gain access to the brain through the distal ends of the olfactory and optic nerves or even a disrupted blood-brain barrier. Third, microbes dwelling in more distant parts of the body may be propelled through the walls of local blood vessels into the bloodstream, and then leak out into damaged areas of the brain that have increased blood-brain barrier permeability. Fourth, the impact may cause dysbiosis in the gastrointestinal microbiome, thereby disrupting signaling via the gut-brain axis. Possible preventatives or therapeutics that would address the adverse contributions of microbes to the late sequelae of traumatic brain injury include anti-inflammatories, antibacterials, antivirals, and probiotics.

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26. J Neurol. 2019 Jun 15. doi: 10.1007/s00415-019-09432-8. [Epub ahead of print]

## [Treatable cause of hereditary spastic paraplegia: eight cases of combined homocysteinaemia with methylmalonic aciduria.](#)

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## Abstract

Combined homocysteinemia with methylmalonic aciduria (MMA/HCY) are genetic disorders of intracellular cobalamin (cbl) transport and processing that cause downstream deficiencies in methylcobalamin and adenosylcobalamin. Untreated disease is characterized biochemically by methylmalonic aciduria and hyperhomocysteinemia, while the clinical features are variable. When spastic paraplegia (SP) dominates, it is difficult to differentiate from hereditary spastic paraplegia (HSP). Clinical, biochemical and imaging features were reviewed in eight patients with MMA/HCY that mimicked HSP. Seven males and one female were enrolled. The median onset age was 13 years old (range 7-26 years old). The median time delay of diagnosis was 20.5 months (range 2-60 months). Spastic gait was the first symptom in four patients, while the other four patients presented with chronic emotional abnormalities or cognitive impairment. The main clinical manifestation was SP, and other neurological symptoms included cognitive impairment (5/8), spastic dysuria (3/8), personality change and depression (3/8), ataxia (2/8), seizures (2/8), limb numbness (2/8), and developmental delay (2/8). When patients were diagnosed, the mean serum homocysteine level, the methylmalonic acid level in urine, the serum propionylcarnitine (C<sub>3</sub>) level and the ratios of C<sub>3</sub>-to-acetylcarnitine (C<sub>2</sub>) and free carnitine (C<sub>0</sub>) were all dramatically elevated. Cranial MRIs showed nothing remarkable except mild brain atrophy. All spinal MRIs were normal except for case 8. Definite compound heterozygous mutations in MMACHC were detected in five cases. Follow-up indicated partial improvement in all the patients after intramuscular cbl, oral betaine and folate, supporting the diagnosis of MMA/HCY. Our data highlight the need for extensive investigation of intracellular cbl transport and processing, when spastic paraparesis is a prominent component of the clinical picture. Testing for urine methylmalonic acid and serum homocysteine levels is a simple but critical approach in suspected cases. Genetic testing, especially for MMACHC gene mutations, is needed. Raising awareness of this disorder could result in the timely initiation of targeted treatment, which may significantly improve patient outcomes.

PMID: 31203424

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27. J Psychiatr Res. 2019 Jun 7;116:69-73. doi: 10.1016/j.jpsychires.2019.06.003. [Epub ahead of print]

## [Obsessive compulsive personality traits: Understanding the chain of pathogenesis from health to disease.](#)

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## Abstract

### BACKGROUND:

Obsessive-Compulsive Personality Disorder (OCPD) is the most common personality disorder across the globe, and has been associated with heightened impulsivity and compulsivity. Examination of whether these findings extend to people with subsyndromal OCPD may shed light on pathogenic mechanisms contributing to the ultimate expression of full personality disorder.

### METHODS:

Non-treatment seeking participants were recruited in the general community of two US cities, and completed a detailed clinical assessment, along with questionnaires and cognitive tests relating to impulsivity and compulsivity. Participants were classified into two groups: those with subsyndromal OCPD (N = 104) and healthy controls free from mental disorders (N = 52). Demographic, clinical, and cognitive characteristics between the study groups were compared.

### RESULTS:

Groups did not differ on age, gender, or educational levels. Subsyndromal OCPD had significantly elevated impulsivity (Barratt Impulsivity Scale) and compulsivity (Padua Inventory) scores, but did not differ on neuropsychological task performance (response inhibition, set-shifting, or decision-making). Across the whole sample in ordinary least squares modelling, self-rated OCPD scores were unrelated to Barratt Impulsivity Scale scores, but were highly related to Padua Inventory scores.

### CONCLUSIONS:

Subsyndromal OCD was associated with impulsivity and compulsivity on self-report questionnaires, but not cognitive tasks. Interestingly, only compulsivity scores reflected the extent of OCPD traits by self-report, suggesting impulsivity may constitute a vulnerability rather than severity marker. The extremely high rates of morbid disorders in those with subsyndromal OCPD may suggest such traits induce a propensity for other disorders.

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28. Psychopharmacology (Berl). 2019 Jun 15. doi: 10.1007/s00213-019-05289-x. [Epub ahead of print]

**[Toward an animal model of borderline personality disorder.](#)**

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## **Abstract**

### **BACKGROUND:**

Borderline personality disorder (BPD) is a pervasive psychiatric disorder characterized by emotion dysregulation, impulsivity, impaired self-perceptions, and interpersonal relationships and currently affects 1-3% of the US population as reported by Torgersen et al. (Arch Gen Psychiatry 58:590-596, Torgersen et al. 2001), Lenzenweger et al. (Biol Psychiatry 62:553-564, Lenzenweger et al. 2007), and Tomko et al. (J Personal Disord 28:734-750, Tomko et al. 2014). One major obstacle to our understanding of the neural underpinnings of BPD is a lack of valid animal models that translate the key known features of the disorder to a system that is amenable to study.

### **OBJECTIVE:**

To summarize the etiology, major symptoms, and symptom triggers of BPD and then propose a blueprint for building an animal model of BPD by choosing key components of the disorder that can be implemented in rodents.

### **RESULTS:**

We identify the role of early life stress and subsequent mild stress in adulthood as contributing etiological factors and the potential use of altered communication between frontal cortices and the amygdala in extinction and habituation, increased impulsivity, dysregulation of the hypothalamic pituitary axis (HPA), and increased neuroinflammation as biological markers of BPD. Building upon these features of BPD, we propose a two-hit animal model that uses maternal abandonment to alter maturation of the HPA axis and mild secondary adult stress to evoke behavioral symptoms such as increased impulsivity and impaired extinction, habituation, and social interactions.

### **CONCLUSION:**

Through exploration of the etiology, symptom presentation, and altered neurological function, we propose an animal model of BPD. We believe that a number of existing animal paradigms that model other mental health disorders should be combined in a unique way to reflect the etiology, symptom presentation, and altered neurological function that is evident in BPD. These model, when compared with available human data, will inform research and treatment in humans for better understanding of systems from the micro-molecular level to more global physiology underlying BPD.

PMID: 31201478

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29. J Affect Disord. 2019 Jun 4;256:219-220. doi: 10.1016/j.jad.2019.06.013. [Epub ahead of print]

## [Utility of the Diagnostic Criteria for Psychosomatic Research in assessing psychological disorders in fibromyalgia patients.](#)

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30. J Abnorm Child Psychol. 2019 Jun 13. doi: 10.1007/s10802-019-00568-9. [Epub ahead of print]

## [Parents' Personality-Disorder Symptoms Predict Children's Symptoms of Anxiety and Depressive Disorders - a Prospective Cohort Study.](#)

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## Abstract

Personality disorder (PD) symptomatology is characterized by interpersonal problems and emotional dysregulation, which may affect offspring of parents with PD symptoms. Notably though, studies are needed to discern (i) whether parental PDs forecast symptoms of psychiatric disorders in offspring during their childhood years and (ii) whether such prospective relations obtain after accounting for common causes (e.g., genetics, common methods). To address these issues, we followed up a community sample of Norwegian children biennially from ages 4 to 8 ( $n = 594$ ), using a semi-structured psychiatric interview (PAPA/CAPA) to capture DSM-IV defined symptoms of emotional disorders. Parental symptoms of personality disorders were captured by the DSM-IV and ICD-10 Personality Questionnaire (DIP-Q), whereas depression and anxiety in caregivers were measured using the Beck Depression Inventory -II and Beck Anxiety Inventory, respectively. Upon applying a hybrid fixed and random effects method that takes into account all unmeasured time-invariant confounders, we found that: (i) Parental symptoms of DSM-IV defined Cluster A and C were related to symptoms of anxiety disorders in offspring two years later, even after accounting for children's initial levels of anxiety and parental anxiety, whereas (ii) Parental DSM-IV Cluster B predicted symptoms of depressive disorders in children, adjusted for children's initial levels of depression and parental depression. Clinical implications of the results are discussed.

PMID: 31197502

[Similar articles](#)



31. BMC Gastroenterol. 2019 Jun 13;19(1):85. doi: 10.1186/s12876-019-1013-1.

## [A case report of psychiatric symptoms following direct-acting antiviral and ribavirin combination therapy for chronic hepatitis C in a patient with innate anxiety.](#)

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## Abstract

### BACKGROUND:

Direct-acting antivirals (DAAs) result in a highly sustained virological response rate and better patient tolerance. However, this therapeutic approach may, on rare occasions, give rise to psychiatric symptoms. We describe a case requiring discontinuation of DAA and ribavirin combination therapy due to psychiatric symptoms in a patient with congenital anxious personality traits. The information summarized here will be helpful to physicians treating chronic hepatitis C virus (HCV) infection in patients with underlying psychiatric problems.

### CASE PRESENTATION:

A 57-year-old Japanese woman diagnosed with chronic HCV infection was prescribed DAA and ribavirin combination therapy. She had a history of mild innate anxiety and development of psychiatric symptoms due to interferon (IFN) therapy 8 years prior, which subsided with discontinuation of the therapy. Similar psychiatric symptoms such as enervation, palpitations, an episode of hyperventilation, and consciousness disturbances with myotonia were observed after the administration of the antiviral agents. No abnormal findings related to her symptoms were observed on laboratory or imaging results. Psychiatrists diagnosed the patient as having a somatization disorder induced by the antiviral agents on the basis of innate anxiety. After the discontinuation of therapy, her symptoms gradually improved.

### CONCLUSIONS:

Although DAAs were not causative factors for psychiatric symptoms in phase 3 studies, a post-marketing study reported psychiatric symptoms such as depression in patients with underlying psychiatric problems. Our case suggests psychiatric symptoms might worsen after DAA and ribavirin administration in patients with underlying psychiatric disorders, and therefore, close monitoring is necessary for these patients, especially if they have a history of psychiatric symptoms after IFN.

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32. J Affect Disord. 2019 Jun 4;256:250-258. doi: 10.1016/j.jad.2019.06.005. [Epub ahead of print]

## [Relationships between recurrence and polarity in major depressive disorders:](#)

# Pooled analysis of the BRIDGE and BRIDGE-II-MIX cohorts.

[Barbuti M](#)<sup>1</sup>, [Mazzarini L](#)<sup>2</sup>, [Vieta E](#)<sup>3</sup>, [Azorin JM](#)<sup>4</sup>, [Angst J](#)<sup>5</sup>, [Bowden CL](#)<sup>6</sup>, [Mosolov S](#)<sup>7</sup>, [Young AH](#)<sup>8</sup>, [Perugi G](#)<sup>9</sup>; [BRIDGE-II-Mix Study Group](#).

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## **Abstract**

### **BACKGROUND:**

current classifications of mood disorders focus on polarity rather than recurrence, separating bipolar disorder from major depressive disorder (MDD). The aim of the present study is to explore the possible relationships between number and frequency of depressive episodes and clinical variables associated to bipolarity, in a large sample of MDD patients.

### **METHODS:**

the clinical characteristics of 7055 patients with MDD were analyzed and compared according to the number and frequency of depressive episodes. Two stepwise backward logistic regression model were used to identify the predictive value of clinical features based on the presence of high number ( $\geq 3$  episodes) and high frequency ( $\geq 3$  episodes/year) of depressive episodes.

### **RESULTS:**

high-recurrence and high-frequency MDD patients showed greater family history for bipolar disorder, higher prevalence of psychotic features, more suicide attempts, higher rates of treatment resistance and mood switches with antidepressants (ADs) and higher rates of bipolarity diagnosis

according to Angst criteria, compared to low-recurrence and low-frequency patients. Logistic regressions showed that a brief current depressive episode, a previous history of treatment resistance and AD-induced mood switches, a diagnosis of bipolarity and comorbid borderline personality disorder were the variables associated with both high-recurrence and high-frequency depression.

#### **LIMITATIONS:**

the study participating centers were not randomly selected and several variables were retrospectively assessed.

#### **CONCLUSIONS:**

even in the absence of hypomanic/manic episodes, high-recurrence and high-frequency MDD seem to be in continuity with the bipolar spectrum disorders in terms of clinical features and, perhaps, treatment response.

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PMID: 31195243

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33. PLoS One. 2019 Jun 13;14(6):e0217630. doi: 10.1371/journal.pone.0217630. eCollection 2019.

## **Examining the relation of personality factors to substance use disorder by explanatory item response modeling of DSM-5 symptoms.**

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#### **Abstract**

This paper explores how personality factors affect substance use disorders (SUDs) using explanatory item response modeling (EIRM). A total of 606 Chinese illicit drug users participated in our study. After removing the cases with missing values on the covariate measures, a final sample of 573 participants was used for data analysis. The Diagnostic and Statistical Manual of Mental Disorders

(DSM-5) was used to measure the illicit drug users' SUD level. Four personality factors-anxiety sensitivity, impulsivity, sensation seeking and hopelessness-along with gender and alcohol use were included in EIRM as person covariates. The results indicated that gender, alcohol use, and their interaction significantly predicted the SUD level. The only personality factor that strongly predicted the SUD level was sensation seeking. In addition, the interaction between gender and hopelessness was also found to be a significant predictor of the SUD level, indicating that the negative effect of hopelessness on SUD is stronger for women than for men. The findings suggest that sensation seeking plays an important role in influencing SUDs, and thus, it should be considered when designing intervention or screening procedures for potential illicit drug users. In addition, several DSM-5 SUD symptoms were found to exhibit differential effects by gender, alcohol use, and personality factors. The possible explanations were discussed.

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### **Conflict of interest statement**

The authors have declared that no competing interests exist.

34. J Nerv Ment Dis. 2019 Jun 11. doi: 10.1097/NMD.0000000000001012. [Epub ahead of print]

## **Relationship Between Impulsivity and Clinical and Sociodemographic Variables Among Lebanese Patients With Bipolar Disorder: Results of a Cross-Sectional Study.**

[Azzam P<sup>1</sup>](#), [Obeid S](#), [Haddad C<sup>2</sup>](#), [Kazour F](#), [Nabbout R<sup>1</sup>](#), [Hallit S](#), [Azar J](#).

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### **Abstract**

Impulsivity is a psychiatric symptom that seems to be more prevalent in some mental disorders such as bipolar disorders (BDs). It is a trait that seems to be influenced by many clinical and sociodemographic variables across BD. To examine the relationship between impulsivity and these variables, we performed a cross-sectional study on 50 patients diagnosed with BD and 50 healthy subjects. Both groups were administered the Barratt Impulsiveness Scale; the Structural Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, for borderline personality disorder; the Beirut District Scale; and the Athens Insomnia Scale to assess impulsivity, borderline personality disorder, psychological distress, and sleep disturbances, respectively. A

significantly higher nonplanning impulsivity ( $p = 0.001$ ), motor impulsivity ( $p < 0.0001$ ), total impulsivity ( $p < 0.0001$ ), body mass index ( $p < 0.0001$ ), and insomnia ( $p = 0.002$ ) were found in subjects with BDs compared with healthy ones. Exposure to violence (odds ratio [OR] = 7.63), the loss of a parent (OR = 3.83), being a current smoker (OR = 14.56), and a higher motor impulsivity score (OR = 1.27) were all significantly associated with the presence of BD. Impulsivity was shown to be strongly associated with the presence of a diagnosis of BD, and further studies are warranted to fully characterize it through the course of the illness.

PMID: 31192793

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35. Autism Res. 2019 Jun 12. doi: 10.1002/aur.2156. [Epub ahead of print]

## [Mechanisms of voice control related to prosody in autism spectrum disorder and first-degree relatives.](#)

[Patel SP](#)<sup>1</sup>, [Kim JH](#)<sup>1</sup>, [Larson CR](#)<sup>1</sup>, [Losh M](#)<sup>1</sup>.

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### **Abstract**

Differences in prosody (e.g., intonation, rhythm) are among the most obvious language-related impairments in autism spectrum disorder (ASD), and significantly impact communication. Subtle prosodic differences have also been identified in a subset of clinically unaffected first-degree relatives of individuals with ASD, and may reflect genetic liability to ASD. This study investigated the neural basis of prosodic differences in ASD and first-degree relatives through analysis of feedforward and feedback control involved in the planning, production, self-monitoring, and self-correction of speech by using a pitch-perturbed auditory feedback paradigm during sustained vowel and speech production. Results revealed larger vocal response magnitudes to pitch-perturbed auditory feedback across tasks in ASD and ASD parent groups, with differences in sustained vowel production driven by parents who displayed subclinical personality and language features associated with ASD (i.e., broad autism phenotype). Both ASD and ASD parent groups exhibited increased response onset latencies during sustained vowel production, while the ASD parent group exhibited decreased response onset latencies during speech production. Vocal response magnitudes across tasks were associated with prosodic atypicalities in both individuals with ASD and their parents. Exploratory event-related potential (ERP) analyses in a subgroup of participants during the sustained vowel task revealed reduced P1 ERP amplitudes in the ASD group, with similar trends observed in parents. Overall, results suggest underdeveloped feedforward systems and neural attenuation in detecting audio-vocal feedback may contribute to ASD-related prosodic atypicalities. Importantly, results implicate atypical audio-vocal integration as a marker of genetic risk to ASD,

evident in ASD and among clinically unaffected relatives. Autism Res 2019. © 2019 The Authors. Autism Research published by International Society for Autism Research published by Wiley Periodicals, Inc. LAY SUMMARY: Previous research has identified atypicalities in prosody (e.g., intonation) in individuals with ASD and a subset of their first-degree relatives. In order to better understand the mechanisms underlying prosodic differences in ASD, this study examined how individuals with ASD and their parents responded to unexpected differences in what they heard themselves say to modify control of their voice (i.e., audio-vocal integration). Results suggest that disruptions to audio-vocal integration in individuals with ASD contribute to ASD-related prosodic atypicalities, and the more subtle differences observed in parents could reflect underlying genetic liability to ASD.

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PMID: 31187944

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36. Cogn Behav Ther. 2019 Jun 12:1-13. doi: 10.1080/16506073.2019.1623303. [Epub ahead of print]

## [Experiential avoidance in adolescents with borderline personality disorder: comparison with a non-BPD psychiatric group and healthy controls.](#)

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### **Abstract**

Previous research has identified experiential avoidance (EA) as related to a host of adolescent internalizing and externalizing problems, as well as borderline personality disorder, suggesting that it is a crosscutting factor for adolescent psychopathology. It remains unclear whether EA differs among adolescents with BPD compared to adolescents with other psychiatric disorders and healthy adolescents. The aims of this study were to 1) examine EA in adolescents with BPD compared to non-BPD inpatient adolescents and healthy adolescents, and 2) to evaluate whether EA has a unique relationship to borderline pathology over and above internalizing and externalizing. Self-report measures of BPD features, EA, and psychopathology were completed by 692 adolescents (64.5% female,  $M_{age} = 15.20$ ). This sample included a group of psychiatric inpatient youth ( $n = 197$  BPD;  $n = 403$  non-BPD) and a group of healthy adolescents ( $n = 92$ ). Results revealed that EA differed

significantly across all three groups, with the highest level of EA evidenced in adolescents who had BPD. Furthermore, there was a significant, unique association between BPD symptoms and EA over and above internalizing and externalizing pathology. These findings pinpoint EA as an important risk marker and possible target of prevention or intervention for adolescent BPD.

PMID: 31185829

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37. Community Ment Health J. 2019 Jun 10. doi: 10.1007/s10597-019-00429-1. [Epub ahead of print]

## [Trashing Property: Characteristics of Psychiatric Patients Who Engage in Domestic Property Damaging.](#)

[Postma A](#)<sup>1,2,3</sup>, [Bekmann S](#)<sup>4</sup>, [Havenaar JM](#)<sup>5,6</sup>, [Braam AW](#)<sup>7,8,9</sup>.

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### **Abstract**

This descriptive record-based study included 75 patients who had engaged in domestic property damaging (DPD) and needed assessment by an urban emergency psychiatric service team in The Netherlands. The DPD patients were compared to 1145 other patients referred because of aggression, suicidality or other reasons. DPD patients were more often diagnosed with a psychotic disorder or a manic episode, had more often a migration background, were less often diagnosed with depression, and had lower GAF scores. There were no differences with respect to personality disorders or substance use. DPD patients were two to six times more likely to be (mostly involuntarily) admitted to a psychiatric department (64%), than the other patient groups (aggression 45%, suicidality 21%, other referral reasons 37%). The findings indicate that DPD patients represent

an exclusive group who possibly have more intercultural and communication disadvantages due to less cultural acceptance or lack of knowledge about mental healthcare in the Netherlands.

PMID: 31183586

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38. Schizophr Res. 2019 Jun 7. pii: S0920-9964(19)30110-0. doi: 10.1016/j.schres.2019.03.016. [Epub ahead of print]

## [The Audio-Visual Abnormalities Questionnaire \(AVAQ\): Development and validation of a new instrument for assessing anomalies in sensory perception in schizophrenia spectrum disorders.](#)

[Nikitova N](#)<sup>1</sup>, [Keane BP](#)<sup>2</sup>, [Demmin D](#)<sup>3</sup>, [Silverstein SM](#)<sup>4</sup>, [Uhlhaas PJ](#)<sup>5</sup>.

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### **Abstract**

#### **BACKGROUND:**

Anomalies in visual and auditory perception represent an important aspect of the symptomatic manifestation of schizophrenia (ScZ). However, there are currently no instruments available that allow the assessment of the full range of auditory and visual abnormalities using a self-report measure.

## **METHODS:**

We developed the 85-item Audio-Visual Abnormalities Questionnaire (AVAQ) to assess abnormalities in auditory and visual processing. The AVAQ was validated in an online-sample of 355 healthy participants to establish the factorial structure, internal consistency and reliability of the instrument. In addition, participants completed the Autism-Spectrum Quotient (AQ) and the Schizotypal Personality Questionnaire (SPQ) to establish convergent validity regarding autistic and schizotypal traits.

## **RESULTS:**

High internal consistency was observed for the total AVAQ-scale ( $\alpha = 0.99$ ) as well as for the visual ( $\alpha = 0.98$ ), auditory ( $\alpha = 0.96$ ) and the audio-visual subscales ( $\alpha = 0.83$ ). Principal component analyses demonstrated one factor comprising 78 items. The AVAQ was positively correlated with the SPQ ( $r = 0.69$ ,  $p < .001$ ) as well as the AQ ( $r = 0.38$ ,  $p < .001$ ). Correlations with the SPQ were highest for unusual perceptual experiences ( $r = 0.72$ ,  $p < .001$ ) and lowest for social anxiety ( $r = 0.30$ ,  $p < .001$ ).

## **CONCLUSION:**

The AVAQ demonstrated excellent reliability, internal consistency and construct validity. Accordingly, the instrument could be useful for characterizing sensory dysfunctions across the schizophrenia spectrum that could guide interventions as well as aid the development of biomarkers.

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PMID: 31182320

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39. Cogn Emot. 2019 Jun 7:1-9. doi: 10.1080/02699931.2019.1626700. [Epub ahead of print]

# **Beliefs about the automaticity of positive mood regulation: examination of the BAMR-Positive Emotion Downregulation Scale in relation to emotion regulation strategies and mood symptoms.**

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## Abstract

Emotion regulation is a topic of great interest due to its relevance to navigating everyday life, as well as its relevance to psychopathology. Recent research indicates that beliefs about the automaticity of mood regulation are critical to psychological health. In the present study we assessed beliefs about the automaticity of positive mood regulation in relationship to self-reported mood symptoms and explicit emotion regulation strategies. Participants ( $n = 200$ ) completed an online survey including a scale assessing beliefs about automatic downregulation of positive emotions (i.e. BAMR-PED), beliefs about automatic mood regulation for negative emotions, mood symptoms, and emotion regulation strategies. Results suggested that beliefs about automatic positive emotion regulation were associated with unhelpful emotion regulation strategies and reduced negative affect as well as fewer depressive, manic, and anxiety symptoms. Test-retest of the novel BAMR-PED measure was tested with a further sample ( $n = 46$ ) and found to be acceptable. Future research should explore how these automatic beliefs have relevance to clinical disorders characterised by positive emotion disturbance, such as bipolar disorder.

PMID: 31174453

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40. Int J Prison Health. 2019 Jun 10;15(2):181-191. doi: 10.1108/IJPH-01-2018-0003. Epub 2019 Mar 11.

## Changes in subjective wellbeing of prisoners on remand.

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## Abstract

## **PURPOSE:**

Low levels of subjective wellbeing in prisoners may relate to mental health problems and difficulties in reintegration after imprisonment. The development of subjective wellbeing during imprisonment is mostly unclear. The purpose of this paper is to explore this development in a longitudinal study in association with mental disorders and socioeconomic factors.

## **DESIGN/METHODOLOGY/APPROACH:**

Subjective wellbeing was assessed via a visual analogue scale and retrieved at admission to remand prison and then again after four and eight weeks. Changes in subjective wellbeing between time-points were analyzed taking into account mental disorders and socioeconomic factors, which were assessed by use of the Mini International Neuropsychiatric Interview - Plus and the Camberwell Assessment of Need - Forensic Version, respectively.

## **FINDINGS:**

On average, subjective wellbeing declined directly after remand prison admission, but differences between individuals were found. At remand prison admission, subjective wellbeing significantly improved rather than declined in prisoners with alcohol and substance use disorders, housing problems, unemployment prior to incarceration and in relatively older prisoners. Other related factors did not add significance to this model. In contrast, during remand imprisonment subjective wellbeing displayed an overall increase. For this increase, no predicting factors were found. However, prisoners with an antisocial personality disorder are more at risk of experiencing a decrease in wellbeing during remand imprisonment.

## **ORIGINALITY/VALUE:**

In general, the Dutch prison system appears not to result in a decrease in subjective wellbeing in prisoners suffering from a mental disorder during remand imprisonment.

PMID: 31172856

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41. Personal Ment Health. 2019 Jun 6. doi: 10.1002/pmh.1447. [Epub ahead of print]

# **Metacognitively oriented psychotherapy for schizotypal personality disorder: A two-case series.**

[Cheli S](#)<sup>1,2</sup>, [Lysaker PH](#)<sup>3,4</sup>, [Dimaggio G](#)<sup>5</sup>.

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## Abstract

Schizotypal personality disorder represents a broad range of maladaptive behaviour, which has been linked to both personality disorder and schizophrenia spectrum disorders; however, to date, little effort has been devoted to developing psychosocial treatment approaches to address it. In response, we conducted two case studies exploring the effects of two metacognitively oriented forms of psychotherapy: metacognitive interpersonal therapy and metacognitive reflection and insight therapy for patients with schizotypal personality disorder. We chose these two forms of therapy as they have been successfully delivered, respectively, to persons with other personality disorders and schizophrenia spectrum disorders. Both treatments consisted of weekly individual psychotherapy sessions over a period of 6 months. General symptoms were assessed during the first week of treatment, at treatment end and at 1 month following treatment using the Symptom Check List-90-Revised, while schizotypal traits were assessed with the Structured Clinical Interview for DSM-5. Both patients completed all sessions, and there were no reports of any adverse outcomes. Both patients achieved reliable change in symptoms (ranging from 4.98 to 9.81) and a significant reduction in schizotypal features. Results provide preliminary evidence of the feasibility of metacognitively oriented interventions for schizotypal personality disorder.

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PMID: 31169366

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42. BMJ Open. 2019 Jun 4;9(6):e024265. doi: 10.1136/bmjopen-2018-024265.

## [Public, health professional and legislator perspectives on the concept of psychiatric disease: a population-based survey.](#)

[Tikkinen KAO](#)<sup>1</sup>, [Rutanen J](#)<sup>2</sup>, [Frances A](#)<sup>3</sup>, [Perry BL](#)<sup>4</sup>, [Dennis BB](#)<sup>5,6</sup>, [Agarwal A](#)<sup>7,8</sup>, [Maqbool A](#)<sup>9</sup>, [Ebrahim S](#)<sup>8,10,11</sup>, [Leinonen JS](#)<sup>12</sup>, [Järvinen TLN](#)<sup>13</sup>, [Guyatt GH](#)<sup>8,14</sup>.

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## **Abstract**

### **OBJECTIVE:**

To assess which mental health-related states of being are perceived as diseases by psychiatrists, non-psychiatric physicians, nurses, parliament members and laypeople.

### **DESIGN AND SETTING:**

A population-based, mailed survey in Finland.

### **PARTICIPANTS:**

Respondents from a random sample of 3000 laypeople, 1500 physicians, 1500 nurses and all 200 members of the parliament (MPs) of Finland.

### **PRIMARY OUTCOME MEASURES:**

Respondents' perspectives on 20 mental health-related states of being as diseases, measuring the extent of agreement with the claim: '[This state of being] is a disease'.

### **RESULTS:**

Of the 6200 people approached, we received 3259 eligible responses (53%). Two conditions (schizophrenia and autism) were considered to be diseases by at least 75% and two states (grief and homosexuality) were considered not to be diseases by at least 75% in each group. A majority (at least 50% in each group) considered seven states as diseases (anorexia, attention deficit hyperactivity disorder, bulimia, depression, generalised anxiety disorder, panic disorder and personality disorder) and three not to be diseases (absence of sexual desire, premature ejaculation and transsexualism). In six states, there was a wide divergence of opinion (alcoholism, drug addiction, gambling addiction, insomnia, social anxiety disorder and work exhaustion). Psychiatrists

were significantly more inclined to considering states of being as diseases relative to other groups, followed by non-psychiatric physicians, nurses, MPs and laypeople.

## CONCLUSIONS:

Respondents agreed that some conditions, such as schizophrenia and autism, are diseases and other states, such as grief and homosexuality, are not; for others, there was considerable disagreement. Psychiatrists are more inclined to consider mental health-related states of being as diseases compared with other physicians, who, in turn, are more inclined than other constituencies. Understanding notions of disease may underlie important debates in public policy and practice in areas of mental health and behaviour, and have implications for resource allocation and stigma.

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## Conflict of interest statement

Competing interests: JSL practices insurance medicine and is the chief medical officer at Services for Citizens Division, State Treasury, Finland. SE is employed by Deloitte LLP. KAOT, JR, AF, BLP, BBD, AA, AM, TLNJ and GHG declare no conflicts of interest.

43. J Wound Care. 2019 Jun 2;28(6):317-322. doi: 10.12968/jowc.2019.28.6.317.

# [Optimising management of self-inflicted burns: a retrospective review.](#)

[Houschyar KS](#)<sup>1</sup>, [Tapking C](#)<sup>2,3</sup>, [Duscher D](#)<sup>4</sup>, [Maan ZN](#)<sup>5</sup>, [Sheckter CC](#)<sup>5</sup>, [Rein S](#)<sup>1</sup>, [Chelliah MP](#)<sup>5</sup>, [Nietzschmann I](#)<sup>1</sup>, [Weissenberg K](#)<sup>1</sup>, [Reumuth G](#)<sup>1</sup>, [Schulz T](#)<sup>1</sup>, [Branski LK](#)<sup>2</sup>, [Siemers F](#)<sup>1</sup>.

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## Abstract

## OBJECTIVE:

Self-inflicted burns typically result in extensive injuries requiring intensive care and attention in a specialised burn unit. Burn units should be familiar with the optimal management of self-inflicted burns, including the psychological and psychiatric treatment. This paper describes the experiences of managing these challenging injuries in a German burn centre.

## METHODS:

A retrospective review of patients with self-inflicted burns admitted to the burn centre between 2000 and 2017. Demographics, details of injury, presence of psychiatric disorder, clinical course, operative management and patient outcomes were recorded and compared with a control group without self-inflicted burns. Outcome measures included graft take rate, complications and need for further surgery.

## RESULTS:

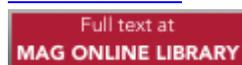
There were a total of 2055 burn patient admissions, with 17 cases (0.8%) of self-inflicted burns. The mean age was  $36 \pm 11$  years with an mean percentage total body surface area (%TBSA) burned of  $43.5 \pm 22.5\%$  which was not significantly different from the control group ( $p=0.184$ ). Schizophrenia and personality disorder were the most common diagnoses in the self-inflicted burns patients ( $n=11$ ; 65%). Of these, four had sustained previous self-inflicted burns. Length of hospital stay was significantly longer in the self-inflicted burn group than in the control group ( $49.0 \pm 16.7$  days, respectively,  $p=0.002$ ).

## CONCLUSION:

Attempted suicide by self-inflicted burns represents <1% of burn admissions. This population demonstrates a high incidence of prior psychiatric disorders. Successful treatment includes multidisciplinary management of acute medical, surgical, and psychiatric care.

PMID: 31166860

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44. Dermatology. 2019 Jun 4:1-11. doi: 10.1159/000499564. [Epub ahead of print]

# [Association of Psoriasis with Psychiatric Hospitalization in United States Children and Adults.](#)

[Patel KR](#)<sup>1</sup>, [Lee HH](#)<sup>1</sup>, [Rastogi S](#)<sup>1</sup>, [Singam V](#)<sup>1</sup>, [Vakharia PP](#)<sup>1,2</sup>, [Silverberg JI](#)<sup>3,4,5</sup>.

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## **Abstract**

### **BACKGROUND:**

Psoriasis is associated with psychosocial distress. Little is known about the relationship between psoriasis and mental health (MH) emergencies.

### **OBJECTIVE:**

To examine the associations of psoriasis and MH hospitalizations in the USA.

### **METHODS:**

Data from the 2002-2012 National Inpatient Sample were analyzed, including an approximately 20% sample of all US hospitalizations (n = 87,053,155 children and adults).

### **RESULTS:**

Hospitalization for MH disorders occurred more commonly in those with psoriasis compared to those without psoriasis (4.04 vs. 2.21%). In multivariable logistic regression models, psoriasis was associated with higher odds of admission for any MH disorder overall (adjusted odds ratio [95% confidence interval]: 2.32 [2.24-2.41]), as well as 9 of the 15 MH-specific disorders examined. Associated MH disorders included: anxiety, schizophrenia, personality disorder, depression, substance use disorders, history of MH disorder, alcohol-related disorders, adjustment disorders, and cognitive disorders. Children with versus those without psoriasis were also more likely to have a primary hospitalization for any MH disorder (2.82 [2.24-3.56]). Psoriasis inpatients were also more likely to have a primary hospitalization for any MH disorder compared to those with alopecia areata (1.99 [1.45-2.74]) or hidradenitis suppurativa (3.97 [3.49-4.52]). Psoriasis patients hospitalized with any MH disorder had higher mean [95% confidence interval] cost of inpatient care (USD 11,004 [10,846-11,241] vs. 9,547 [8,730-10,364]; p < 0.0001) compared to those without psoriasis, with USD 1,610,860 excess costs annually, with the majority of the costs coming from depression and mood disorders.

### **CONCLUSIONS:**

Children and adults with psoriasis had increased hospitalization for multiple MH disorders, which were associated with a considerable financial burden.

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PMID: 31163441

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45. Eur Addict Res. 2019 Jun 4:1-10. doi: 10.1159/000500806. [Epub ahead of print]

## [Personality Traits among the Various Profiles of Substance Use Disorder Patients: New Evidence Using the DSM-5 Section III Framework.](#)

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### **Abstract**

#### **BACKGROUND:**

The specialized literature provides solid evidence that substance use disorders (SUD) and personality disorders (PD) are interrelated. Given the relative novelty of the Alternative Model for PD, there are still few studies that have analyzed the relationship between the different facets, substance use disorder, and the various consumption profiles.

#### **OBJECTIVE:**

This paper analyzes the relationship between the facets of the Alternative Model for PD and different substance use disorder profiles, using the facet scores obtained in a sample of substance use disorder patients and comparing these with normative scores. A comparison is also conducted between types of patients.

## METHOD:

The Personality Inventory for DSM-5-SF was administered to a sample of 289 patients diagnosed with SUD who began treatment for alcohol (ALC), cannabis (CAN), cocaine (COC), or heroin (HER) use disorder. A latent class analysis was conducted and scores obtained for each of the classes were compared with normative scores. Logistic regression analyzes were carried out to determine which facets and domains show the greatest explanatory capacity of belonging to each latent class.

## RESULTS:

Four patient profiles were identified on the basis of their SUD: polydrug use (POLY), COC-HER, ALC, and CAN. When comparing the groups with the normative population, POLY presented higher scores on all the domains, COC-HER and ALC on all domains except antagonism, and CAN showed higher scores on detachment and psychoticism. The CAN cluster presented lower scores than the other 3 groups in different domains. No statistically significant differences were observed on any domain between the groups POLY and COC - HER, while differences were found between the classes POLY and ALC for the detachment domain.

## CONCLUSIONS:

The results help to identify the personality profiles associated with various SUD profiles. In particular, patients from the groups POLY, COC-HER, and ALC present high scores on pathological facets related to borderline PD and schizotypal PD (all 3), and antisocial PD (POLY), while the CAN cluster is more normalized and its pathological facets are related to the schizotypal PD. Patients with POLY have a greater tendency toward pathological personality, with the involvement of a large number of facets, while COC-HER and ALC show a slightly less severe profile, and CAN users are characterized by lower scores, but high detachment and psychoticism.

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PMID: 31163437

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46. Curr Psychiatry Rep. 2019 Jun 4;21(7):51. doi: 10.1007/s11920-019-1040-1.

# [A Life Span Perspective on Borderline Personality Disorder.](#)

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## Abstract

### PURPOSE OF REVIEW:

To provide an update of a life span perspective on borderline personality disorder (BPD). We address the life span course of BPD, and discuss possible implications for assessment, treatment, and research.

### RECENT FINDINGS:

BPD first manifests itself in adolescence and can be distinguished reliably from normal adolescent development. The course of BPD from adolescence to late life is characterized by a symptomatic switch from affective dysregulation, impulsivity, and suicidality to maladaptive interpersonal functioning and enduring functional impairments, with subsequent remission and relapse. Dimensional models of BPD appear more age neutral and more useful across the entire life span. There is a need for age-specific interventions across the life span. BPD symptoms and impairments tend to wax and wane from adolescence up to old age, and presentation depends on contextual factors. Our understanding of the onset and early course of BPD is growing, but knowledge of BPD in late life is limited. Although the categorical criteria of DSM allow for reliable diagnosis of BPD in adolescence, dimensional models appear both more age neutral, and useful up to late life. To account for the fluctuating expression of BPD, and to guide development and selection of treatment across the life span, a clinical staging model for BPD holds promise.

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47. Australas Psychiatry. 2019 Jun 3:1039856219852297. doi: 10.1177/1039856219852297. [Epub ahead of print]

# [Borderline personality disorder and eating disorders: a trans-diagnostic approach to unravelling diagnostic complexity.](#)

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## **Abstract**

### **OBJECTIVES:**

This opinion paper considers co-morbid borderline personality disorder (BPD) and eating disorders and proposes that a trans-diagnostic approach looking at presenting problems and treatment approaches may be of value.

### **CONCLUSIONS:**

Trans-diagnostic elements can be identified across the two syndromes. Trans-diagnostic elements appear to include some shared aetiological factors as well as some shared syndromal components. The shared syndromal components include problems with affect, interpersonal problems, problems with self-concept and impulsivity. The pathoplastic effects of culture, attitudes to fatness and the neurobiology of starvation and/or restriction of intake are crucial to integrate into the understanding of co-morbidity of these two disorders. Trans-diagnostic approaches to treatment lead to trans-diagnostic improvements across the two disorders.

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Perspect Psychol Sci. 2019 Jul 31:1745691619855637. doi: 10.1177/1745691619855637. [Epub ahead of print]

1.

# [Deconstructing and Reconstructing Resilience: A Dynamic Network Approach.](#)

[Kalisch R](#)<sup>1,2</sup>, [Cramer AOJ](#)<sup>3</sup>, [Binder H](#)<sup>4</sup>, [Fritz J](#)<sup>5</sup>, [Leertouwer I](#)<sup>3</sup>, [Lunansky G](#)<sup>6</sup>, [Meyer B](#)<sup>1,2</sup>, [Timmer J](#)<sup>7,8,9</sup>, [Veer IM](#)<sup>10</sup>, [van Harmelen AL](#)<sup>5</sup>.

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## **Abstract**

Resilience is still often viewed as a unitary personality construct that, as a kind of antinosological entity, protects individuals against stress-related mental problems. However, increasing evidence indicates that maintaining mental health in the face of adversity results from complex and dynamic processes of adaptation to stressors that involve the activation of several separable protective factors. Such resilience factors can reside at biological, psychological, and social levels and may include stable predispositions (such as genotype or personality traits) and malleable properties, skills, capacities, or external circumstances (such as gene-expression patterns, emotion-regulation abilities, appraisal styles, or social support). We abandon the notion of resilience as an entity here. Starting from a conceptualization of psychiatric disorders as dynamic networks of interacting symptoms that may be driven by stressors into stable maladaptive states of disease, we deconstruct the maintenance of mental health during stressor exposure into time-variant dampening influences of resilience factors onto these symptom networks. Resilience factors are separate additional network nodes that weaken symptom-symptom interconnections or symptom autoconnections, thereby preventing maladaptive system transitions. We argue that these hybrid symptom-and-resilience-factor networks provide a promising new way of unraveling the complex dynamics of mental health.

PMID: 31365841

2. Personal Ment Health. 2019 Jul 31. doi: 10.1002/pmh.1464. [Epub ahead of print]

## **Treatment of personality pathology through the lens of the hierarchical taxonomy of**

# psychopathology: Developing a research agenda.

[Mullins-Sweatt SN](#)<sup>1</sup>, [Hopwood CJ](#)<sup>2</sup>, [Chmielewski M](#)<sup>3</sup>, [Meyer NA](#)<sup>1</sup>, [Min J](#)<sup>1</sup>, [Helle AC](#)<sup>4</sup>, [Walgren MD](#)<sup>1</sup>.

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## **Abstract**

Despite the emphasis on evidence-based treatment for psychological disorders, to date, there has been limited research examining treatment for nine of the 10 categorical personality disorders in DSM-5 Section 2. This is perhaps not surprising given the complex heterogeneity and co-morbidity within personality pathology. The hierarchical taxonomy of psychopathology (HiTOP) was proposed to address limitations within the traditional categorical model of the diagnostic system. Within this system are five spectra: detachment, antagonistic externalizing, disinhibited externalizing, thought disorder and internalizing. These foundational personality traits potentially have direct and specific treatment implications. The purpose of this paper is to highlight potential psychotherapeutic and pharmacological treatment recommendations within the personality spectra. Additionally, we outline the advantages of considering the personality science found within dimensional models of psychopathology in clinical assessment and intervention to aid in treatment planning.

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PMID: 31364820

3. Personal Ment Health. 2019 Jul 31. doi: 10.1002/pmh.1463. [Epub ahead of print]

# Does interpersonal dependency affect therapeutic outcome? A meta-analytic review.

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## **Abstract**

This study examined whether interpersonal dependency affects therapeutic outcome, using meta-analytic techniques to synthesize results from 31 studies (49 effect sizes; overall N = 3807). High levels of dependency were associated with more positive outcome in psychodynamic therapy ( $r =$

0.11,  $p < 0.05$ ), but not cognitive-behavioural therapy ( $r = -0.05$ , ns), and were associated with a less positive outcome in pharmacological treatment ( $r = -0.15$ ,  $p < 0.001$ ). Other predictors of outcome included patient diagnosis (high levels of dependency were linked with more positive outcome for patients with anxiety disorders but not those with depression), outcome measure (high levels of dependency were associated with significantly greater improvement in global functioning but not symptom reduction) and dependency measure (cognitive and cognitive-behavioural dependency scales yielded less positive results than other types of measures). These results contribute to a growing body of literature examining effects of personality on treatment process and outcome.

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PMID: 31364815

4. BMJ Open. 2019 Jul 29;9(7):e029675. doi: 10.1136/bmjopen-2019-029675.

## [Role of pre-existing adversity and child maltreatment on mental health outcomes for children involved in child protection: population-based data linkage study.](#)

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### **Abstract**

#### **OBJECTIVES:**

To determine mental health outcomes for children with a history of child protection system involvement, accounting for pre-existing adversity, and to examine variation in risk across diagnostic groupings and child protection subgroups.

#### **DESIGN:**

A longitudinal, population-based record-linkage study.

#### **PARTICIPANTS:**

All children in Western Australia (WA) with birth records between 1990 and 2009.

## **OUTCOME MEASURES:**

Mental health diagnoses, mental health contacts and any mental health event ascertained from International Classification of Diseases codes within WA's Hospital Morbidity Data Collection and Mental Health Information System from birth until 2013.

## **RESULTS:**

Compared with children without child protection contact, children with substantiated maltreatment had higher prevalence of mental health events (37.4% vs 5.9%) and diagnoses (20% vs 3.6%). After adjusting for background risks, all maltreatment types were associated with an almost twofold to almost threefold increased hazard for mental health events. Multivariate analysis also showed mental health events were elevated across all child protection groups, ranging from HR: 3.54 (95% CI 3.28 to 3.82) for children who had entered care to HR: 2.31 (95% CI 2.18 to 2.46) for unsubstantiated allegations. Maternal mental health, aboriginality, young maternal age and living in socially disadvantaged neighbourhoods were all associated with an increased likelihood of mental health events. The increase varied across diagnostic categories, with particularly increased risk for personality disorder, and frequent comorbidity of mental health and substance abuse disorders.

## **CONCLUSIONS:**

Young people who have been involved in the child protection system are at increased risk for mental health events and diagnoses. These findings emphasise the importance of services and supports to improve mental health outcomes in this vulnerable population. Adversities in childhood along with genetic or environmental vulnerabilities resulting from maternal mental health issues also contribute to young people's mental health outcomes, suggesting a role for broader social supports and early intervention services in addition to targeted mental health programmes.

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PMID: 31362970

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### **Conflict of interest statement**

Competing interests: None declared.

5. Borderline Personal Disord Emot Dysregul. 2019 Jul 18;6:11. doi: 10.1186/s40479-019-0108-1. eCollection 2019.

## **[Emotion dysregulation in adults suffering from attention deficit hyperactivity disorder](#)**

# (ADHD), a comparison with borderline personality disorder (BPD).

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## **Abstract**

### **Background:**

Emotional dysregulation (ED) is now considered as an important symptom of attention deficit hyperactivity disorder (ADHD). It is believed to have a considerable impact on the severity of the disorder, one's global functioning, and the prognosis. Our research aimed to evaluate and compare ED and cognitive emotional regulation strategies between ADHD and borderline personality disorder (BPD) patients.

### **Methods:**

Four hundred six French-speaking outpatients ( $N = 279$  ADHD,  $N = 70$  BPD,  $N = 60$  BPD + ADHD) were assessed with the Emotion Reactivity Scale (ERS), the Cognitive Emotional Regulation Questionnaire (CERQ), The Basic Empathy Scale (BES-A), the Adult ADHD Self-Report Scale (ARSV-v1.1) and the Beck Depression Inventory II (BDI-II). ADHD, BPD and comorbid patients were compared with each other and with samples of controls extracted from already published data.

### **Results:**

ADHD patients, although having higher ED than samples derived from the general population, had less ED, better control over their emotions with higher use of adaptive cognitive strategies and lesser use of non-adaptive strategies than BPD patients. However, ADHD subjects had similar scores as BPD subjects when looking at difficulties in perceiving self and others. ED generated considerable distress in all groups and was also positively associated with ADHD symptomatology. ADHD patients with comorbid BPD had the highest scores of ED.

## Conclusions:

Our results suggest that there may be similarly inefficient cognitive emotional regulation skills leading to ED in both disorders (ADHD and BPD). However, ADHD patients showed a higher use of adaptive cognitive emotional strategies and a lower level of ED than BPD patients.

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## Conflict of interest statement

Competing interestsThe authors declare that they have no competing interests.

6. JMIR Res Protoc. 2019 Jul 29;8(7):e11591. doi: 10.2196/11591.

# [An Online Mindfulness-Based Cognitive Behavioral Therapy Intervention for Youth Diagnosed With Major Depressive Disorders: Protocol for a Randomized Controlled Trial.](#)

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## Abstract

## **BACKGROUND:**

About 70% of all mental health disorders appear before the age of 25 years. When untreated, these disorders can become long-standing and impair multiple life domains. When compared with all Canadian youth (of different ages), individuals aged between 15 and 25 years are significantly more likely to experience mental health disorders, substance dependencies, and risks for suicidal ideation and death by suicide. Progress in the treatment of youth, capitalizing on their online responsiveness, can strategically address depressive disorders.

## **OBJECTIVE:**

We will conduct a randomized controlled trial to compare online mindfulness-oriented cognitive behavioral therapy (CBT-M) combined with standard psychiatric care versus psychiatric care alone in youth diagnosed with major depressive disorder. We will enroll 168 subjects in the age range of 18 to 30 years; 50% of subjects will be from First Nations (FN) backgrounds, whereas the other 50% will be from all other ethnic backgrounds. There will be equal stratification into 2 intervention groups (INT<sup>1</sup> and INT<sup>2</sup>) and 2 wait-list control groups (CTL<sup>1</sup> and CTL<sup>2</sup>) with 42 subjects per group, resulting in an equal number of INT<sup>1</sup> and CTL<sup>1</sup> of FN background and INT<sup>2</sup> and CTL<sup>2</sup> of non-FN background.

## **METHODS:**

The inclusion criteria are: (1) age 18 to 30 years, FN background or other ethnicity; (2) Beck Depression Inventory (BDI)-II of at least mild severity (BDI-II score  $\geq 14$ ) and no upper limit; (3) Mini-International Neuropsychiatric Interview (MINI)-confirmed psychiatric diagnosis of major depressive disorder; and (4) fluent in English. All patients are diagnosed by a Centre for Addiction and Mental Health psychiatrist, with diagnoses confirmed using the MINI interview. The exclusion criteria are: (1) individuals receiving weekly structured psychotherapy; (2) individuals who meet the Diagnostic and Statistical Manual of Mental Disorders criteria for severe alcohol/substance use disorder in the past 3 months, or who demonstrate clinically significant suicidal ideation defined as imminent intent, or who have attempted suicide in the past 6 months; and (3) individuals with comorbid diagnoses of borderline personality, schizophrenia, bipolar disorder, and/or obsessive compulsive disorder. All subjects are provided standard psychiatric care defined as 1 monthly session that focuses on appropriate medication, with session durations of 15 to 30 min. Experimental subjects receive an additional intervention consisting of the CBT-M online software program (in collaboration with Nex J Health, Inc). Exposure to and interaction with the online workbooks are combined with navigation-coaching delivered by phone and secure text message interactions.

## **RESULTS:**

The outcomes selected, combined with measurement blinding, are key features in assessing whether significant benefits regarding depression and anxiety symptoms occur.

## **CONCLUSIONS:**

If results confirm the hypothesis that youth can be effectively treated with online CBT-M, effective services may be widely delivered with less geographic restriction.

## INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID):

PRR1-10.2196/11591.

©Paul Ritvo, Zafiris J Daskalakis, George Tomlinson, Arun Ravindran, Renee Linklater, Megan Kirk Chang, Yuliya Knyahnytska, Jonathan Lee, Nazanin Alavi, Shari Bai, Lillian Harber, Tania Jain, Joel Katz. Originally published in JMIR Research Protocols (<http://www.researchprotocols.org>), 29.07.2019.

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7. J Nerv Ment Dis. 2019 Aug;207(8):642-650. doi: 10.1097/NMD.0000000000001017.

# [Burnout and Its Relationships With Alexithymia, Stress, Self-Esteem, Depression, Alcohol Use Disorders, and Emotional Intelligence: Results From a Lebanese Cross-Sectional Study.](#)

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## Abstract

Our aim was to assess the relationship between personality and psychological traits, and burnout among the Lebanese population. A questionnaire-based cross-sectional study was conducted with multiple validated scales used to measure burnout and other characteristics. A cluster analysis was

then performed to split the population into mutually exclusive groups with different profiles according to the burnout scales using the K-mean method. A multivariate analysis of covariance was carried out to compare multiple measures between the cluster groups under comparison. The study, conducted between November 2017 and March 2018, enrolled 789 participants. The results showed that 100 (14.0%) had high emotional work fatigue, whereas 443 (62.5%) and 680 (95.4%) had high mental and physical work fatigue, respectively. People with high physical work fatigue (cluster 1) had lower alcohol dependence ( $\beta = -2.78$ ), alexithymia ( $\beta = -3.16$ ), depression ( $\beta = -7.20$ ), anxiety ( $\beta = -6.99$ ), perceived stress ( $\beta = -2.53$ ), social phobia ( $\beta = -11.49$ ), suicidal ideation ( $\beta = -0.35$ ), emotional awareness ( $\beta = -4.54$ ), emotional management ( $\beta = -1.71$ ), social emotional awareness ( $\beta = -9.27$ ), and relationship management ( $\beta = -9.12$ ). People with high emotional work fatigue (cluster 2) had higher alcohol dependence ( $\beta = 2.11$ ), alexithymia ( $\beta = 6.51$ ), depression ( $\beta = 2.48$ ), anxiety ( $\beta = 4.11$ ), perceived stress ( $\beta = 4.30$ ), and lower emotional awareness ( $\beta = -6.68$ ), emotional management ( $\beta = -7.80$ ), social emotional awareness ( $\beta = -3.71$ ), and relationship management ( $\beta = -3.05$ ). Higher levels of burnout were found to be associated with multiple psychological factors. The results would help understand the burnout dimensions and their correlated factors in the Lebanese population.

PMID: 31356406

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8. Continuum (Minneapolis, Minn.). 2019 Aug;25(4):936-958. doi: 10.1212/CON.0000000000000752.

## [Tics and Tourette Syndrome.](#)

[Singer HS.](#)

### **Abstract**

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

The purpose of this article is to present current information on the phenomenology, epidemiology, comorbidities, and pathophysiology of tic disorders and discuss therapy options. It is hoped that a greater understanding of each of these components will provide clinicians with the necessary information to deliver thoughtful and optimal care to affected individuals.

#### **RECENT FINDINGS:**

Recent advances include the finding that Tourette syndrome is likely due to a combination of several different genes, both low-effect and larger-effect variants, plus environmental factors. Pathophysiologically, increasing evidence supports involvement of the cortical-basal ganglia-thalamocortical circuit; however, the primary location and neurotransmitter remain controversial. Behavioral therapy is first-line treatment, and pharmacotherapy is based on tic severity. Several newer therapeutic agents are under investigation (eg, valbenazine, deutetrabenazine, cannabinoids), and deep brain stimulation is a promising therapy.

## SUMMARY:

Tics, defined as sudden, rapid, recurrent, nonrhythmic motor movements or vocalizations, are essential components of Tourette syndrome. Although some tics may be mild, others can cause significant psychosocial, physical, and functional difficulties that affect daily activities. In addition to tics, most affected individuals have coexisting neuropsychological difficulties (attention deficit hyperactivity disorder, obsessive-compulsive disorder, anxiety, mood disorder, disruptive behaviors, schizotypal traits, suicidal behavior, personality disorder, antisocial activities, and sleep disorders) that can further impact social and academic activities or employment.

PMID: 31356288

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9. Front Psychiatry. 2019 Jul 11;10:476. doi: 10.3389/fpsy.2019.00476. eCollection 2019.

# Psychosis and Schizophrenia-Spectrum Personality Disorders Require Early Detection on Different Symptom Dimensions.

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## Abstract

Psychotic disorders and schizophrenia-spectrum personality disorders (PD) with psychotic/psychotic-like symptoms are considerably linked both historically and phenomenologically. In particular with regard to schizotypal and schizotypal personality disorder (SPD), this is evidenced by their placement in a joint diagnostic category of non-affective psychoses in the International Classification of Diseases 10th Revision, (CD-10) and, half-heartedly, the fifth edition of Diagnostic and Statistical Manual of Mental Disorders, (DSM-5). Historically, this close link resulted from observations of peculiarities that resembled subthreshold features of psychosis in the (premorbid) personality of schizophrenia

patients and their biological relatives. These personality organizations were therefore called "borderline (schizophrenia)" in the first half of the 20th century. In the 1970s, they were renamed to "schizotypal" and separated from psychotic disorders on axis-I and from other PD on axis-II, including modern borderline PD, in the DSM. The phenomenological and historical overlap, however, has led to the common assumption that the main difference between psychotic disorders and SPD in particular was mainly one of severity or trajectory, with SPD representing a latent form of schizophrenia and/or a precursor of psychosis. Thus, psychosis proneness and schizotypy are often assessed using SPD questionnaires. In this perspective-piece, we revisit these assumptions in light of recent evidence. We conclude that schizotypy, SPD (and other schizophrenia-spectrum PD) and psychotic disorder are not merely states of different severity on one common but on qualitatively different dimensions, with the negative dimension being predictive of SPD and the positive of psychosis. Consequently, in light of the merits of early diagnosis, the differential early detection of incipient psychosis and schizophrenia-spectrum PD should be guided by the assessment of different schizotypy dimensions.

PMCID: PMC6637034 **Free Article**

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10. Personal Ment Health. 2019 Jul 28. doi: 10.1002/pmh.1462. [Epub ahead of print]

## [DSM-5 personality domains as correlates of non-suicidal self-injury severity in an Italian sample of adolescent inpatients with self-destructive behaviour.](#)

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### **Abstract**

To evaluate the associations between DSM-5 alternative model of personality disorder dysfunctional personality domains and the clinician's ratings of non-suicidal self-injury (NSSI) severity, a sample of consecutively admitted Italian adolescent inpatients (N = 100) were administered the Italian translations of the DSM-5 Clinician Rating Scale-NSSI (CRS-NSSI), the Personality Inventory for DSM-5 (PID-5), the Structured Clinical Interview for DSM-IV Axis II Personality Disorders, Version 2.0 (SCID-II) and the Children's Depression Inventory (CDI). Bivariate association analyses showed that PID-5 negative affectivity scores and CDI total score were significantly associated with CRS-NSSI

ratings. PID-5 negative affectivity score proved to be a significant predictor of the CRS-NSSI score even when the effect of the CDI total score was held constant. Our results highlighted that specific risk factors for NSSI severity may be identified even among NSSI adolescents.

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11. Compr Psychiatry. 2019 Jul 13;93:65-72. doi: 10.1016/j.comppsy.2019.07.003. [Epub ahead of print]

## [Anomalous self-experiences are strongly associated with negative symptoms in a clinical high-risk for psychosis sample.](#)

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### **Abstract**

#### **OBJECTIVE:**

Anomalous self-experiences (ASE) are considered as central features of the schizophrenia spectrum disorders and prodromal schizophrenia. We investigated total and single-item prevalence of these phenomena in a clinical high-risk (CHR) for psychosis sample, and associations with conventional psychosis-risk symptoms, present and childhood global/psychosocial functioning, and childhood trauma.

#### **METHODS:**

The sample (n = 38) included 31 CHR, according to ultra-high risk or cognitive basic symptoms (COGDIS) criteria, and seven with non-progressive attenuated positive symptoms. Psychopathological evaluations included the Examination of Anomalous Self-Experience (EASE), Structured Clinical Interview for Prodromal Syndromes (SIPS), Schizophrenia Proneness Instrument - Adult (SPI-A) (only the COGDIS-criteria), a diagnostic interview (SCID-I), Global Assessment of

Functioning - Split version (S-GAF), Premorbid Adjustment Scale (PAS) and Childhood Trauma Questionnaire (CTQ).

## RESULTS:

The mean total EASE score was in line with reports from other CHR samples, and was particularly enhanced in schizotypal personality disorder and in subjects fulfilling COGDIS-criteria. The four most frequent EASE-items were present in two-thirds or more of the participants. EASE total was significantly associated with negative and disorganization symptoms. A multiple regression analysis revealed that the level of negative symptoms explained most of the variance in EASE total.

## CONCLUSIONS:

These results corroborates other findings that anomalous self-experiences are frequent and important features in CHR conditions and in the schizophrenia spectrum. The strong associations with negative symptoms and cognitive disturbances (COGDIS) should be investigated in longitudinal studies to address causality, psychopathological pathways and schizophrenia spectrum specificity. The weaker correlation between EASE total and positive symptoms may partly be related to a restricted range of positive symptoms.

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12. J Forensic Sci. 2019 Jul 25. doi: 10.1111/1556-4029.14137. [Epub ahead of print]

# Sociodemographic, Clinical, and Therapeutic Aspects of Penitentiary Psychiatric Consultation: Toward Integration Into the General Mental Health Services.

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## Abstract

The characteristics of mental disorders, as well as deficiencies in their treatment, must be properly defined. This was a prospective, longitudinal, observational study, in which all men referred to a penitentiary psychiatric consultation of three penitentiary centers in Spain were invited to participate. Those who consented to participation (1328) were interviewed at the baseline timepoint and at intervals for up to 3 years. The presence of mental disorders was high: 68.2% had a cluster B personality disorder, 14% had an affective and/or anxiety disorders, 13% had schizophrenia, and over 80% had a dual disorder. Polypharmacy was the norm. Moreover, the health care received in prison did not match that provided in the community in terms of quantity and quality. These results should help to facilitate the design of mental healthcare provision for prisoners, focusing on both the most frequent patient profiles and equality of care.

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13. Int J Ophthalmol. 2019 Jul 18;12(7):1163-1169. doi: 10.18240/ijo.2019.07.18. eCollection 2019.

## [Influences of personality characteristics and coping modes on anxiety in primary glaucoma patients.](#)

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## Abstract

### AIM:

To examine the influences of personality characteristics and coping modes on the anxiety of primary glaucoma patients.

## METHODS:

A total of 200 individuals, including 50 with primary angle-closure glaucoma, 60 with primary open angle glaucoma and 90 control participants, filled out the State-Trait Anxiety Inventory, NEO Five-Factor Inventory, and Medical Coping Modes Questionnaire. Sociodemographic information was also collected. Data were analyzed *via* the Spearman rank correlation test and stepwise regression.

## RESULTS:

The personality and coping variables are predictive and jointly account for a significant amount (45.3%-54.2%) of variance across the two subscales of anxiety measures. Notably, neuroticism seems to be most closely related to anxiety disturbances in glaucoma patients. The level of resignation is positively linked to anxiety scores.

## CONCLUSION:

Some personality factors and coping modes help to predict the process of anxiety disorders in primary glaucoma patients. Recognizing the predictive role of these variables in the patients may further enrich clinical research in glaucoma and help to design more effective interventions involving both ophthalmology and psychiatry.

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14. BMC Psychiatry. 2019 Jul 24;19(1):228. doi: 10.1186/s12888-019-2214-4.

# [Lower versus higher frequency of sessions in starting outpatient mental health care and the risk of a chronic course; a naturalistic cohort study.](#)

[Tiemens B](#)<sup>1,2</sup>, [Kloos M](#)<sup>3</sup>, [Spijker J](#)<sup>3,4,5</sup>, [Ingenhoven T](#)<sup>6</sup>, [Kampman M](#)<sup>3,4,7</sup>, [Hendriks GJ](#)<sup>3,4,7,8</sup>.

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## **Abstract**

### **BACKGROUND:**

An adequate frequency of treatment might be a prerequisite for a favorable outcome. Unfortunately, there is a diversity of factors that interfere with an adequate frequency of sessions. This occurs especially in the first phase of treatment, while the first phase seems vital for the rest of treatment. The aim of this naturalistic study was to explore the impact of the initial frequency of treatment sessions on treatment outcome in a diverse mental health care population.

### **METHODS:**

Anonymized data were analyzed from 2,634 patients allocated for anxiety disorders, depressive disorders, and personality disorders to outpatient treatment programs in a large general mental health care facility. Patients' treatment outcome was routinely monitored with the Outcome Questionnaire-45 (OQ-45.2), every 12 weeks. Frequency of sessions was assessed for the first three months of treatment. Using Cox-proportional-hazard models, we explored the associations between initial frequency and improvement (reliable significant change) and recovery (reliable and clinically significant change).

### **RESULTS:**

Improvement and recovery were associated with symptom severity and functional impairment at start of treatment, the year the treatment started, number of measurements, the treatment program (anxiety disorders, depressive disorders, and personality disorders) and receiving group therapy other than psychotherapy. In all diagnostic groups, both improvement and recovery were associated with a higher frequency of sessions during the first three months of treatment. For improvement, this effect diminished after three years in treatment; however, for recovery this association was sustained.

### **CONCLUSIONS:**

In addition to severity at start of treatment and other predictors of outcome, a low frequency of initial treatment sessions might lead to a less favorable outcome and a more chronic course of the mental disorder. This association seems not to be limited to a specific diagnostic group, but was found in a large group of patients with common mental disorders (depression and anxiety disorders) and patients with a personality disorder. Despite organizational obstacles, more effort should be made to start treatment quickly by an effective frequency of session.

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15. World J Biol Psychiatry. 2019 Jul 25:1-22. doi: 10.1080/15622975.2019.1635270. [Epub ahead of print]

## [Results of the European Group for the Study of Resistant Depression \(GSRD\) - basis for further research and clinical practice.](#)

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### **Abstract**

**Objectives:** The overview outlines two decades of research from the European Group for the Study of Resistant Depression (GSRD) that fundamentally impacted evidence-based algorithms for diagnostics and psychopharmacotherapy of treatment-resistant depression (TRD). **Methods:** The GSRD staging model characterising response, non-response and resistance to antidepressant (AD) treatment was applied to 2762 patients in eight European countries. **Results:** In case of non-response, dose escalation and switching between different AD classes did not show superiority over continuation of original AD treatment. Predictors for TRD were symptom severity, duration of the current major depressive episode (MDE), suicidality, psychotic and melancholic features, comorbid anxiety and personality disorders, add-on treatment, non-response to the first AD, adverse effects, high occupational level, recurrent disease course, previous hospitalisations, positive family history of MDD, early age of onset and novel associations of single nucleoid polymorphisms (SNPs) within the *PPP3CC*, *ST8SIA2*, *CHL1*, *GAP43* and *ITGB3* genes and gene pathways associated with neuroplasticity, intracellular signalling and chromatin silencing. A prediction model reaching accuracy of above 0.7 highlighted symptom severity, suicidality, comorbid anxiety and lifetime MDEs as the most informative predictors for TRD. Applying machine-learning algorithms, a signature of three SNPs of the *BDNF*, *PPP3CC* and *HTR2A* genes and lacking melancholia predicted treatment response. **Conclusions:** The GSRD findings offer a unique and balanced perspective on TRD representing foundation for further research elaborating on specific clinical and genetic hypotheses and treatment strategies within appropriate study-designs, especially interaction-based models and randomized controlled trials.

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16. Compr Psychiatry. 2019 Jul 3;93:48-55. doi: 10.1016/j.comppsy.2019.06.006. [Epub ahead of print]

## [Examining the structure of ideas of reference in clinical and community samples.](#)

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### **Abstract**

#### **AIMS:**

This study addresses the psychometric properties of a Spanish validation of the REF scale of ideas of reference (IRs) in detecting and following at-risk mental states and psychosis.

#### **METHODS:**

A total of 9447 participants were distributed in three groups: 676 patients with various diagnoses-154 with psychotic disorders, 6291 youths aged 11 to 20, and 2480 adult participants aged 21 to 84.

#### **RESULTS:**

Youths had higher scores than adults on IRs, observing a progressive decrease and stabilization in the twenties. Exploratory factor analysis provided a structure for the overall IRs score, with five first-order dimensions and one second-order dimension. Confirmatory factor analysis supported the structure with excellent fit. The REF scale was invariant across sex and samples. The internal consistency of the complete scale was excellent and acceptable across the five first-order factors. Strong relationships were found with the positive dimension of the community assessment of psychic experience-42, as well as with aberrant salience. Low and moderate relationships were found with public self-consciousness, anxiety, and depression. Youths and patients diagnosed with schizophrenia and other psychotic disorders had a high mean IRs frequency. Male sex, greater age

(among the adults), and the "causal explanations", "Songs, newspapers, books" and "laughing and commenting" REF subscales showed predictive power in the diagnostic categories of schizophrenia and other psychotic disorders.

## CONCLUSIONS:

The results provide satisfactory that the REF scale could be used to study psychosis.

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17. Acta Psychiatr Scand. 2019 Jul 23. doi: 10.1111/acps.13075. [Epub ahead of print]

# Electroconvulsive therapy in bipolar depression - effectiveness and prognostic factors.

[Popiolek K](#)<sup>1</sup>, [Bejerot S](#)<sup>1</sup>, [Brus O](#)<sup>2</sup>, [Hammar Å](#)<sup>3,4</sup>, [Landén M](#)<sup>5,6</sup>, [Lundberg J](#)<sup>7,8</sup>, [Nordanskog P](#)<sup>9,10</sup>, [Nordenskjöld A](#)<sup>1</sup>.

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## Abstract

### OBJECTIVE:

Electroconvulsive therapy (ECT) is used in patients with severe forms of bipolar depression. ECT is effective but not all patients respond. The aim of this study was to determine prognostic factors for response to ECT in patients hospitalized for bipolar depression.

#### **METHODS:**

Data were obtained from several national Swedish registers. All patients with bipolar depression treated with ECT in any hospital in Sweden between 2011 and 2016 for whom information about ECT response was available were included (n = 1251). Response was defined as a score on the Clinical Global Impression - Improvement scale of one or two. Univariate and multivariate logistic regression were conducted to investigate associations between socio-demographic and clinical factors and response.

#### **RESULTS:**

Response was achieved in 80.2% patients. Older age was associated with higher response rate to ECT. Patients with comorbid obsessive-compulsive disorder or personality disorder, and patients previously treated with lamotrigine had lower response rate.

#### **CONCLUSION:**

ECT for bipolar depression was associated with very high response rates. The strongest prognostic factors were higher age, absence of comorbid obsessive-compulsive disorder or personality disorder, and less prior pharmacologic treatment. This article is protected by copyright. All rights reserved.

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18. Front Psychiatry. 2019 Jul 5;10:429. doi: 10.3389/fpsyt.2019.00429. eCollection 2019.

## **[Comorbid Personality Disorders in Individuals With an At-Risk Mental State for Psychosis: A Meta-Analytic Review.](#)**

[Boldrini T](#)<sup>1,2</sup>, [Tanzilli A](#)<sup>1</sup>, [Pontillo M](#)<sup>3</sup>, [Chirumbolo A](#)<sup>4</sup>, [Vicari S](#)<sup>3</sup>, [Lingiardi V](#)<sup>1</sup>.

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## Abstract

Increasing evidence shows that personality pathology is common among patients at clinical high risk (CHR) for psychosis. Despite the important impact that this comorbidity might have on presenting high-risk psychopathology, psychological functioning, and transition to full psychotic disorders, the relationship between personality syndromes and CHR state has received relatively little empirical attention. The present meta-analytic review aimed at 1) estimating the prevalence rates of personality disorders (PDs) in CHR individuals and 2) examining the potential role of PDs in predicting transition from CHR state to a full-blown psychotic disorder. The systematic search of the empirical literature identified 17 relevant studies, including a total of 1,868 CHR individuals. Three distinct meta-analyses were performed to provide prevalence estimates of PDs in the CHR population. The first and more comprehensive meta-analysis focused on any comorbid PD (at least one diagnosis), the second one focused on schizotypal personality disorder (SPD), and the last one focused on borderline personality disorder (BPD). Moreover, a narrative review was presented to define the predictive role of personality disorders in promoting more severe outcomes in CHR patients. The findings showed that the prevalence rate of personality disorders in CHR patients was 39.4% (95% CI [26.5%-52.3%]). More specifically, 13.4% (95% CI [8.2%-18.5%]) and 11.9% (95% CI [0.73%-16.6%]) of this clinical population presented with SPD and BPD, respectively. Finally, the studies examining the effects of baseline personality diagnoses on conversion to psychotic disorders showed contradictory and insufficient results concerning the potential significant impact of SPD. Conversely, no effect of BPD was found. This meta-analytic review indicated that the CHR population includes a large subgroup with serious personality pathology, that may present with attenuated psychotic symptoms conjointly with distinct and very heterogeneous personality features. These findings support the need for improved understanding of both core psychological characteristics of CHR patients and differentiating aspects of personality that could have relevant clinical implications in promoting individualized preventive interventions and enhancing treatment effectiveness.

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19. Am J Psychoanal. 2019 Jul 22. doi: 10.1057/s11231-019-09197-z. [Epub ahead of print]

## [Reflections on Supervision.](#)

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## Abstract

This paper explores basic tasks involved in the supervisory process, and frequent problems in carrying out these tasks. Basic tasks include clarification of mutual expectations of supervisor and supervisee; the establishment of mutual trust as fundamental for countertransference analysis; "parallel process" exploration and clarification of explicit and implicit theoretical assumptions by both supervisor and supervisee. Frequent problems include the extent of initial evaluation of patients; problems of intervening "without memory or desire"; transference and countertransference diagnoses and interpretive consequences; clarification of affective dominance; interventive shifts with severe psychopathology, and realistic goals of patient, supervisee and supervisor. Limitations to supervision include specific psychopathologies, cognitive limitations, and a generally restricted capacity for empathy by the supervisee.

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20. Behav Sci (Basel). 2019 Jul 19;9(7). pii: E80. doi: 10.3390/bs9070080.

# [Hospitalized Patients with Medically Unexplained Physical Symptoms: Clinical Context and Economic Costs of Healthcare Management.](#)

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## Abstract

Medically Unexplained Physical Symptoms (MUPS) are physical symptoms without a medical explanation. This study collected data from hospitalized patients presenting MUPS, aiming to draw a clinical and socio-demographic profile of patients with MUPS, to explore psychopathological correlations of Somatic Symptoms Disorder (SSD) diagnosis, and to estimate economic costs related to hospital management for MUPS. The cross-sectional study consisted in the evaluation of data

referring to hospitalized patients admitted between 2008 and 2018 in a teaching hospital in Northern Italy. A total of 273 patients presenting MUPS have been hospitalized. The sample showed a prevalence of female, married and employed patients. The most frequent wards involved are Neurology, Internal Medicine and Short Unit Stay. The most common symptoms found are headache, pain, syncope and vertigo. There is no evidence that a history of medical disease is associated with a diagnosis of SSD. A personality disorder diagnosis in patients with MUPS was associated with increased probability of having a diagnosis of SSD. A marginally significant positive association emerged with anxiety disorders, but not with depressive disorder. The overall estimated cost of hospitalization for patients with MUPS is 475'409.73 €. The study provides the investigation of a large number of patients with MUPS and a financial estimate of related hospitalization costs.

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### **Conflict of interest statement**

The authors declare no conflict of interest.

21. Psychol Assess. 2019 Jul 22. doi: 10.1037/pas0000747. [Epub ahead of print]

## **Structure of clinician-reported ICD-11 personality disorder trait qualifiers.**

[Bach B](#)<sup>1</sup>, [Christensen S](#)<sup>2</sup>, [Kongerslev MT](#)<sup>2</sup>, [Sellbom M](#)<sup>2</sup>, [Simonsen E](#)<sup>1</sup>.

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### **Abstract**

The International Classification of Diseases-11th Edition (ICD-11) Classification of Personality Disorders provides the option of coding 5 trait domain qualifiers that contribute to the individual expression of personality dysfunction (i.e., Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia). Previous investigations of these trait domains are based on self-reported data, and so is much of the research literature from which the ICD-11 trait model has evolved. However, the ICD-11 itself involves judgments made by clinicians about their patients. Thus, it is important to examine whether the trait domains identified in self-report studies can also be obtained from clinician-reported data. A sample of 238 mental health patients were characterized by clinicians using an informant-report form of the Personality Inventory for ICD-11 (PiCD-IRF). As expected, exploratory factor analysis (EFA) indicated that clinician-reported ICD-11 trait domains could be captured by both 4- and 5-factor structures, of which the 5-factor solution seemed less conceptually sound relative to the 4-factor solution. The 4-factor model captured the unipolar domains of Negative Affectivity, Detachment, Dissociality, along with a bipolar domain of

Disinhibition versus Anankastia, whereas the 5-factor model furthermore captured features of Disinhibition and Anankastia as 2 separate factors. The hierarchical structure from 1 to 5 factors partially resembled previously reported trait structures and models of psychopathology. These findings overall support the multimethod robustness of ICD-11 trait domain qualifiers and the potential for their valid ratings by mental health clinicians. The PiCD-IRF is provided in the online supplementary material - for clinical or research purposes. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31328934

[Similar articles](#)

22. Psychol Assess. 2019 Jul 22. doi: 10.1037/pas0000757. [Epub ahead of print]

## [The convergent, discriminant, and structural relationship of the DAPP-BQ and SNAP with the ICD-11, DSM-5, and FFM trait models.](#)

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### **Abstract**

The predominant maladaptive trait models are now provided by Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) Section III, assessed by the Personality Inventory for DSM-5 (PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2012), and the International Classification of Diseases-11th Revision (ICD-11; assessed by the Personality Inventory for ICD-11 (PiCD; Oltmanns & Widiger, 2018). However, 2 historical precedents are the Dimensional Assessment of Personality Pathology-Basic Questionnaire (DAPP-BQ; Livesley & Jackson, 2009) and the Schedule for Nonadaptive and Adaptive Personality (SNAP; Clark, 1993). The current study administered the DAPP-BQ, SNAP, PiCD, and PID-5 to a sample of 323 persons with a history of mental health treatment. The results provided support for the historical precedence of the DAPP-BQ and SNAP, although also suggest that additional traits should perhaps be included in current models. The results also bear on additional ongoing issues, including (but not limited to) the bipolarity of maladaptive personality structure, the conceptualization of identity problems as a trait, and the discriminant validity of maladaptive trait models and their assessment. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31328932

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23. Chronobiol Int. 2019 Jul 22:1-16. doi: 10.1080/07420528.2019.1641111. [Epub ahead of print]

# Longitudinal change of sleep timing: association between chronotype and longevity in older adults.

[Didikoglu A<sup>1</sup>](#), [Maharani A<sup>1</sup>](#), [Payton A<sup>2</sup>](#), [Pendleton N<sup>1</sup>](#), [Canal MM<sup>1</sup>](#).

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## **Abstract**

Evening-oriented sleep timing preferences have been associated with risk of diabetes, cardiovascular diseases, obesity, psychiatric disorders, and increased mortality. This research aims to explore the relationship between diurnal preferences (chronotype), daily habits, metabolic health, and mortality, using longitudinal data from The University of Manchester Longitudinal Study of Cognition in Normal Healthy Old Age (6375 participants at inception, recruited in the North of England) with a long follow-up period (up to 35.5 years). Mixed models were used to investigate the influence of aging, socio-demographic, and seasonal factors on sleep timing. Results show that sleep timing shifted towards earlier time with aging. Test seasons influence chronotype of older adults but working schedules challenge seasonality of sleep timing. Moreover, the season of birth may set chronotype in adulthood. Individual chronotype trajectories were clustered using latent class analysis and analyzed against metabolic health and mortality. We observed a higher risk of hypertension in the evening-type cluster compared to morning-type individuals (Odds ratio = 1.88, 95%CI = 1.02/3.47,  $p = .04$ ). Evening-type cluster was also associated with traits related to lower health such as reduced sport participation, increased risk of depression and psychoticism personality, late eating, and increased smoking and alcohol usage. Finally, Cox regression of proportional hazards was used to study the effects of chronotype on longevity after adjusting for sleep duration, age, gender, smoking, alcohol usage, general health, and social class. The survival analysis (82.6% censored by death) revealed that evening-type chronotype increased the likelihood of mortality (Hazard ratio = 1.15, 95%CI = 1.04/1.26,  $p = .005$ ). Taken together, chronotype is influenced by aging and seasonal effects. Evening-type preference may have detrimental outcomes for human well-being and longevity.

PMID: 31328571

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24. *Neuropsychologia*. 2019 Jul 18;132:107146. doi: 10.1016/j.neuropsychologia.2019.107146. [Epub ahead of print]

# [Prefrontal cortex activity triggered by affective faces exposure and its relationship with neuroticism.](#)

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## **Abstract**

The emotional processing of affective faces is an essential element of social relationships. Individual differences in personality traits such as neuroticism can influence how we manage these interactions. The objective of this study was to analyze changes in prefrontal cortex (PFC) activity in response to visual exposure to affective faces, and to ascertain whether changes in PFC activity were related to scores in neuroticism, including depression, anxiety, low self-esteem and dependence facets. Fifty-two healthy undergraduate female students participated in the present study. Results showed significant differences depending on face valence in the left and right ventrolateral PFC. We found a reduction in oxygen consumption in reaction to neutral and happy faces, and a small increase in oxygenation in reaction to angry faces both in the left and the right PFC. There were significant positive correlations in the left ventrolateral PFC between oxygenation changes during exposure to neutral and happy faces and the neuroticism factor. Anxiety and depression facets showed positive significant correlations with oxygenation changes for all Time blocks. Notice that participants with high neuroticism scores did not show differences in ventrolateral PFC activity depending on face valence. We suggest that PFC would play a protective role in response to emotional stimuli. The reduced regulatory control of PFC over the amygdala could explain vulnerability to emotional disorders in subjects with high neuroticism.

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25. Drug Alcohol Depend. 2019 Jul 6;202:76-86. doi: 10.1016/j.drugalcdep.2019.06.001. [Epub ahead of print]

# CR-19-0950: Event-related responses to alcohol-related stimuli in Mexican-American young adults: Relation to age, gender, comorbidity and "dark side" symptoms.

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## **Abstract**

### **BACKGROUND:**

Electrophysiological variables may represent sensitive biomarkers of vulnerability to or endophenotypes for alcohol use disorders (AUD).

### **METHODS:**

Young adults (age 18-30 yrs, n = 580) of Mexican American heritage were assessed with the Semi-Structured Assessment for the Genetics of Alcoholism and event-related oscillations (EROs) generated in response to a task that used pictures of objects, food, and alcohol-related and non-alcohol-related drinks as stimuli.

### **RESULTS:**

Decreases in energy in the alpha and beta frequencies and higher phase synchrony within cortical brain areas were seen in response to the alcohol-related as compared to the non-alcohol-related stimuli. Differences in ERO energy and synchrony responses to alcohol-related stimuli were also found as a function of age, sex, AUD status and comorbidity. Age-related decreases in energy and increases in synchrony were found. Females had significantly higher energy and lower synchrony values than males. Participants with AUD had higher synchrony values specifically in the beta frequencies, whereas those with a lifetime diagnosis of conduct disorder and/or antisocial personality disorder had lower alpha power and synchrony, and those with any affective disorder had lower ERO energy in the beta frequencies. Those with substance-associated affective "dark-side" symptoms had slower reaction times to the task, lower energy in the beta frequencies, lower local synchrony in the theta frequencies, and higher long-range synchrony in the delta and beta frequencies.

## CONCLUSIONS:

These findings suggest that EROs recorded to alcohol-related stimuli may be biomarkers of comorbid risk factors, symptoms and disorders associated with AUD that also can differentiate those with "dark-side symptoms".

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PMID: 31323376

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26. Nord J Psychiatry. 2019 Aug;73(6):380-386. doi: 10.1080/08039488.2019.1642381. Epub 2019 Jul 19.

# [The characteristics of the comorbidity between social anxiety and separation anxiety disorders in adult patients.](#)

[Dogan B](#)<sup>1</sup>, [Yoldas C](#)<sup>2</sup>, [Kocabas O](#)<sup>3</sup>, [Memis CO](#)<sup>1</sup>, [Sevincok D](#)<sup>4</sup>, [Sevincok L](#)<sup>1</sup>.

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## Abstract

**Objective:** In the present study, we compared social anxiety disorder (SAD) patients with ( $n = 31$ ) and without childhood and adulthood separation anxiety disorder (SeAD) ( $n = 50$ ) with respect to suicidal behavior, avoidant personality disorder (AvPD), other anxiety disorders (ADs), and major depression as well as some sociodemographic variables. **Methods:** In assessment of patients, we used Structured Clinical Interview for Separation Anxiety Symptoms, childhood and adulthood Separation Anxiety Symptom Inventories, Liebowitz Social Anxiety Scale, The SCID-II Avoidant Personality Disorder Module, Beck Depression Inventory, and Beck Scale for Suicidal Ideation. **Results:** SAD patients with SeAD had higher comorbidity rates of AvPD, other lifetime ADs and panic disorder, and current major depression than those without SeAD. The current scores of SAD, depression, and suicide ideation and the mean number of AvPD symptoms were significantly higher in comorbid group compared to pure SAD subjects. The SAD and SeAD scores had significant associations with current depression, suicide ideations, and AvPD. The mean number of AvPD criteria and the current severity of depression were significantly associated with the comorbidity between SAD and SeAD. **Conclusion:** Our findings might indicate that the comorbidity of SeAD with SAD may increase the risk of the severity of AvPD and current depression.

PMID: 31322453

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27. J Abnorm Psychol. 2019 Jul 18. doi: 10.1037/abn0000439. [Epub ahead of print]

## [Neurophysiological activity following rewards and losses among female adolescents and young adults with borderline personality disorder.](#)

[Stewart JG](#)<sup>1</sup>, [Singleton P](#)<sup>2</sup>, [Benau EM](#)<sup>3</sup>, [Foti D](#)<sup>4</sup>, [Allchurch H](#)<sup>3</sup>, [Kaplan CS](#)<sup>3</sup>, [Aguirre B](#)<sup>3</sup>, [Auerbach RP](#)<sup>3</sup>.

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### **Abstract**

Borderline personality disorder (BPD) is a complex and debilitating psychiatric illness. Prior research in adults has shown that neurophysiological deficits in feedback processing and learning from rewards may be central to the development of BPD; however, little research has examined these markers in adolescents and young adults with BPD. The present study used event-related potentials and time-frequency decomposition analysis to probe neural responses to wins and losses in a guessing task among 68 females (13 to 23 years old) either with BPD ( $n = 35$ ) or no history of mental disorders (healthy control [HC];  $n = 33$ ). Participants completed a guessing task wherein they won and lost money at equal frequencies while electroencephalogram (EEG) data were acquired. Adolescents and young adults with BPD showed a smaller differentiation between wins and losses in the reward positivity (RewP) relative to HCs. Using time-frequency decomposition, we isolated distinct frequency bands sensitive to wins ( $\delta = < 3\text{Hz}$ ) and losses ( $\theta = 4\text{ Hz to } 7\text{ Hz}$ ). Compared with BPD participants, HCs showed significantly larger  $\delta$  power to wins, specifically. The groups did not differ in  $\delta$  power to losses, nor  $\theta$  power to wins or losses. Collectively, findings implicate altered reward processing in the pathophysiology of BPD and may inform early identification and targeted intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31318241

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28. Personal Disord. 2019 Jul 18. doi: 10.1037/per0000350. [Epub ahead of print]

# Associations of positive and negative emotions with ego-resiliency and quality of life in borderline personality disorder: A daily diary study.

[Harpøth TSD](#)<sup>1</sup>, [Kongerslev MT](#)<sup>1</sup>, [Trull TJ](#)<sup>2</sup>, [Hepp J](#)<sup>3</sup>, [Bateman AW](#)<sup>4</sup>, [Simonsen E](#)<sup>1</sup>.

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## **Abstract**

In general, research has primarily focused on understanding the psychopathology of borderline personality disorder (BPD), but there has been a paucity of research on processes associated with positive mental health. The present study sought to address this gap in knowledge by investigating associations between daily positive and negative emotions and ego-resiliency and quality of life (QoL) in a clinical sample of 72 women diagnosed with BPD. Using electronic diaries, participants completed end-of-day reports on positive and negative emotions, ego-resiliency, and QoL over a period of 21 days. Multilevel lagged analyses indicated that daily positive emotions were prospectively associated with increased ego-resiliency and QoL the next day, even when adjusting for same-day negative emotions and general psychopathology severity. In addition, the association of daily positive emotions was significantly stronger than the association of negative emotions with both next day ego-resiliency and QoL. Based on these results, we suggest extending the future research agenda to focus more on positive processes associated with ego-resiliency and QoL to achieve a more comprehensive understanding of BPD. We discuss the implications of these findings and argue that symptom reduction alone may not be sufficient. Rather, the research into treatments should be broadened to include testing the effect of interventions on positive emotions and their associations with positive mental health outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31318235

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29. Int J Soc Psychiatry. 2019 Jul 16:20764019863084. doi: 10.1177/0020764019863084. [Epub ahead of print]

# Concepts of mental disorders in the United Kingdom: Similarities and differences between the lay public and psychiatrists.

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## **Abstract**

### **BACKGROUND:**

The lay public often conceptualise mental disorders in a different way to mental health professionals, and this can negatively impact on outcomes when in treatment.

### **AIMS:**

This study explored which disorders the lay public are familiar with, which theoretical models they understand, which they endorse and how they compared to a sample of psychiatrists.

### **METHODS:**

The Maudsley Attitude Questionnaire (MAQ), typically used to assess mental health professional's concepts of mental disorders, was adapted for use by a lay community sample ( $N = 160$ ). The results were compared with a sample of psychiatrists ( $N = 76$ ).

### **RESULTS:**

The MAQ appeared to be accessible to the lay public, providing some interesting preliminary findings: in order, the lay sample reported having the best understanding of depression followed by generalised anxiety, schizophrenia and finally antisocial personality disorder. They best understood spiritualist, nihilist and social realist theoretical models of these disorders, but were most likely to endorse biological, behavioural and cognitive models. The lay public were significantly more likely to endorse some models for certain disorders suggesting a nuanced understanding of the cause and likely cure, of various disorders. Ratings often differed significantly from the sample of psychiatrists who were relatively steadfast in their endorsement of the biological model.

## CONCLUSION:

The adapted MAQ appeared accessible to the lay sample. Results suggest that the lay public are generally aligned with evidence-driven concepts of common disorders, but may not always understand or agree with how mental health professionals conceptualise them. The possible causes of these differences, future avenues for research and the implications for more collaborative, patient-clinician conceptualisations are discussed.

PMID: 31311429

[Similar articles](#)



30. Psychiatry Res. 2019 Jul 8;279:77-82. doi: 10.1016/j.psychres.2019.07.009. [Epub ahead of print]

## [A study of dissociation in survivors of 5 disasters.](#)

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## Abstract

This study examined dissociation as an outcome to disaster in dissociative data collected from 423 highly-exposed survivors of 5 different disasters using consistent methodology. Ten items selected for conceptual relevance to disaster experience were administered from the Dissociative Disorders Interview Schedule, a structured interview for lifetime dissociative disorders. Structured psychiatric interviews provided data on incident somatization symptoms, disaster-related PTSD, and lifetime predisaster psychopathology. The Temperament and Character Inventory assessed personality. Observed levels of dissociation were low and not usually postdisaster. Dissociation level was associated with female sex, number of incident somatization symptoms, personality (underdeveloped executive functioning), PTSD, and predisaster psychopathology in bivariate analyses. In multiple linear regression models, dissociation was associated with the low number of incident somatoform symptoms observed independent of the effects of PTSD, hyperarousal specifically (but not intrusion or avoidance/numbing), personality, predisaster psychopathology, and demographic variables which were not independently associated with dissociation. The low levels of dissociation found in this study and the lack of association between dissociation and indicators of psychopathology point to a largely nonpathological nature of the dissociative phenomena

measured. These findings do not indicate the development of dissociative psychopathology as a prevalent mental health outcome of disasters.

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PMID: 31310893

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31. Personal Ment Health. 2019 Jul 15. doi: 10.1002/pmh.1448. [Epub ahead of print]

## [Personality traits across the psychosis spectrum: A Hierarchical Taxonomy of Psychopathology conceptualization of clinical symptomatology.](#)

[Longenecker JM](#)<sup>1</sup>, [Krueger RE](#)<sup>1</sup>, [Sponheim SR](#)<sup>1,2</sup>.

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### **Abstract**

Psychotic disorders have varied clinical presentations, diagnostic stability is poor and other mental disorders often co-occur with the conditions. To improve the clinical and pathophysiological utility of classification systems for psychosis, it is necessary to consider how symptoms may reflect dimensions of psychopathology that extend beyond the boundaries of traditional diagnostic classifications. We examined personality deviation as a means for explaining symptom variation across individuals with serious mental illness. Participants (N = 312) with psychosis, first-degree biological relatives and healthy controls underwent comprehensive clinical evaluations that included symptom ratings and Diagnostic Statistical Manual consensus diagnoses. They completed the Personality Inventory for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (PID-5), which provides multidimensional assessment of personality disturbances and characterizes psychosis-relevant phenomena, and the Schizotypal Personality Questionnaire (SPQ), a widely accepted measure of schizotypal traits. PID-5 was comparable with SPQ in differentiating between participants with and without psychosis. Greater psychotic symptomatology and higher scores on the SPQ Cognitive-perceptual dimension were associated with higher scores on PID-5 Psychoticism. Facet-level traits showed diverse associations with existing clinical syndromes, suggesting they have utility for quantifying separable symptom dimensions that cut across existing disorders. Yet the patient groups were similar across four of the five PID-5 personality trait domains, indicating shared patterns of personality expression that challenge existing categorical delineations.

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32. J Psychiatr Res. 2019 Jul 10;117:68-73. doi: 10.1016/j.jpsychires.2019.07.002. [Epub ahead of print]

## [Online sexual solicitation in adolescents; socio-demographic risk factors and association with psychiatric disorders, especially posttraumatic stress disorder.](#)

[Dönmez YE](#)<sup>1</sup>, [Soylu N](#)<sup>2</sup>.

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### **Abstract**

Technological developments and increased use of the internet created some risks for adolescents, such as online sexual solicitation (OSS). The aim of this study is to examine the sociodemographic risk factors of OSS and the association between OSS and psychiatric disorders in a psychiatric clinical sample. The study was conducted with 189 adolescents. The psychiatric evaluation was performed with DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.) based psychiatric interviews and the Strengths and Difficulties Questionnaire was used. OSS was defined by questions that are used in previous studies and that predict exposure to OSS. The participants were divided into two groups and compared. In addition, the Child Post-Traumatic Stress Disorder Reaction Index was answered by the participants who exposed to OSS. The prevalence of OSS was determined as 21.1%. Depressive disorder, borderline personality disorder, and secondary psychiatric diagnosis are significantly higher in adolescents who exposed to OSS. The rate of post-traumatic stress disorder (PTSD) development after exposure to OSS was determined as 57.8%. These results indicate that OSS is a severe trauma that occurs at a high rate, and it is associated with psychiatric problems, especially PTSD.

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33. Eat Disord. 2019 Jul 15:1-14. doi: 10.1080/10640266.2019.1642034. [Epub ahead of print]

# Symptoms of anorexia nervosa and bulimia nervosa have differential relationships to borderline personality disorder symptoms.

[Miller AE](#)<sup>1,2</sup>, [Racine SE](#)<sup>1</sup>, [Klonsky ED](#)<sup>2</sup>.

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2. b Department of Psychology , University of British Columbia , Vancouver , Canada.

## **Abstract**

Eating disorders (EDs) and borderline personality disorder (BPD) are highly comorbid. BPD is characterized by the presence of at least five of nine symptoms. Given the number/variety of emotional and interpersonal symptoms that comprise BPD, some BPD traits may relate to EDs, whereas others may not be associated. This study examined relationships between BPD symptoms and symptoms of bulimia nervosa (BN) and anorexia nervosa (AN), including whether the nine BPD symptoms differentially relate to BN versus AN. Participants were 208 adolescent psychiatric inpatients. BPD symptoms, measured via structured interview, correlated more strongly with self-reported BN than AN symptoms. BN and AN symptoms were greater among individuals who endorsed unstable relationships, affective instability, emptiness, identity disturbance, inappropriate anger, dissociation/paranoia, and suicidal behavior. BN, but not AN symptoms, were higher when impulsivity was endorsed. Avoiding abandonment was neither related to BN nor AN. Affective instability, impulsivity, and anger had substantially larger associations with BN compared to AN, while identity disturbance was more strongly related to AN than BN. Findings provide useful information for targeting specific BPD symptoms to help prevent and reduce co-occurring EDs and BPD and the negative consequences associated with this comorbidity.

PMID: 31305226

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34. *J Pers Assess.* 2019 Jul 15:1-8. doi: 10.1080/00223891.2019.1625909. [Epub ahead of print]

# Convergent and Discriminant Validity of Self-Report and Performance-Based Assessment of Object Relations.

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1. a Department of Psychology , University of Detroit Mercy.

## Abstract

This study evaluated the Social Cognition and Object Relations Global Rating Method (SCORS-G; Stein, Hilsenroth, Mulford, & Pinkser, 2011; Stein and Mulford, 2018 ; Westen, 1995 ) and the Bell Object Relation and Reality Testing Inventory (BORRTI; Bell, 1995 ) to determine the extent to which the measures were correlated with each other and their relationships with 2 disorders characterized by disrupted object relations: borderline personality disorder (BPD) and depressive personality disorder (DPD). One hundred sixty-nine psychiatric outpatients and 171 undergraduate students were assessed with the Personality Disorder Interview for DSM-IV (Widiger, Corbett, Ellis, Mangine, & Tomas, 1995 ) and the Structured Clinical Interview for DSM-IV Axis II Disorders (First et al., 1997 ) for BPD and DPD. Modest correlations were observed among the diagnostic interviews with the BORRTI and the SCORS-G. An exploratory factor analysis yielded 3 distinct factors, 1 of which was mainly comprised of the BORRTI scales, whereas the 2 other factors were comprised of SCORS-G dimensions. Hierarchical multiple regressions demonstrated that the BORRTI accounted for greater variance among interview scores for both groups. However, the addition of SCORS-G variables incremented the variance accounted for in the BORRTI.

PMID: 31305156

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35. Nord J Psychiatry. 2019 Aug;73(6):309-316. doi: 10.1080/08039488.2019.1623316. Epub 2019 Jul 13.

## [Long-term stability of personality traits in a clinical psychiatric sample.](#)

[Spangenberg H](#)<sup>1</sup>, [Ramklint M](#)<sup>1</sup>, [Ramirez A](#)<sup>1</sup>.

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1. a Department of Neuroscience, Akademiska sjukhuset, Uppsala University , Uppsala , Sweden.

## Abstract

**Background:** The aim of this study was to describe personality traits in psychiatric patients and to investigate whether these traits are stable over 13 years. **Methods:** A total of 95 individuals who were patients at a psychiatric outpatients' clinic in 2003 completed the Swedish universities Scales of Personality (SSP). Scores from 2003 were compared with SSP scores from 2016. Based on the current score on the comprehensive psychopathological rating scale - self rating for affective disorders (CPRS-S-A), the participants were divided into two groups representing 'good' and 'poor' current mental states, to investigate the effect of current mental state on reports of personality traits. **Results:** Out of 13 personality traits, 11 showed a significant change in mean T-score over the study interval. The group with lower CPRS-S-A scores showed a significant change in T-score for 10 traits, whereas in the group with higher CPRS-S-A scores only 3 traits showed a significant change. **Conclusions:** The findings support the theory that personality is changeable over the course of life,

also in psychiatric patients. We do not know if persisting psychiatric symptoms halter change or if deviant personality traits cause psychiatric symptoms to continue.

PMID: 31304872

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36. Australas Psychiatry. 2019 Jul 15:1039856219859290. doi: 10.1177/1039856219859290. [Epub ahead of print]

## [Borderline personality disorder and auditory verbal hallucinations.](#)

[Beatson J](#)<sup>1</sup>.

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1. Spectrum, Statewide Service for Personality Disorder, Eastern Health, Richmond, VIC, Australia.

### **Abstract**

#### **OBJECTIVE:**

Auditory verbal hallucinations (AVH) frequently co-occur with borderline personality disorder (BPD) and can lead to misdiagnosis with schizophrenia (SCZ) or other primary psychotic disorders. Misdiagnosis is more common when AVH meet criteria for Schneiderian first rank symptoms (FRS). This paper's objective is to improve diagnostic accuracy by outlining particular clinical features that can assist the distinction between BPD and psychotic disorders in these cases.

#### **CONCLUSION:**

The overall clinical presentation when AVH occur in BPD can assist in determining a primary diagnosis of BPD when frank psychotic disorder is absent. AVH in BPD cannot be distinguished phenomenologically from AVH in SCZ. Clinical experience and increasing research suggest that AVH in BPD are often dissociative in origin and highly correlated with the presence of FRS, elevated levels of dissociation and a history of childhood trauma. When AVH occur in BPD in the absence of co-occurring psychotic disorder, formal thought disorder is usually absent, negative symptoms minimal or absent, bizarre symptoms absent, affect reactive and the patient retains sociability. Psychotropic medication may be less effective for the AVH in these cases, while they may improve or remit during psychotherapy for BPD.

PMID: 31304765

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37. Assessment. 2019 Jul 13:1073191119860903. doi: 10.1177/1073191119860903. [Epub ahead of print]

## [Components of the Triarchic Model of Psychopathy and the Five-Factor Model Domains Share Largely Overlapping Nomological Networks.](#)

[Hyatt CS](#)<sup>1</sup>, [Crowe ML](#)<sup>1</sup>, [Lynam DR](#)<sup>2</sup>, [Miller JD](#)<sup>1</sup>.

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2. 2 Purdue University, West Lafayette, IN, USA.

### **Abstract**

The triarchic model of psychopathy is a recently developed model of psychopathy that identifies three primary domains: Boldness, Meanness, and Disinhibition. These traits overlap substantially with general and pathological five-factor model of personality (Boldness = low Neuroticism + high Extraversion; Meanness = low Agreeableness; Disinhibition = low Conscientiousness). In the current study (total  $N = 1,266$ ), we compare domains from the triarchic model of psychopathy and five-factor model in relation to self- and informant-report of external criteria (e.g., pathological traits, antisocial behavior), and quantified their absolute similarity using a profile-matching approach. The corresponding traits from these models show large interrelations and very similar convergent and divergent relations, suggesting that unaltered traits from one can be considered excellent representations of the other. Results are discussed in terms of the benefits of using a unifying trait-based model to study psychopathy, as well as personality disorders more broadly.

PMID: 31304764

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38. Asian J Psychiatr. 2019 Jul 8;44:20-24. doi: 10.1016/j.ajp.2019.07.017. [Epub ahead of print]

## [Borderline personality disorder and its association with bipolar spectrum and binge eating disorder in college students from South India.](#)

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## Abstract

### BACKGROUND:

Borderline personality disorder (BPD) usually emerges during adolescence and is associated with severe morbidity. Individuals with BPD are also vulnerable to develop eating disorders as well as mood disorders.

### OBJECTIVE:

To study the prevalence of borderline personality and its association with binge-eating and bipolar spectrum disorder in college students.

### METHODS:

A questionnaire based survey was conducted on a convenience sample of 500 college students (>18 years of age) in medical and engineering campus. Participants were screened on self-report measures including McLean Screening Instrument for BPD (MSI-BPD), Mood Disorder Questionnaire (MDQ) and Binge-Eating Disorder Screener (BEDS-7) for BPD, bipolar spectrum disorder (BSD) and binge-eating disorder (BED), respectively.

### RESULTS:

The prevalence of BPD was 76 (15.2%, 95% CI 12.3-18.6), BSD was 43 (8.6%, 95% CI 6.4-11.5) and BED was 48 (9.6%, 95% CI 7.2-12.6). There was a significantly higher proportion of BSD (OR 23.6, 95% CI 11.3-49.3) and BED (OR 3.4, 95% CI 1.8-6.5) among those with BPD than those without.

### CONCLUSIONS:

BPD was found in 15% of adolescents and they have higher proportion of BED and BSD. Early identification may help in planning early intervention strategies to reduce associated morbidity.

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# Short-term versus long-term psychotherapy for adult psychiatric disorders: a protocol for a systematic review with meta-analysis and trial sequential analysis.

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## **Abstract**

### **BACKGROUND:**

Psychiatric disorders are highly prevalent and associated with great symptomatic, functional, and health economic burdens. Psychotherapy is among the recommended and used interventions for most psychiatric disorders and is becoming widely accessible in mental health systems. The effects of specific forms of psychotherapy (e.g., psychodynamic therapies, cognitive and behavioral therapies, humanistic therapies, and systemic therapies) have been assessed previously in systematic reviews, but the appropriate psychotherapy duration for psychiatric disorders has not been reviewed. The aim of this systematic review will be to synthesize the evidence of the effects of short-term compared with long-term psychotherapy for all adult psychiatric disorders.

### **METHODS/DESIGN:**

A comprehensive search for relevant published literature will be undertaken in Cochrane Central Register of Controlled Trials (CENTRAL), Medical Literature Analysis and Retrieval System Online (MEDLINE), Excerpta Medica database (EMBASE), Latin American and Caribbean Health Sciences Literature (LILACS), PsycINFO, Science Citation Index Expanded (SCI-EXPANDED), Social Sciences Citation Index (SSCI), Conference Proceedings Citation Index-Science (CPCI-S), and Conference Proceedings Citation Index-Social Science & Humanities (CPCI-SSH) to identify relevant trials. We will search all databases from their inception to the present. We will include randomized clinical trials comparing a short-term and a long-term version of the same psychotherapy type for adult

psychiatric disorders including attention deficit hyperactivity disorder, psychotic disorders, depressive disorders, bipolar disorders, anxiety disorders, obsessive-compulsive disorder, trauma- and stressor-related disorders, eating disorders, and personality disorders (as defined by standardized diagnostic criteria). We will rely on the trialists defining their compared interventions as short term and long term (or similar terminology). Primary outcomes will be quality of life, serious adverse events, and symptom severity. Secondary outcomes will be suicide or suicide attempts, self-harm, and level of functioning. Two review authors will independently extract data and perform risk of bias assessment using the Cochrane risk of bias tool. A meta-analysis will be performed as recommended by the Cochrane Handbook for Systematic Review of Interventions, bias will be assessed with domains, and Trial Sequential Analysis will be conducted to control random errors. Certainty of the evidence will be assessed by GRADE.

## DISCUSSION:

As psychotherapy is among the treatments of choice for most adult psychiatric disorders, a systematic review evaluating the benefits and harms of short-term compared with long-term psychotherapy is urgently needed. It is the hope that this review will be able to inform best practice in treatment and clinical research of these highly prevalent and burdensome disorders.

## SYSTEMATIC REVIEW REGISTRATION:

PROSPERO CRD42019128535.

PMCID: PMC6626421 [Free PMC Article](#)

PMID: 31301732

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40. J Gambl Stud. 2019 Jul 12. doi: 10.1007/s10899-019-09872-x. [Epub ahead of print]

# [The Associations Between Maladaptive Personality Traits, Craving, Alcohol Use, and Adolescent Problem Gambling: An Italian Survey Study.](#)

[Ciccarelli M](#)<sup>1</sup>, [Nigro G](#)<sup>2</sup>, [Griffiths MD](#)<sup>3</sup>, [D'Olimpio F](#)<sup>2</sup>, [Cosenza M](#)<sup>2</sup>.

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## Abstract

Although gambling disorder (GD) criteria do not explicitly address craving, it has received increased attention because it has been found to be a significant predictor of gambling severity. Furthermore, recent findings have suggested that both alcohol consumption and maladaptive personality traits may be risk factors among adult GD. To date, no study has evaluated the relative contribution of these factors in adolescent gambling behavior. Consequently, the present study investigated the relationship between gambling severity, craving, maladaptive personality traits, and alcohol use among adolescents. The sample comprised 550 Italian high-school students (50.2% males), aged 14-19 years (mean age = 16.24 years; SD = 1.56). Participants were administered the South Oaks Gambling Screen-Revised for Adolescents, Gambling Craving Scale (GACS), Personality Inventory for DSM-5-Brief Format (PID-5-BF), and Alcohol Use Disorders Identification Test (AUDIT). Results indicated that relative to both non-gamblers and non-problem gamblers, at-risk gamblers and problem gamblers scored higher on GACS, PID-5-BF and AUDIT. Regression analysis showed that Antagonism and Disinhibition PID-5-BF dimensions, Anticipation and Desire GACS subscales, and AUDIT total score were the best predictors of adolescent gambling involvement. These findings provide the first empirical evidence of associations between problematic gambling, craving, alcohol consumption, and maladaptive personality traits in adolescence.

PMID: 31300930

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41. J Pers Assess. 2019 Jul 12:1-7. doi: 10.1080/00223891.2019.1627665. [Epub ahead of print]

# [Clinical Utility of the Personality Assessment Inventory in Predicting Symptom Change and Clinical Outcome in an Inpatient Chemical Dependency Rehabilitation Unit.](#)

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## Abstract

Newly admitted inpatients in a 28-day chemical dependency rehabilitation unit completed the Personality Assessment Inventory (PAI) at admission and measures of clinical symptomatology (Symptom Checklist-90-Revised) and clinical outcome (Schwartz Outcome Scale-10) at admission and discharge. PAI drug and alcohol scale scores were clinically elevated in this inpatient sample.

Modest elevations were found on scales measuring stress, depression, and antisocial and borderline features. Lower scores on most PAI clinical scales were associated with greater symptom reduction and improved psychological well-being, while controlling for pretreatment levels. Multivariate analysis controlling for contributions of clinical scales measuring borderline, depressive, and antisocial traits, as well as pretreatment outcome measures, demonstrated that the PAI Suicidal Ideation and Treatment Rejection scales were significant individual predictors of symptom reduction and improved psychological well-being, respectively, although the treatment scales as a group failed to incrementally contribute to prediction. Overall, the results support the clinical utility of using the PAI to predict clinical improvement among inpatients treated for substance use disorders.

PMID: 31298583

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42. Br J Psychiatry. 2019 Jul 12:1-10. doi: 10.1192/bjp.2019.166. [Epub ahead of print]

## [The prevalence of personality disorders in the community: a global systematic review and meta-analysis.](#)

[Winsper C](#)<sup>1</sup>, [Bilgin A](#)<sup>2</sup>, [Thompson A](#)<sup>3</sup>, [Marwaha S](#)<sup>4</sup>, [Chanen AM](#)<sup>5</sup>, [Singh SP](#)<sup>6</sup>, [Wang A](#)<sup>7</sup>, [Furtado V](#)<sup>8</sup>.

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### **Abstract**

#### **BACKGROUND:**

Personality disorders are now internationally recognised as a mental health priority. Nevertheless, there are no systematic reviews examining the global prevalence of personality disorders. Aims To

calculate the worldwide prevalence of personality disorders and examine whether rates vary between high-income countries and low- and middle-income countries (LMICs).

#### **METHOD:**

We systematically searched PsycINFO, MEDLINE, EMBASE and PubMed from January 1980 to May 2018 to identify articles reporting personality disorder prevalence rates in community populations (PROSPERO registration number: CRD42017065094).

#### **RESULTS:**

A total of 46 studies (from 21 different countries spanning 6 continents) satisfied inclusion criteria. The worldwide pooled prevalence of any personality disorder was 7.8% (95% CI 6.1-9.5). Rates were greater in high-income countries (9.6%, 95% CI 7.9-11.3%) compared with LMICs (4.3%, 95% CI 2.6-6.1%). In univariate meta-regressions, significant heterogeneity was partly attributable to study design (two-stage v. one-stage assessment), country income (high-income countries v. LMICs) and interview administration (clinician v. trained graduate). In multiple meta-regression analysis, study design remained a significant predictor of heterogeneity. Global rates of cluster A, B and C personality disorders were 3.8% (95% CI 3.2, 4.4%), 2.8% (1.6, 3.7%) and 5.0% (4.2, 5.9%).

#### **CONCLUSIONS:**

Personality disorders are prevalent globally. Nevertheless, pooled prevalence rates should be interpreted with caution due to high levels of heterogeneity. More large-scale studies with standardised methodologies are now needed to increase our understanding of population needs and regional variations. Declaration of interest None reported.

PMID: 31298170

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43. Lancet Psychiatry. 2019 Jul 8. pii: S2215-0366(19)30093-8. doi: 10.1016/S2215-0366(19)30093-8. [Epub ahead of print]

## **Perspectives on ICD-11 to understand and improve mental health diagnosis using expertise by experience (INCLUDE Study): an international qualitative study.**

[Hackmann C](#)<sup>1</sup>, [Balhara YPS](#)<sup>2</sup>, [Clayman K](#)<sup>3</sup>, [Nemec PB](#)<sup>4</sup>, [Notley C](#)<sup>5</sup>, [Pike K](#)<sup>3</sup>, [Reed GM](#)<sup>3</sup>, [Sharan P](#)<sup>2</sup>, [Rana MS](#)<sup>2</sup>, [Silver J](#)<sup>4</sup>, [Swarbrick M](#)<sup>6</sup>, [Wilson J](#)<sup>7</sup>, [Zeilig H](#)<sup>8</sup>, [Shakespeare T](#)<sup>9</sup>.

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8. London College of Fashion, University of the Arts London, London, UK.
9. Infectious and Tropical Diseases Department, International Centre for Evidence in Disability, London School of Health and Tropical Hygiene, Keppel Street, London, UK.

## Abstract

Developed in collaboration with WHO Department of Mental Health and Substance Abuse, this study (conducted in India, the UK, and the USA) integrated feedback from mental health service users into the development of the chapter on mental, behavioural, and neurodevelopmental disorders for ICD-11. The ICD-11 will be used for health reporting from January, 2022. As a reporting standard and diagnostic classification system, ICD-11 will be highly influential by informing policy, clinical practice, and research that affect mental health service users. We report here the first study to systematically seek and collate service user perspectives on a major classification and diagnostic guideline. Focus groups were used to collect feedback on five diagnoses: depressive episode, generalised anxiety disorder, schizophrenia, bipolar type 1 disorder, and personality disorder. Participants were given the official draft diagnostic guidelines and a parallel lay translation. Data were then thematically analysed, forming the basis of co-produced recommendations for WHO, which included features that could be added or revised to better reflect lived experience and changes to language that was confusing or objectionable to service users. The findings indicated that an accessible lay language version of the ICD-11 could be beneficial for service users and their supporters.

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PMID: 31296444

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# [The Effects of Amplification on Listening Self-Efficacy in Adults With Sensorineural Hearing Loss.](#)

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## **Abstract**

**Objectives** The aim of this study was to evaluate listening self-efficacy ratings between aided and unaided conditions in different communication environments and to determine what patient- and device-centered variables were associated with individual differences. **Method** An observational, cross-sectional study design was used to evaluate 165 older adults with mild to moderately severe sensorineural hearing loss who wore hearing aids at least 8 hr per week. Listening self-efficacy for both unaided and aided listening was measured using the Listening Self-Efficacy Questionnaire (LSEQ; Smith, Pichora-Fuller, Watts, & La More, 2011 ), consisting of a global score and subscales of Dialogue in Quiet, Directed Listening, and Complex Listening. Metrics to explain variability in the degree of improvement in LSEQ ratings with aided listening included patient-centered variables of age, pure-tone average, and personality and device-centered variables of hearing aid use, speech intelligibility index, directionality, and noise reduction. The NEO Five-Factor Inventory ( Costa & McCrae, 1985 ) was used to measure 5 personality traits (neuroticism, extraversion, openness, agreeableness, and conscientiousness). Associations were evaluated between LSEQ ratings and patient- and device-centered variables using a linear mixed-model analysis. **Results** Statistically significant improvements in LSEQ ratings were found for aided conditions (relative to unaided conditions), easier listening environments, lower pure-tone averages, and lower levels of neuroticism. Furthermore, the improvement in listening self-efficacy with hearing aids did not depend on the listening environment but did alter with severity of hearing loss, length of hearing aid use, and levels of conscientiousness. **Conclusions** Results of this study suggest that wearing hearing aids is associated with improved listening self-efficacy in a variety of communication environments. Aural rehabilitation and counseling may focus on improving listening self-efficacy to address the challenges of consistent hearing aid use and reduced quality of life related to hearing loss.

PMID: 31296020

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# The regional homogeneity patterns of the dorsal medial prefrontal cortex predict individual differences in decision impulsivity.

[Lv C](#)<sup>1</sup>, [Wang Q](#)<sup>2</sup>, [Chen C](#)<sup>3</sup>, [Qiu J](#)<sup>4</sup>, [Xue G](#)<sup>5</sup>, [He Q](#)<sup>6</sup>.

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## **Abstract**

Intertemporal choice refers to the process of making decisions by weighing short- and long-term benefits and costs. On average people prefer immediate rewards over delayed rewards with larger amounts, which is a form of decision impulsivity. Based on previous research showing the importance of the dorsal medial prefrontal cortex (DMPFC) in decision impulsivity, the present study examined whether regional homogeneity (ReHo) patterns in DMPFC were associated with individual differences in intertemporal choices. Two cohorts of college students (N = 239 and N = 227, respectively) were recruited and resting-state data were collected. Results from both univariate and multivariate pattern analyses of the two cohorts consistently showed that ReHo patterns in the DMPFC were associated with the delay discounting rate (i.e., log k). These results further support the important role of DMPFC in intertemporal choice and have potential practical implications for decision making in our daily life and at the level of national policies as well as for the treatment of clinical populations with decision impulsivity (e.g., gamblers, individuals with substance use disorders).

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PMID: 31295568

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46. J Am Psychiatr Nurses Assoc. 2019 Jul 10:1078390319862029. doi: 10.1177/1078390319862029.  
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## Mixture Modeling to Characterize Anorexia Nervosa: Integrating Personality and Eating Disorder Psychopathology.

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### Abstract

**BACKGROUND:** Efforts to examine alternative classifications (e.g., personality) of anorexia nervosa (AN) using empirical techniques are crucial to elucidate diverse symptom presentations, personality traits, and psychiatric comorbidities. **AIM:** The purpose of this study was to use an empirical approach (mixture modeling) to test an alternative classification of AN as categorical, dimensional, or hybrid categorical-dimensional construct based on the co-occurrence of personality psychopathology and eating disorder clinical presentation. **METHOD:** Patients with AN ( $N = 194$ ) completed interviews and questionnaires at treatment admission and 3-month follow-up. Mixture modeling was used to test whether indicators best classified AN as categorical, dimensional, or hybrid. **RESULTS:** A four-latent class, one-latent dimension mixture model that was variant across groups provided the best fit to the data. Results suggest that all classes were characterized by low self-esteem and self-harming and suicidality tendencies. Individuals assigned to Latent Class 2 (LC2;  $n = 21$ ) had a greater tendency toward being impulsive and easily angered and having difficulties controlling anger compared with those in LC1 ( $n = 84$ ) and LC3 ( $n = 66$ ). Moreover, individuals assigned to LC1 and LC3 were more likely to have a poor outcome from intensive treatment compared with those in LC4 ( $n = 21$ ). Findings indicate that the dimensional aspect within each class measured frequency of specific eating disorder behaviors but did not predict treatment outcomes. **CONCLUSION:** These results emphasize the complexity of AN and the importance of considering how facets of clinical presentation beyond eating disorder behaviors may have different treatment and prognostic implications.

PMID: 31291805

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47. Eur Arch Psychiatry Clin Neurosci. 2019 Jul 9. doi: 10.1007/s00406-019-01039-4. [Epub ahead of print]

## [Exploring schizophrenia spectrum psychopathology in borderline personality disorder.](#)

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### **Abstract**

We have previously argued that the current borderline personality disorder (BPD) diagnosis is over-inclusive and clinically and conceptually impossible to distinguish from the schizophrenia spectrum disorders. This study involves 30 patients clinically diagnosed with BPD as their main diagnosis by three BPD dedicated outpatient treatment facilities in Denmark. The patients underwent a careful and time-consuming psychiatric evaluation involving several senior level clinical psychiatrists and researchers and a comprehensive battery of psychopathological scales. The study found that the vast majority of patients (67% in DSM-5 and 77% in ICD-10) in fact met the criteria for a schizophrenia spectrum disorder, i.e., schizophrenia (20%) or schizotypal (personality) disorder (SPD). The schizophrenia spectrum group scored significantly higher on the level of disorders of core self as measured by the Examination of Anomalous Self-Experiences Scale (EASE). The BPD criterion of "identity disturbance" was significantly correlated with the mean total score of EASE. These findings are discussed in the light of changes from prototypical to polythetic diagnostic systems. We argue that the original prototypes/gestalts informing the creation of BPD and SPD have gone into oblivion during the evolution of polythetic criteria.

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48. J Dual Diagn. 2019 Jul 9:1-11. doi: 10.1080/15504263.2019.1633489. [Epub ahead of print]

# Sensorimotor Gating in Cocaine-Related Disorder with Comorbid Schizophrenia or Antisocial Personality Disorder.

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## **Abstract**

**Objective:** Schizophrenia, cocaine-related disorder, antisocial personality disorder, and psychopathy share biological bases, but few studies discriminate between these disorders by means of prepulse inhibition. This work studies the phenotype of patients with cocaine-related disorders who are vulnerable to presenting a dual diagnosis of schizophrenia or antisocial personality disorder, by evaluating their prepulse inhibition, impulsivity and psychopathy personality traits. **Methods:** The sample ( $n = 38$ ) was divided into three groups: (1) cocaine-related disorder (8 individuals diagnosed with cocaine-related disorder who did not present any other mental disorder), (2) cocaine-related disorder and schizophrenia ( $n = 14$ ), and (3) cocaine-related disorder and antisocial personality disorder ( $n = 16$ ). **Results:** The prepulse inhibition in the two groups with dual diagnosis was lower than that in the cocaine-related disorder group,  $F(2, 35) = 6.52, p = .004$ , while there was no significant differences between the two dual-diagnosis groups. Psychopathy was evaluated with the revised Hare Psychopathy Checklist and showed no correlation with the prepulse inhibition. Secondary psychopathy (impulsivity and poor behavior control), as evaluated with Levenson Self-Report Psychopathy Scale, was related to the prepulse inhibition. Two discriminating functions were obtained that allowed prediction of patient inclusion in the groups using the prepulse inhibition and the revised Hare Psychopathy Checklist with a success rate of 81.6% (cocaine-related disorder = 62.5%; cocaine-related disorder and schizophrenia = 78.6%; cocaine-related disorder and antisocial personality disorder = 93.8%). These results are discussed in regard to the neurobiological implications of prepulse inhibition in dual diagnosis. **Conclusions:** The results suggest that the prepulse inhibition is a promising dual-diagnosis vulnerability marker in individuals with cocaine addiction, because prepulse inhibition deficits are related both to schizophrenia and antisocial personality disorder. In addition, prepulse inhibition, which is considered a good endophenotype for studies on the genetic and neurobiological basis of cocaine-related disorder and schizophrenia, could be used in the same way in studies on antisocial personality disorder.

PMID: 31287382

# Onset of schizophrenia diagnoses in a large clinical cohort.

[Lopez-Castroman J](#)<sup>1,2</sup>, [Leiva-Murillo JM](#)<sup>3</sup>, [Cegla-Schvartzman F](#)<sup>4</sup>, [Blasco-Fontecilla H](#)<sup>5</sup>, [Garcia-Nieto R](#)<sup>4</sup>, [Artes-Rodriguez A](#)<sup>3</sup>, [Morant-Ginestar C](#)<sup>6</sup>, [Courtet P](#)<sup>7,8</sup>, [Blanco C](#)<sup>9</sup>, [Aroca F](#)<sup>10</sup>, [Baca-García E](#)<sup>4,9,11,12,13,14,15,16</sup>.

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## Abstract

We aimed to describe the diagnostic patterns preceding and following the onset of schizophrenia diagnoses in outpatient clinics. A large clinical sample of 26,163 patients with a diagnosis of schizophrenia in at least one outpatient visit was investigated. We applied a Continuous Time Hidden Markov Model to describe the probability of transition from other diagnoses to schizophrenia considering time proximity. Although the most frequent diagnoses before schizophrenia were anxiety and mood disorders, direct transitions to schizophrenia usually came from psychotic-spectrum disorders. The initial diagnosis of schizophrenia was not likely to change for two of every three patients if it was confirmed some months after its onset. When not confirmed, the most frequent alternative diagnoses were personality, affective or non-schizophrenia psychotic disorders. Misdiagnosis or comorbidity with affective, anxiety and personality disorders

are frequent before and after the diagnosis of schizophrenia. Our findings give partial support to a dimensional view of schizophrenia and emphasize the need for longitudinal assessment.

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## [Cognitive and Behavioral Differentiation of Those With Borderline Personality Disorder and Bipolar Disorder.](#)

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### **Abstract**

The current study sought to identify features offering differentiation of borderline personality disorder (BPD) from bipolar disorder (BP). Participants were clinically assessed and assigned diagnoses based on the Diagnostic and Statistical Manual of Mental Disorders criteria. A 113-item self-report questionnaire was completed, comprising cognitive and behavioral constructs weighted to a borderline personality style. A total of n = 53 participants were assigned to BPD, n = 83 to BP, with comorbid participants excluded. Twenty items were highly endorsed (>95%) by the BPD group, with most of the features capturing emotional dysregulation (ED) and identity disturbance; however, many items were also highly endorsed by the participants with BP. Thirty-eight items offered differentiation of BPD from BP, with identity disturbance overrepresented. The study findings indicate that the transdiagnostic nature of ED (a feature of both conditions) means it is less useful for diagnostic decisions, whereas identity disturbance is both intrinsic to BPD and offers specificity in differentiation from BP.

PMID: 31283725

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51. Clin EEG Neurosci. 2019 Jul 8:1550059419860028. doi: 10.1177/1550059419860028. [Epub ahead of print]

# Borderline Personality and Bipolar Disorders Cannot Be Differentiated Electrophysiologically.

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## **Abstract**

*Objectives.* Certain studies have claimed that borderline personality disorder (BPD) could be evaluated as a subtype of bipolar disorder (BD), whereas others have argued that BPD should be regarded as an independent disorder because of its distinct clinical features. The aim of this study was to investigate if there was a difference between these 2 disorders biologically based on EEG recordings. *Methods.* A total of 111 subjects (11 healthy, 25 BPD, 75 BD) who had resting EEG recordings were included. The EEGs were analyzed to compute absolute power values. *Results.* One-way analysis of variance results revealed statistically significant differences among the 3 groups on 55 out of 229 EEG variables. However, post hoc analysis indicated that all of the significant changes were between healthy and patient groups and no significant differences were found between 2 clinical groups. *Conclusion.* The findings suggested that these 2 clinical entities are biologically similar; however, further research should be performed to explain the basis clinical differences between the 2 disorders.

PMID: 31282204

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52. BMC Psychiatry. 2019 Jul 5;19(1):212. doi: 10.1186/s12888-019-2185-5.

# Frequency of narcissistic personality disorder in a counseling center population in China.

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## **Abstract**

### **BACKGROUND:**

Narcissistic personality disorder (NPD) has never been applied in Chinese clinical practice, and the distribution of NPD in the clinical population of China is largely unknown. The current study uses two-stage clinic-based screening to investigate the frequency and clinical features of NPD in a Chinese help-seeking sample.

### **METHODS:**

A total of 1402 consecutive outpatients ages 18-60 were recruited during their visit to the Shanghai Mental Health Center and screened with the Personality Diagnostic Questionnaire Fourth Edition Plus (PDQ-4+) and Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Axis II (SCID-II). The structured clinical interview was administered to estimate the rate of NPD and the frequency of each disorder criterion.

### **RESULTS:**

The frequency estimate of NPD in the total sample was 4.0%. Among the 56 outpatients who met the criteria for NPD, there were more males than females, and many had a better educational background. The SCID-II interviews revealed high frequencies of diagnostic criterion 1 ("exaggerated sense of self-importance. NPD likely overlaps with Histrionic PD, Borderline PD, and Paranoid PD. This two stage screening method can enhance detection of Chinese NPD patients in clinical settings.

### **CONCLUSIONS:**

Narcissism pathology is not rare in the Chinese psychiatric community when using the DSM-IV NPD criteria. Existing evidence suggests, at least indirectly, that there are important benefits of NPD diagnosis in psychiatric practice.

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53. Curr Psychiatry Rep. 2019 Jul 4;21(8):73. doi: 10.1007/s11920-019-1061-9.

## [Depression in Youth Exposed to Disasters, Terrorism and Political Violence.](#)

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### **Abstract**

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

This paper reviews recent research on the depression in young people following exposure to catastrophic stresses such as disasters, terrorism and political violence.

#### **RECENT FINDINGS:**

Depression is one of the commonest outcomes following mass trauma, for all ages including children and adolescents. Recent articles continue to report high prevalence of depression which often continues for years. It is often comorbid with other psychiatric disorders, especially PTSD. Post-traumatic depression in children and adolescence affects purpose of life, impairs scholastic achievements, increases suicidality and has extensive comorbidity. Besides the trauma, individual constructs, personality factors, social support, exposure to other traumatic events are some of the predicting factors. Biological and genetic basis of post-traumatic depression has been reported. Studies suggest some benefit to psychotherapeutic interventions such as trauma-focussed cognitive behavioural therapy and web-based therapy. A considerable proportion of youths develop depression following mass traumatic events. More research is required regarding the effectiveness of interventions in this population.

PMID: 31270638

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# Explanation of somatic symptoms by mental health and personality traits: application of Bayesian regularized quantile regression in a large population study.

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## **Abstract**

### **BACKGROUND:**

Somatic syndrome is one of the remarkably prevalent issues in primary health care and subspecialty settings. We aimed to elucidate multidimensional associations between somatic symptoms with major mental problems and personality traits in the framework of the quantile regression model with a Bayesian approach.

### **METHODS:**

A total of 4763 employees at Isfahan University of Medical Sciences and Health Services in Isfahan province, Iran, filled out four validated questionnaires including Hospital Anxiety and Depression

Scale (HADS), NEO Questionnaire, General Health Questionnaire (GHQ) and PHQ-15 for somatic symptom severity. In addition, Functional Gastrointestinal Disorders (FGIDs) were determined using Rome IV criteria. Exploratory Factor Analysis (EFA) and Bayesian regularized quantile regression with adaptive LASSO penalization were applied for reduced dimension of somatic symptoms and variable selection and parameter estimation, respectively.

## RESULTS:

The 25 major somatic symptoms were grouped into four factors including general, upper gastrointestinal, lower gastrointestinal and respiratory by EFA. Stress, depression, and anxiety had significant effects on all of the four extracted factors. The effect of anxiety in each four extracted factors was more than stress and depression. Neuroticism and agreeableness had significant effects on all of the four extracted factors, generally ( $p < 0.05$ ).

## CONCLUSIONS:

Given the high prevalence of somatic symptoms and psychosomatic complaints in correlation with the diverse range of mental co-morbidities, developing more detailed diagnostic tools and methods is crucial; nonetheless, it seems that providing better interdisciplinary approaches in general medical practice is groundwork.

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# [Toxoplasmosis and Psychiatric and Neurological Disorders: A Step toward Understanding Parasite Pathogenesis.](#)

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## Abstract

Toxoplasmosis, a disease that disrupts fetal brain development and severely affects the host's brain, has been linked to many behavioral and neurological disorders. There is growing interest in how a single-celled neurotropic parasite, *Toxoplasma gondii*, can control or change the behavior of the host as well as how it dominates the host's neurons. Secrets beyond these could be answered by

decoding the *Toxoplasma gondii* genome, unravelling the function of genomic sequences, and exploring epigenetics and mRNAs alterations, as well as the postulated mechanisms contributing to various neurological and psychiatric symptoms caused by this parasite. Substantial efforts have been made to elucidate the action of *T. gondii* on host immunity and the biology of its infection. However, the available studies on the molecular aspects of toxoplasmosis that affect central nervous system (CNS) circuits remain limited, and much research is still needed on this interesting topic. In my opinion, this parasite is a gift for studying the biology of the nervous system and related diseases. We should utilize the unique features of *Toxoplasma*, such as its abilities to modulate brain physiology, for neurological studies or as a possible tool or approach to cure neurological disease.

PMID: 31268676

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## [Resting-state functional connectivity after hydrocortisone administration in patients with post-traumatic stress disorder and borderline personality disorder.](#)

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## Abstract

In a previous study, we found that - in contrast to healthy individuals - patients with borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) showed better memory retrieval performance after hydrocortisone administration compared to placebo. As these results suggest an altered function of corticosteroid receptors in the brain in PTSD and BPD, we examined the effect of hydrocortisone on brain activation in both disorders. We recruited 40 female healthy controls, 20 female unmedicated patients with PTSD and 18 female unmedicated patients with BPD. We conducted a placebo-controlled cross-over study, in which all participants underwent two resting state MRI measurements after they received either a placebo or 10 mg hydrocortisone orally and in randomized order. There was a time interval of one week between the measurements. We analysed resting state functional connectivity (RSFC) with the hippocampus and the amygdala as seed regions. Compared to healthy controls, both patient groups showed reduced hippocampus RSFC to dorsomedial prefrontal cortex (dmPFC). Positive hippocampus dmPFC RSFC correlated negatively with childhood trauma ( $r = -0.47$ ) and with severity of clinical symptoms, measured with the Borderline Symptom List ( $r = -0.44$ ) and the Posttraumatic Stress Diagnostic Scale ( $r = -0.45$ ). We found neither differences in amygdala RSFC nor an effect of hydrocortisone administration. Childhood trauma might lead to decreased positive hippocampus dmPFC RSFC. This might explain symptoms of PTSD and BPD that are characterized by dysfunctional fear regulation.  
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PMID: 31262544

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1. Eat Weight Disord. 2019 Aug 30. doi: 10.1007/s40519-019-00764-y. [Epub ahead of print]

## [Associations among eating disorder symptoms and the Minnesota Multiphasic Personality Inventory-2-Restructured Form \(MMPI-2-RF\) in college students.](#)

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## **Abstract**

### **PURPOSE:**

To identify associations between eating disorder (ED) attitudes and behaviors and scores on the MMPI-2-RF in college students.

### **METHODS:**

The study included 425 undergraduate students (38.5% males and 61.5% females) with a mean age of 19.13 (SD = 1.77). Measures included the MMPI-2-RF and the Eating Disorder Examination Questionnaire. Correlations and relative risk ratios were computed between MMPI-2-RF scores and ED variables.

### **RESULTS:**

Scores on several MMPI-2-RF Scales were associated with the presence of subthreshold ED symptoms. Manifestations of emotional/internalizing dysfunction were associated with all ED symptom presentations.

### **CONCLUSIONS:**

The results of this study identified narrowly defined personality and psychopathology constructs relevant to, and found across college students experiencing various subthreshold ED symptoms. Considering this additional information in ED screening or treatment planning could reduce the likelihood of subthreshold symptoms worsening and increase the effectiveness of ED interventions with at-risk college student populations.

### **LEVEL OF EVIDENCE:**

Level III, evidence obtained from well-designed cohort or case-control analytic studies.

PMID: 31471887

[Similar articles](#)



2. J Child Psychol Psychiatry. 2019 Aug 30. doi: 10.1111/jcpp.13125. [Epub ahead of print]

**[Associations between infant and toddler regulatory problems, childhood co-developing internalising and externalising](#)**

# trajectories, and adolescent depression, psychotic and borderline personality disorder symptoms.

[Winsper C](#)<sup>1,2</sup>, [Bilgin A](#)<sup>3,4</sup>, [Wolke D](#)<sup>1,3</sup>.

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## **Abstract**

### **BACKGROUND:**

Early regulatory problems (RPs) are associated with childhood internalising and externalising symptoms. Internalising and externalising symptoms, in turn, are associated with adolescent psychopathology (e.g. personality disorders, depression). We examined whether RPs are directly associated with adolescent psychopathology, or whether associations are indirect via childhood internalising and externalising symptoms.

### **METHODS:**

We used data from the Avon Longitudinal Study of Parents and Children. Mothers reported on their child's RPs at 6, 15-18 and 24-30 months, and internalising and externalising symptoms at 4, 7, 8 and 9.5 years. Adolescent psychotic, depression and BPD symptoms were assessed at 11-12 years. Children were grouped by their patterns of co-developing internalising and externalising symptoms using parallel process latent class growth analysis (PP-LCGA). Path analysis was used to examine direct and indirect associations from RPs to the three adolescent outcomes.

### **RESULTS:**

There were four groups of children with distinct patterns of co-developing internalising and externalising (INT/EXT) symptoms. Most children (53%) demonstrated low-moderate and stable levels of INT/EXT symptoms. A small proportion (7.7%) evidenced moderate and increasing INT and high stable EXT symptoms: this pattern was strongly predictive of adolescent psychopathology (e.g. depression at 11 years: unadjusted odds ratio = 5.62; 95% confidence intervals = 3.82, 8.27). The other two groups were differentially associated with adolescent outcomes (i.e. moderate-high increasing INT/moderate decreasing EXT predicted mother-reported depression at 12, while low stable INT/moderate-high stable EXT predicted child-reported depression at 11). In path analysis, RPs at each time-point were significantly indirectly associated with symptoms of BPD and child- and mother-reported depression symptoms via the most severe class of INT/EXT symptoms.

## CONCLUSIONS:

Consistent with a cascade model of development, RPs are predictive of higher levels of co-developing INT/EXT symptoms, which in turn increase risk of adolescent psychopathology. Clinicians should be aware of, and treat, early RPs to prevent chronic psychopathology.

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PMID: 31469175

[Similar articles](#)



3. J Nerv Ment Dis. 2019 Sep;207(9):701-704. doi: 10.1097/NMD.0000000000001059.

## [Modern-Day Relics of Psychiatry.](#)

[Tripathi S<sup>1</sup>](#), [Messias E](#), [Spollen J](#), [Salomon RM](#).

Author information:

1. University of Arkansas for Medical Sciences, Little Rock, Arkansas.

### Abstract

Constantly shifting cultural views influence public perceptions of psychiatric diagnoses, sometimes accommodated by changes in diagnostic terminology. Evolving scientific knowledge of the era is at times used to justify and support mental illnesses. Too often, however, remasked nomenclatures fail to alter social stigma, in part because political arguments are used. Scientific validations of variant behaviors as symptoms with a pathologic status are unfortunately overshadowed. Examples of cultural bias effects on recurring diagnostic challenges illustrate a need for scientific validation. Renaming fails to improve stigma or diagnostic clarity. For example, neurasthenia, or nervous exhaustion, was attributed to fast-paced urban life through the late 1970s. Its symptoms are now largely, to no real advantage, retitled as chronic fatigue syndrome. Diagnoses like "hysteria" have evolved into histrionic personality disorder and somatoform spectrum disorders, although less as a result of demonic possession or a "wandering uterus." Decriminalized and depathologized homosexuality remains a political football, where religious "sin" conceptualizations have not been displaced by studies documenting healthy adjustments among groups with diverse sexual orientations and preferences. Each of these remains severely socially stigmatized. The pseudoscience of "drapetomania," once used to rationalize and pathologize a slave's freedom, is perceived now as psychiatric incarcerations of mentally healthy individuals, more commonly in totalitarian regimes—a politicization of stigma. Research reviews and funding efforts need to emphasize a sound basis for individuals caught in perpetuated diagnostic challenges, not remedied by simple shifts in nomenclature.

PMID: 31464983

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4. Personal Disord. 2019 Aug 29. doi: 10.1037/per0000357. [Epub ahead of print]

## Quality or quantity? A multistudy analysis of emotion regulation skills deficits associated with borderline personality disorder.

[Southward MW<sup>1</sup>](#), [Cheavens JS<sup>1</sup>](#).

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1. Department of Psychology.

### **Abstract**

Linehan's (1993) biosocial theory posits that people with borderline personality disorder (BPD) have emotion regulation skills deficits characterized by (a) less frequent use of adaptive emotion regulation strategies, (b) more frequent use of maladaptive strategies, or (c) poorer quality strategy implementation (i.e., strategies implemented less skillfully). We tested these possibilities among participants with BPD, major depressive disorder (MDD), or no disorder (controls). Study 1 participants ( $N = 272$ ) were recruited online; Study 2 participants ( $N = 90$ ) completed in-person diagnostic assessments. The BPD groups reported greater use of maladaptive strategies than the MDD ( $d = .35$ ) and control ( $d = 1.54$ ) groups and lower quality implementation than the MDD ( $d = -.33$ ) and control groups ( $d = -.97$ ). BPD participants reported similar use of adaptive strategies as the MDD group ( $d = -.09$ ) but less use than controls ( $d = -.47$ ). BPD may be uniquely characterized by overuse of maladaptive strategies and poorer quality emotion regulation implementation. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31464477

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5. JAMA Psychiatry. 2019 Aug 28. doi: 10.1001/jamapsychiatry.2019.2102. [Epub ahead of print]

## Delay Discounting as a Transdiagnostic Process in Psychiatric Disorders: A Meta-analysis.

[Amlung M<sup>1,2</sup>](#), [Marsden E<sup>1</sup>](#), [Holshausen K<sup>1,2</sup>](#), [Morris V<sup>1</sup>](#), [Patel H<sup>1</sup>](#), [Vedelago L<sup>1</sup>](#), [Naish KR<sup>1</sup>](#), [Reed DD<sup>3,4</sup>](#), [McCabe RE<sup>1,2</sup>](#).

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## **Abstract**

### **Importance:**

Delay discounting is a behavioral economic index of impulsive preferences for smaller-immediate or larger-delayed rewards that is argued to be a transdiagnostic process across health conditions. Studies suggest some psychiatric disorders are associated with differences in discounting compared with controls, but null findings have also been reported.

### **Objective:**

To conduct a meta-analysis of the published literature on delay discounting in people with psychiatric disorders.

### **Data Sources:**

PubMed, MEDLINE, PsycInfo, Embase, and Web of Science databases were searched through December 10, 2018. The psychiatric keywords used were based on DSM-IV or DSM-5 diagnostic categories. Collected data were analyzed from December 10, 2018, through June 1, 2019.

### **Study Selection:**

Following a preregistered Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) protocol, 2 independent raters reviewed titles, abstracts, and full-text articles. English-language articles comparing monetary delay discounting between participants with psychiatric disorders and controls were included.

### **Data Extraction and Synthesis:**

Hedges *g* effect sizes were computed and random-effects models were used for all analyses. Heterogeneity statistics, one-study-removed analyses, and publication bias indices were also examined.

### **Main Outcomes and Measures:**

Categorical comparisons of delay discounting between a psychiatric group and a control group.

### **Results:**

The sample included 57 effect sizes from 43 studies across 8 diagnostic categories. Significantly steeper discounting for individuals with a psychiatric disorder compared with controls was observed for major depressive disorder (Hedges *g* = 0.37; *P* = .002; *k* = 7), schizophrenia (Hedges *g* = 0.46; *P* = .004; *k* = 12), borderline personality disorder (Hedges *g* = 0.60; *P* < .001; *k* = 8), bipolar disorder

(Hedges  $g = 0.68$ ;  $P < .001$ ;  $k = 4$ ), bulimia nervosa (Hedges  $g = 0.41$ ;  $P = .001$ ;  $k = 4$ ), and binge-eating disorder (Hedges  $g = 0.34$ ;  $P = .001$ ;  $k = 7$ ). In contrast, anorexia nervosa exhibited statistically significantly shallower discounting (Hedges  $g = -0.30$ ;  $P < .001$ ;  $k = 10$ ). Modest evidence of publication bias was indicated by a statistically significant Egger test for schizophrenia and at the aggregate level across studies.

### Conclusions and Relevance:

Results of this study appear to provide empirical support for delay discounting as a transdiagnostic process across most of the psychiatric disorders examined; the literature search also revealed limited studies in some disorders, notably posttraumatic stress disorder, which is a priority area for research.

PMID: 31461131

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6. J Clin Neurosci. 2019 Aug 24. pii: S0967-5868(19)30894-X. doi: 10.1016/j.jocn.2019.07.047. [Epub ahead of print]

## [Pineal gland volumes are changed in patients with obsessive-compulsive personality disorder.](#)

[Atmaca M](#)<sup>1</sup>, [Korucu T](#)<sup>2</sup>, [Caglar Kilic M](#)<sup>3</sup>, [Kazgan A](#)<sup>2</sup>, [Yildirim H](#)<sup>3</sup>.

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3. Firat University, School of Medicine, Department of Radiology, Elazig, Turkey.

### Abstract

#### OBJECTIVE:

In the present study, taking into consideration our previous studies showing an association on the neuroanatomy of OCD and obsessive-compulsive personality disorders (OCPD), we also decided to examine pineal gland volumes in patients with obsessive-compulsive personality disorder and hypothesized that gland volumes would be found as altered in comparison with those of healthy subjects.

#### METHODS:

Sixteen patients with OCPD and eighteen healthy control subjects underwent magnetic resonance imaging (MRI). We compared the volumes of pineal gland by using MRI between groups.

## RESULTS:

As compared to healthy control subjects, patients with OCPD had statistically significant smaller pineal gland volumes by using independent sample t test ( $87.34 \pm 19.72 \text{ mm}^3$  for patients with OCPD vs.  $108.62 \pm 22.56 \text{ mm}^3$ , with a statistically significant difference of  $p < 0.01$ ). When controlling for gender distribution, age and whole brain volumes in the General Linear Model, we saw that patients with OCPD had still statistically significant smaller pineal volumes compared to those of healthy control subjects.

## CONCLUSION:

Finally, the findings of the present study revealed that patients with OCPD had reduced pineal gland volumes compared to those of healthy control subjects, supporting the fact that OCPD might be included in the OCD spectrum disorders, since we have previously found same result in patients with OCPD.

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PMID: 31455564

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7. J Clin Psychol. 2019 Aug 27. doi: 10.1002/jclp.22844. [Epub ahead of print]

# [Confirmatory factor analysis of the Inventory of Statements About Self-injury in a Spanish clinical sample.](#)

[Pérez S](#)<sup>1</sup>, [García-Alandete J](#)<sup>2</sup>, [Cañabate M](#)<sup>3,4</sup>, [Marco JH](#)<sup>5</sup>.

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## Abstract

## OBJECTIVES:

The main aim of the present study was to confirm the two-factor structure of the Inventory of Statements About Self-injury- Part II (ISAS-II), analyze its psychometric properties and test-retest reliability of Parts I and II of the ISAS.

## METHOD:

The sample was composed of 355 Spanish participants diagnosed with eating disorders or borderline personality disorder (mean age 27.89, standard deviation = 13.31; 315 women, 40 men). Two models proposed for the ISAS-II were analyzed by means of confirmatory factorial analysis.

## RESULTS:

A two-factor model was confirmed, and a model with self-care included in the intrapersonal factor was preferable. The ISAS-II showed positive correlations with emotional dysregulation. Test-retest reliability showed statistically significant correlations at 7 months (n = 123).

## CONCLUSION:

The ISAS-II is a valid instrument to assess nonsuicidal self-injury in Spanish populations, making it possible to assess these behaviors, which require valid and reliable measures worldwide.

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PMID: 31454078

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8. Nord J Psychiatry. 2019 Aug 27:1-6. doi: 10.1080/08039488.2019.1658127. [Epub ahead of print]

# [Comorbid personality disorders and their impact on severe dissociative experiences in Mexican patients with borderline personality disorder.](#)

[Rodríguez-Delgado A](#)<sup>1</sup>, [Fresán A](#)<sup>2</sup>, [Miranda E](#)<sup>1</sup>, [Garza-Villareal E](#)<sup>2,3</sup>, [Alcalá-Lozano R](#)<sup>2</sup>, [Duque-Alarcón X](#)<sup>4</sup>, [Balducci T](#)<sup>5</sup>, [Arango de Montis I](#)<sup>1</sup>.

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Trabajadores Del Estado (ISSSTE) , Mexico City , Mexico.

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## Abstract

**Objective:** To identify personality disorders comorbid with borderline personality disorder (BPD) that may confer greater risk for the presence of severe dissociative experiences. **Method:** Three hundred and one outpatients with a primary diagnosis of BPD were evaluated using the Structured Clinical Interview for DSM-IV Axis II personality disorders, the Borderline Evaluation of Severity Over Time (BEST) and the Dissociative Experiences Scale (DES). **Results:** The most frequent personality disorders comorbid to BPD were paranoid (83.2%,  $n = 263$ ) and depressive (81.3%,  $n = 257$ ). The mean BEST and DES total score were 43.3 ( $SD = 11.4$ , range 15-69) and 28.6 ( $SD = 19.8$ , range 0-98), respectively. We categorized the sample into patients with and without severe dissociative experiences (41% were positive). A logistic regression model revealed that Schizotypal, Obsessive-compulsive and Antisocial personality disorders conferred greater risk for the presence of severe dissociative experiences.

**Discussion:** Our results suggest that a large proportion of patients with BPD present a high rate of severe dissociative experiences and that some clinical factors such as personality comorbidity confer greater risk for severe dissociation, which is related to greater dysfunction and suffering, as well as a worse progression of the BPD.

PMID: 31453750

[Similar articles](#)



9. Acta Neuropsychiatr. 2019 Aug 27:1-24. doi: 10.1017/neu.2019.35. [Epub ahead of print]

## [Stimulation-induced side effects after Deep Brain Stimulation - a systematic review.](#)

[Zarzycki MZ](#)<sup>1</sup>, [Domitrz I](#)<sup>1</sup>.

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## Abstract

### OBJECTIVE:

Deep Brain Stimulation (DBS) was approved by Food and Drug Administration for Parkinson's Disease, essential tremor, primary generalized or segmental dystonia and obsessive-compulsive disorder treatment. The exact mechanism of DBS remains unclear which causes side effects. The aim of this review was to assess variables causing stimulation-induced chronic psychiatric/ personality-changing side effects.

## **METHODS:**

The analysis of scientific database (PubMed, Cochrane Library, EMBASE) was conducted. The included articles had to be research study or case report and DBS to be conducted in therapeutic purposes. The researches with mental disorders in patients' medical histories were excluded.

## **RESULTS:**

17 articles were used in the review. In the group of movement disorders the characteristic of side effects was strongly related to the placement of the electrode implantation. Tiredness/ fatigue was correlated with DBS in thalamus. Implantations in subthalamic nucleus were mostly followed by affective side effects such as depression or suicide. The higher voltage of electrode was connected with more severe depression after implantation. The analysis of affective disorder contained only 3 articles - 2 about obsessive-compulsive disorder and 1 about depression. Forgetfulness and word-finding problems as activities connected with cognition may be an inevitable side effect if obsessive thoughts are to be inhibited.

## **CONCLUSION:**

DBS of subthalamic nucleus should be seen as the most hazardous place of implantation. As a result there is a strong need of "gold standards" based on the connectivity research and closer cooperation of scientists and clinicians.

PMID: 31452489

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10.J Affect Disord. 2019 Aug 19;259:302-313. doi: 10.1016/j.jad.2019.08.054. [Epub ahead of print]

# **The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies.**

[Too LS](#)<sup>1</sup>, [Spittal MJ](#)<sup>2</sup>, [Bugeja L](#)<sup>3</sup>, [Reifels L](#)<sup>2</sup>, [Butterworth P](#)<sup>4</sup>, [Pirkis J](#)<sup>2</sup>.

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Melbourne, Parkville, Victoria, 3052, Australia; Melbourne Institute of Applied Economic and Social Research, The University of Melbourne, Parkville, Victoria, 3052, Australia.

## **Abstract**

### **BACKGROUND:**

There has long been debate about the extent to which mental disorders contribute to suicide. We aimed to examine the evidence on the contribution of mental disorders to suicide among record linkage studies.

### **METHODS:**

We performed a systematic search using eight major health databases for English-language studies published between 1 January 2000 and 11 June 2018 that linked collected data on mental disorders and suicide. We then conducted a meta-analysis to assess risk of suicide conferred by mental disorders.

### **RESULTS:**

Our search identified 20 articles representing 13 unique studies. The pooled rate ratio (RR) was 13.2 (95% CI 8.6-20.3) for psychotic disorders, 12.3 (95% CI 8.9-17.1) for mood disorders, 8.1 (95% CI 4.6-14.2) for personality disorders, 4.4 (95% CI 2.9-6.8) for substance use disorders, and 4.1 (95% CI 2.4-6.9) for anxiety disorders in the general population. The overall pooled RR for these mental disorders was 7.5 (95% CI 6.6-8.6). The population attributable risk of mental disorders was up to 21%.

### **LIMITATIONS:**

The overall heterogeneity between studies was very high.

### **CONCLUSIONS:**

Our findings underline the important role of mental disorders in suicide. This suggests that ongoing efforts are required to improve access to and quality of mental health care to prevent suicide by people with mental disorders.

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PMID: 31450139

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# "The within-person effects of validation and invalidation on in-session changes in affect," Correction to Benitez et al. (2019).

[No authors listed]

## **Abstract**

Reports an error in "The within-person effects of validation and invalidation on in-session changes in affect" by Cinthia Benitez, Matthew W. Southward, Erin M. Altenburger, Kristen P. Howard and Jennifer S. Cheavens (*Personality Disorders: Theory, Research, and Treatment*, Advanced Online Publication, Feb 04, 2019, np). In the article, some values in Table 1 were incorrectly marked with asterisks as significant. The corrected table appears in the erratum. (The following abstract of the original article appeared in record 2019-05703-001.) Validation is the accurate reflection of someone's internal experiences. Validation has been theorized to enhance the process of therapy and facilitate effective outcomes (Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006). Additionally, validation may play an integral role in reducing emotional arousal specifically for individuals with borderline personality disorder (BPD). There is little research on the relation between validation and therapy outcomes such as affect change. In the current study, we tested the relations among self-reported validation and invalidation and in-session changes in positive and negative affect with a sample of 52 clients in treatment. Further, we examined BPD features as a moderator of the relations between self-reported validation and invalidation and in-session changes in affect. We disaggregated within-person from between-person effects using client reports of validation and invalidation during Sessions 3 to 7. Greater within-person validation was associated with decreased postsession negative affect, whereas greater within-person invalidation was associated with increased postsession NA. Neither validation nor invalidation was related to changes in positive affect. Further, at elevated levels of BPD features, validation, but not invalidation, was associated with decreases in negative affect. BPD features did not moderate the relation between validation or invalidation and postsession positive affect. These results provide empirical evidence that patient-reported validation and invalidation predict changes in negative affect during sessions. Additionally, these results suggest that patients with elevated BPD features are particularly responsive to validation during therapy sessions, and as such, provide an avenue for navigating the in-session negative emotional arousal that these patients often experience. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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# Emotional stability is associated with the MAOA promoter uVNTR polymorphism in women.

[Rodríguez-Ramos Á](#)<sup>1,2,3,4</sup>, [Moriana JA](#)<sup>2,3,4</sup>, [García-Torres F](#)<sup>2,3,4</sup>, [Ruiz-Rubio M](#)<sup>1,3,4</sup>.

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4. University Hospital Reina Sofía of Córdoba, Córdoba, Spain.

## **Abstract**

### **BACKGROUND:**

Neuroticism is associated with low emotional stability, and it is characterized by a tendency to perceive ordinary situations as threatening and difficult to manage. This personality trait has been associated with psychological distress and predicts some mental disorders. Previous studies have shown that women tend to be more neurotic than men and, in general, females have also a higher incidence of anxious and depressive disorders.

### **METHODS:**

We analyzed in a sample of 99 female university students (from 18 to 26 years old) if emotional stability, measured using the Big Five Questionnaire, was linked to polymorphic variants in candidate genes related to dopaminergic and serotonergic systems, and other personality variables.

### **RESULTS:**

We found that emotional stability and its subdimensions are genetically associated with MAOA-uVNTR polymorphism. Thus, women carriers of the 3-repeat allele (lower MAO-A expression) showed higher levels of emotional stability. No associations were found with other polymorphisms analyzed, including COMT Val<sup>158</sup> Met, 5-HTTLPR, and DAT 3'UTR VNTR. Furthermore, our results showed a negative correlation between emotional stability and depression, state anxiety, and trait anxiety. In fact, MAOA-uVNTR and trait anxiety also explained emotional stability and its subdimensions. We also found that other genetic characteristic, phenylthiocarbamide tasting, explained impulsivity, specifically tasters controlled impulses better than nontasters.

### **CONCLUSION:**

Our results indicate that neuroticism might be regulated by MAOA and could be a common factor between different phenotypes, such as aggressive behaviors or personality disorders, observed in

women with higher activity genotype who had been exposed to negative environments during childhood. This study could lead to a better understanding of the basis of emotional stability and could lead to future projects for this purpose.

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PMID: 31448578

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13. Front Psychiatry. 2019 Aug 9;10:558. doi: 10.3389/fpsyt.2019.00558. eCollection 2019.

## [Similar but Different: Psychological and Psychopathological Features of Primary and Secondary Hikikomori.](#)

[Frankova I<sup>1</sup>](#).

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1. Medical Psychology, Psychosomatic Medicine and Psychotherapy Department, Bogomolets National Medical University, Kyiv, Ukraine.

### **Abstract**

Recently, there has been an increase in reports of hikikomori around the globe, and Ukraine is not an exception. The development of hikikomori is often spurred by a history of aversive or traumatic childhood experience, for example, dysfunctions between parents or between a parent and a child (ambivalent attachment) and difficulties at school (peer rejection). Previously described models of hikikomori development mostly were based on research of mixed cohorts of patients (with and without psychiatric comorbidity). To test whether there was a difference in psychological and psychopathological features between primary hikikomori (HG1,  $n = 13$ ) and secondary hikikomori (HG2,  $n = 22$ ) cases comorbid with neurotic, somatoform, and stress-related disorders (F40-48, ICD-10), they were compared with each other and with a healthy control group (CG,  $n = 28$ ). Sociodemographic data, alexithymia [Toronto Alexithymia Scale (TAS-26)], traumatic life events [life experience questionnaire (LEQ)], hostility [Buss-Durkee Hostility Inventory (BDHI)], quality of life [Chaban Quality of Life Scale (CQLS)], and personality traits (Leonhard-Schmieschek Questionnaire) were evaluated. No relevant or statistically significant differences have been found between primary and secondary hikikomori cases, except for greater hostility in the latter. When compared with the healthy control group, the primary hikikomori cases were found to have higher frequency of alexithymia, life span traumatic events ( $7 \pm 3.6$ ), as well as higher levels of resentment and verbal hostility, and a bigger aggression index. In secondary hikikomori cases, higher irritability and resentment have been observed, with more dysthymia, excitability, and anxiety; and although the frequency of psychological traumas was lower ( $5.5 \pm 4$ ), it was still significant. Primary and secondary hikikomori had largely similar characteristics in the Ukrainian sample studied, but more studies with larger samples are needed to validate generalizability of the findings.

PMCID: PMC6696793 **Free PMC Article**

PMID: 31447713

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14. Psychol Psychother. 2019 Aug 24. doi: 10.1111/papt.12248. [Epub ahead of print]

# [Multiple and interpersonal trauma are risk factors for both post-traumatic stress disorder and borderline personality disorder: A systematic review on the traumatic backgrounds and clinical characteristics of comorbid post-traumatic stress disorder/borderline personality disorder groups versus single-disorder groups.](#)

[Jowett S](#)<sup>1</sup>, [Karatzias T](#)<sup>2,3</sup>, [Albert I](#)<sup>4</sup>.

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## **Abstract**

### **BACKGROUND:**

Both borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) are associated with exposure to traumatic events and are highly comorbid. No review to date has addressed the clinical presentations and traumatic backgrounds associated with these disorders although this work is essential for the development of effective interventions.

### **OBJECTIVES:**

To systematically explore similarities and differences in traumatic history and clinical presentation in comorbid BPD and PTSD as compared to PTSD or BPD alone.

## **METHOD:**

The Web of Science, Cochrane Library, PsycINFO, MEDLINE, and PILOTS databases were searched systematically. Eligible studies included adult populations, compared comorbid BPD/PTSD to a single disorder, and published in English.

## **RESULTS:**

A total of 10,147 cases across 33 studies were included: 2,057 comorbid BPD/PTSD, 2,648 BPD only, and 5,442 PTSD only. The comorbid group overall reported greater exposure to multiple and interpersonal trauma and elevated emotion dysregulation compared to both single-disorder groups. In terms of methodological quality, most papers achieved a Fair rating with improvements required in minimizing bias through recruiting adequate and representative samples, and reporting on traumatic exposure.

## **CONCLUSION:**

Multiple and interpersonal trauma might have a unique role in the development of comorbid BPD/PTSD features, particularly so for emotion dysregulation. Future research is required to unravel the unique characteristics of interpersonal trauma that can generate BPD and PTSD symptoms.

## **PRACTITIONER POINTS:**

Practitioners should routinely assess for interpersonal trauma considering its impact. Tackling emotion regulation difficulties might promote recovery from both PTSD and BPD symptoms. Presence of self-injury might be used to discriminate between PTSD and BPD and offer suitable interventions.

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15. J Psychosom Res. 2019 Sep;124:109742. doi: 10.1016/j.jpsychores.2019.109742. Epub 2019 Jun 15.

# **[Alexithymia, body mass index and gestational diabetes in pregnant women - FinnBrain birth cohort study.](#)**

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## **Abstract**

### **OBJECTIVE:**

Overweight, obesity, and associated problems in metabolic health are an increasing public health concern. Personality traits and emotional processing styles may play a role in the regulation of food intake and reward. Alexithymia is a personality construct involving difficulties in identifying and expressing emotions and has been previously associated with eating disorders and metabolic problems. We examined associations between alexithymia dimensions, Body Mass Index (BMI) and gestational diabetes in pregnant women.

### **METHODS:**

The participants were 1660 pregnant women living in Finland from the FinnBrain Birth Cohort Study. We investigated the associations between alexithymia and its dimensions as measured by the Toronto Alexithymia Scale (TAS-20), overweight, and gestational diabetes. The effects of age, education, and depressive symptoms were controlled for using hierarchical regression analysis.

### **RESULTS:**

Alexithymic individuals had a higher prevalence of overweight compared to those with low or moderate levels of alexithymia (66.0% vs. 34.8%, OR 3.6, adjusted OR 3.6, CI95% 1.9-6.8,  $p < .001$ ). The dimension of Externally Oriented Thinking (EOT) accounted for this association. Compared to the lowest quartile, women in the highest EOT quartile had a higher BMI (24.3 vs. 25.6,  $p < .001$ ), and a higher prevalence of overweight [adjusted OR 1.94, CI95% 1.43-2.62,  $p < .001$ ] and gestational diabetes [OR 1.75, CI95% 1.19-2.55,  $p = .005$ ].

### **CONCLUSIONS:**

Alexithymia, and especially its dimension of EOT is associated with overweight and gestational diabetes in pregnant women. Future studies should clarify causality and examine potential mechanisms and associations with pregnancy outcomes and fetal health.

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16. BMC Psychol. 2019 Aug 23;7(1):55. doi: 10.1186/s40359-019-0332-x.

## [Expectation of reward differentially modulates executive inhibition.](#)

[Herrera PM](#)<sup>1,2,3,4</sup>, [Van Meerbeke AV](#)<sup>5</sup>, [Speranza M](#)<sup>6,7</sup>, [Cabra CL](#)<sup>5</sup>, [Bonilla M](#)<sup>8</sup>, [Canu M](#)<sup>9</sup>, [Bekinschtein TA](#)<sup>6</sup>.

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### **Abstract**

#### **BACKGROUND:**

Inhibitory control, a key modulatory component of cognition guiding strategy and behaviour, can be affected by diverse contingencies. We explore here the effect of expectation of reward over behavioural adjustment in a Stop Signal Task modulated by reward. We hypothesize that cognitive control is modulated by different expectation of the reward.

#### **METHODS:**

Participants were allocated to two groups differing in their degree of knowledge in what to expect from rewards. Expected Specific Reward participants (N = 21) were informed of the different monetary feedbacks they would receive after each successful inhibition. Unexpected Reward participants (N = 24) were only told that they would receive monetary reward after correct inhibitory trials, but not the amounts or differences.

## RESULTS:

Our results confirmed previous observations demonstrating a "kick-start effect" where a high reward feedback at the beginning of the task increases response inhibition. The Expected Specific Reward condition seems also to improve inhibitory control -as measured by the stop signal reaction time (SSRT)-, compared to the Unexpected Reward group.

## CONCLUSIONS:

Knowledge of reward magnitudes seems to play a role in cognitive control irrespective of feedback magnitude. The manipulation of reward expectation appears to trigger different strategies for cognitive control, inducing a bottom-up effect of external cues, or a top-down effect given by the anticipation of incoming rewards. This is an early exploration to unearth possible higher order modulators - expectation and motivation- of cognitive control. This approach aims to gain insight into diverse psychopathological conditions related to impulsivity and altered reward systems such as Attention Deficit Hyperactive Disorder (ADHD), personality disorders, substance abuse, pathological gambling and cognitive aspects of Parkinson Disease.

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17. Nord J Psychiatry. 2019 Aug 23:1-8. doi: 10.1080/08039488.2019.1656777. [Epub ahead of print]

# Increased prevalence of psychopathy and childhood trauma in homicide offenders with schizophrenia compared to nonviolent individuals with schizophrenia.

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## Abstract

**Purpose:** Schizophrenia is associated with an increased homicide risk. Personality pathology, particularly antisocial personality disorder and psychopathic traits, has been associated with increased violence risk in schizophrenia. Childhood trauma, more specifically physical abuse, has been associated with violence risk in healthy populations and in individuals with mental illness. It is, however, unclear how childhood trauma relates to homicide in schizophrenia. This is, to our knowledge, the first study to concurrently examine personality pathology and childhood trauma in a group consisting solely of homicide offenders with schizophrenia (HOS). HOS is compared to nonviolent participants with the same diagnosis (non-HOS). Additionally, currently assessed demographical and clinical characteristics of a Norwegian sample of HOS are reported. **Materials and methods:** Two groups of participants with schizophrenia were recruited in collaboration with in and outpatient clinics across Norway, HOS ( $n= 26$ ) and non-HOS ( $n= 28$ ). Assessments of personality pathology and childhood trauma were conducted, and information about clinical and demographical characteristics was registered. **Results:** HOS participants had significantly higher psychopathy scores, and more frequently reported moderate to severe childhood physical abuse than non-HOS participants. When simultaneously added to a logistic regression model, only psychopathy uniquely contributed to explaining group membership. **Conclusions:** Psychopathy and physical abuse was more prevalent among HOS participants compared to non-HOS, but only psychopathy independently predicted homicidal status. These results confirm the importance of including an evaluation of psychopathic traits in violence risk assessments of individuals with schizophrenia. PMID: 31443617

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18. J Affect Disord. 2019 Aug 12;259:27-30. doi: 10.1016/j.jad.2019.08.011. [Epub ahead of print]

## [The 2nd to 4th digit ratios \(2D:4D\) in patients with bipolar disorder.](#)

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### **Abstract**

#### **BACKGROUND:**

The ratio of the index finger to the ring finger (2D:4D) is a reflection of the intrauterine hormonal environment and a lower ratio has been shown to be associated with male gender, impulsive behaviors, substance abuse, and aggression. Bipolar illness is characterized by increased impulsivity

and increased rates of co-morbid substance abuse, but the 2D:4D ratios have not been examined in this disorder.

## **METHODS:**

We measured digit length of both hands in subjects with bipolar disorder and age- and gender-matched non-bipolar controls (n = 50 in each group). Diagnosis was confirmed with structured diagnostic interviews (MINI) and all subjects also completed Barratt Impulsivity Scale-version 11.

## **RESULTS:**

The patients did not vary significantly from the controls in demographic variables. Subjects with bipolar disorder had a higher right hand 2D:4D ratio compared to controls ( $0.967 \pm .029$  vs.  $0.953 \pm .035$ ,  $t = 2.18$ ,  $p = .03$ ). Despite clearly higher measures of impulsivity in the bipolar group, no relationship could be documented between digit ratio and measures of impulsivity in either group. However, the right hand 2D:4D ratios and total impulsivity scores predicted bipolar disorder diagnosis status.

## **LIMITATIONS:**

The predominantly white racial composition of the study sample may limit generalizability to other groups. Only three patients were diagnosed with bipolar type 2, limiting the generalizability of the findings to all bipolar disorder types.

## **CONCLUSIONS:**

The data confirm previous observations of increased measures of impulsivity in euthymic bipolar individuals, and suggest that the mechanism of this increased impulsivity is different than in impulsivity seen in other conditions such as personality disorders.

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19. Transl Psychiatry. 2019 Aug 20;9(1):195. doi: 10.1038/s41398-019-0526-2.

# **Circadian rest-activity patterns in bipolar disorder and borderline personality disorder.**

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## Abstract

Bipolar disorder (BD) and borderline personality disorder (BPD) are two psychiatric disorders with overlapping features that can be challenging to separate diagnostically. Growing evidence suggests that circadian rhythm disturbances are associated with psychiatric illness, however circadian patterns of behaviour have not been elucidated in BPD or differentiated from BD. This study compared the circadian structure and timing of rest-activity patterns in BPD with BD and healthy volunteers. Participants with BD (N = 31) and BPD (N = 21) and healthy controls (HC, N = 35) wore an actigraph on their non-dominant wrist for 28 day periods as part of the Automated Monitoring of Symptom Severity (AMoSS) study. Non-parametric circadian rhythm analysis of rest-activity patterns and cosinor analysis of distal temperature rhythms were conducted to elucidate circadian function between groups. Covariates controlled for included employment status, BMI and gender. Compared with HC and BD, individuals with BPD showed significantly delayed phase of night-time rest patterns ("L5 onset") (mean difference = 1:47 h,  $P < 0.001$ ; mean difference = 1:38 h,  $P = 0.009$ , respectively), and relative to HC showed delayed daytime activity onset ("M10 onset") (mean difference = 2:13 h,  $P = 0.048$ ) and delayed temperature phase (mean difference = 1:22 h,  $P = 0.034$ ). These findings suggest that delayed circadian function may be a clinically important phenotype in individuals with BPD. Future work should interrogate the causality of this association and examine interventions which target delayed circadian function in the treatment of BPD.

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20. Subst Use Misuse. 2019 Aug 20:1-7. doi: 10.1080/10826084.2019.1650773. [Epub ahead of print]

## [Alexithymia and Alcohol Dependence: The Roles of Negative Mood and Alcohol Craving.](#)

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## Abstract

*Background:* Alexithymia is a personality trait associated with emotion regulation difficulties. Up to 67% of alcohol-dependent patients in treatment have alexithymia. *Objectives:* The objective of this study was to investigate the direct and indirect effects of alexithymia, negative mood (stress, anxiety, and depression) and alcohol craving on alcohol dependence severity. *Methods:* Three hundred and fifty-five outpatients (mean age = 38.70, SD = 11.00, 244 males, range 18-71 years) undergoing Cognitive-Behavioral Therapy for alcohol dependence completed the Toronto Alexithymia Scale (TAS-20), Depression Anxiety Stress Scales (DASS-21), Obsessive Compulsive Drinking Scale (OCDS), and Alcohol Use Disorders Identification Test (AUDIT) prior to the first treatment session. *Results:* Alexithymia had an indirect effect on alcohol dependence severity, via both negative mood and alcohol craving ( $b = 0.03$ ,  $seb = 0.008$ , 95% CI: 0.02-0.05). An indirect effect of negative mood on alcohol dependence via alcohol craving was also observed ( $b = 0.12$ ,  $seb = 0.03$ , 95% CI: 0.07-0.16). *Conclusions/importance:* Alexithymia worked through negative mood and alcohol craving leading to increased alcohol dependence severity, indicating that craving had an indirect effect on the relationship between alexithymia and alcohol dependence severity. Targeting alcohol craving and negative mood for alcohol-dependent patients with alexithymia seems warranted.

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## 21. [Neuronatomy, Prefrontal Association Cortex \[Internet\].](#)

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[Hika B](#)<sup>1</sup>, [Al Khalili Y](#)<sup>2</sup>.

StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019-. 2019 Aug 13.

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## Excerpt

The brain ranks as the most complex organ in the human body. The brain constantly receives numerous visual, auditory, olfactory, vestibular, proprioceptive, tactile, and gustatory sensory inputs. In addition to identifying and processing important information from these various sensory inputs, humans have a unique ability to suppress ruminative and socially unwanted behaviors. Research has attributed this function primarily to the prefrontal association cortex (PFC). Studies show that the PFC, mainly the dorsolateral prefrontal cortex, functions to downregulate the hippocampal activity to suppress unwanted thoughts.[1][2] The prefrontal association cortex is a cortical region in the anterior part of the cerebrum. It is involved in the top-down processing of sensory and motor information.[3] The PFC is regarded as the center of higher cortical functions. Credit for significant knowledge of the PFC comes from the case of Phineas Gage, a railroad construction foreman, whose personality changed entirely after a construction accident in the mid 19th century. Gage's PFC was destroyed when a rod pierced through his frontal lobe. Once considered to be a thoughtful and decent man, he became a person who displayed socially inappropriate behavior, due to the loss of the ability to suppress unwanted behaviors by the PFC. The knowledge of the prefrontal association cortex also carries implications in the treatment of many psychiatric disorders such as schizophrenia, major depressive disorders, and obsessive-compulsive disorders.[4]

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22. JAMA Pediatr. 2019 Aug 19. doi: 10.1001/jamapediatrics.2019.2662. [Epub ahead of print]

# [Association of Childhood-Onset Inflammatory Bowel Disease With Risk of Psychiatric Disorders and Suicide Attempt.](#)

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## **Abstract**

### **Importance:**

Inflammatory bowel disease (IBD) has been associated with psychiatric morbidity in adults, although previous studies have not accounted for familial confounding. In children, IBD has an even more severe course, but the association between childhood-onset IBD and psychiatric morbidity remains unclear.

### **Objective:**

To examine the risk of psychiatric morbidity in individuals with childhood-onset IBD, controlling for potential confounding shared between siblings.

### **Design, Setting, and Participants:**

A population-based cohort study was conducted using data from the Swedish national health care and population registers of all children younger than 18 years born from 1973 to 2013. The study included 6464 individuals with a diagnosis of childhood-onset IBD (3228 with ulcerative colitis, 2536 with Crohn disease, and 700 with IBD unclassified) who were compared with 323 200 matched reference individuals from the general population and 6999 siblings of patients with IBD. Cox proportional hazards regression was used to estimate hazard ratios (HRs) with 95% CIs. Statistical analysis was performed from January 1, 1973, to December 1, 2013.

### **Main Outcomes and Measures:**

The primary outcome was any psychiatric disorder and suicide attempt. Secondary outcomes were the following specific psychiatric disorders: psychotic, mood, anxiety, eating, personality, and behavioral disorders; substance misuse; attention-deficit/hyperactivity disorder; autism spectrum disorders; and intellectual disability.

## Results:

The study included 6464 individuals with a diagnosis of childhood-onset IBD (2831 girls and 3633 boys; mean [SD] age at diagnosis of IBD, 13 [4] years). During a median follow-up time of 9 years, 1117 individuals with IBD (17.3%) received a diagnosis of any psychiatric disorder (incidence rate, 17.1 per 1000 person-years), compared with 38 044 of 323 200 individuals (11.8%) in the general population (incidence rate, 11.2 per 1000 person-years), corresponding to an HR of 1.6 (95% CI, 1.5-1.7), equaling 1 extra case of any psychiatric disorder per 170 person-years. Inflammatory bowel disease was significantly associated with suicide attempt (HR, 1.4; 95% CI, 1.2-1.7) as well as mood disorders (HR, 1.6; 95% CI, 1.4-1.7), anxiety disorders (HR, 1.9; 95% CI, 1.7-2.0) eating disorders (HR, 1.6; 95% CI, 1.3-2.0), personality disorders (HR, 1.4; 95% CI, 1.1-1.8), attention-deficit/hyperactivity disorder (HR, 1.2; 95% CI, 1.1-1.4), and autism spectrum disorders (HR, 1.4; 95% CI, 1.1-1.7) Results were similar for boys and girls. Hazard ratios for any psychiatric disorder were highest in the first year of follow-up but remained statistically significant after more than 5 years. Psychiatric disorders were particularly common for patients with very early-onset IBD (<6 years) and for patients with a parental psychiatric history. Results were largely confirmed by sibling comparison, with similar estimates noted for any psychiatric disorder (HR, 1.6; 95% CI, 1.5-1.8) and suicide attempt (HR, 1.7; 95% CI, 1.2-2.3).

## Conclusions and Relevance:

Overall, childhood-onset IBD was associated with psychiatric morbidity, confirmed by between-sibling results. Particularly concerning is the increased risk of suicide attempt, suggesting that long-term psychological support be considered for patients with childhood-onset IBD.

PMID: 31424531

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23. Psychol Med. 2019 Aug 19:1-8. doi: 10.1017/S0033291719002009. [Epub ahead of print]

# [Early adulthood psychiatric diagnoses and the subsequent risk of life-time incarceration: a cohort study.](#)

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## **Abstract**

### **BACKGROUND:**

The association between incarceration and psychiatric disorders has been noted. Yet, existing studies are cross-sectional or examine the risk of recidivism, which has limited the predictive validity of psychiatric disorders as a risk factor for incarceration. To overcome this limitation, this study used a prospective cohort to examine whether psychiatric diagnoses in early adulthood predicted incarceration throughout a 30-year follow-up. It tested the association between psychiatric diagnoses with future incarcerations, their number and durations, controlling for education and ethnic status.

### **METHODS:**

This study merged data from three sources in Israel: a prospective 10-year birth cohort study of young adults aged 25-34, conducted in the 1980s (N = 4914) that included a psychiatric interview; data from the Prison Service, including the cause, number and duration of incarcerations; and from the Vital Statistics Registry on death records.

### **RESULTS:**

Multivariate analysis showed that substance-use disorders, antisocial personality and lower levels of education predicted future incarceration, their number and maximum duration. The remainder diagnoses were not significantly associated with future incarceration.

### **CONCLUSIONS:**

Results limited the prediction of future incarcerations to persons diagnosed with substance use and antisocial personality, and do not support an independent predictive association between additional psychiatric diagnoses and future incarceration.

PMID: 31422774

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# Tremor Distribution and the Variable Clinical Presentation of Essential Tremor.

[Bologna M](#)<sup>1,2</sup>, [Berardelli J](#)<sup>3</sup>, [Paparella G](#)<sup>2</sup>, [Ferrazzano G](#)<sup>2</sup>, [Angelini L](#)<sup>1</sup>, [Giustini P](#)<sup>1</sup>, [Alunni-Fegatelli D](#)<sup>4</sup>, [Berardelli A](#)<sup>5,6</sup>.

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## Abstract

In addition to having postural and kinetic tremor of the upper limbs, some patients with essential tremor (ET) may have head tremor as well as cognitive and psychiatric disorders. We aimed to investigate whether the variable clinical presentation in ET patients, including motor and non-motor symptoms, differs in patients with and without head tremor. We consecutively enrolled 70 patients with a diagnosis of ET. Tremor severity was assessed by means of clinical rating scales. Patients also underwent kinematic recordings of postural and kinetic tremor of the upper limbs based on an optoelectronic system. Several neuropsychological tests were also administered. Finally, we adopted the structured interviews for DSM-IV, SCID-I, and SCID-II to investigate psychiatric and personality disorders. ET patients with upper limb tremor plus head tremor exhibited more severe kinetic tremor of the upper limbs and a higher occurrence of axis I psychiatric disorders than ET patients with upper limb tremor only. Cognitive and other motor and psychiatric features did not differ significantly with respect to tremor distribution. The study findings support the hypothesis that body tremor distribution, i.e., the presence of head tremor, influences the variable clinical presentation of ET. The study results support the notion that cases with head tremor may represent a distinct ET subtype, characterized by a prominent cerebellar involvement, and that psychiatric disorders should be considered as a specific manifestation of ET.

PMID: 31422549

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# A randomized placebo-controlled trial examining the effects of escitalopram on neuroticism and state anxiety in a nonclinical sample.

[Peters EM](#)<sup>1</sup>, [Knorr U](#)<sup>2,3</sup>, [Vinberg M](#)<sup>2,3</sup>, [Kessing LV](#)<sup>2,3</sup>, [Bowen R](#)<sup>1</sup>.

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## **Abstract**

### **OBJECTIVE:**

This study reanalyzed data from a randomized placebo-controlled trial that failed to find an effect of the selective serotonin reuptake inhibitor escitalopram on neuroticism and state anxiety in a nonclinical sample. The purpose was to test for unique effects on two neuroticism factors, trait anxiety and mood instability, and to explore whether neuroticism moderated the effect of escitalopram on state anxiety.

### **METHODS:**

The sample included 80 adults who had a first-degree relative with major depression but without any psychiatric disorders themselves. Participants were randomized to escitalopram 10 mg/day or placebo for 4 weeks. Neuroticism was assessed with the Eysenck Personality Questionnaire (EPQ) and state anxiety with the Hamilton Anxiety Rating Scale (HAM-A).

### **RESULTS:**

The main effects on the neuroticism factors were not statistically significant, although there was a significant interaction such that the effect of escitalopram compared with placebo on HAM-A scores was statistically significant in participants with higher levels of EPQ trait anxiety, even after controlling for baseline HAM-A scores. A similar interaction with EPQ mood instability was nonsignificant.

### **CONCLUSION:**

A potential beneficial effect of escitalopram on neuroticism may be driven by reductions in anxiety.

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PMID: 31418950

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26. Am J Psychiatry. 2019 Aug 16:appiajp201918091085. doi: 10.1176/appi.ajp.2019.18091085. [Epub ahead of print]

## [Penetrance and Pleiotropy of Polygenic Risk Scores for Schizophrenia in 106,160 Patients Across Four Health Care Systems.](#)

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### **Abstract**

#### **OBJECTIVE:**

Individuals at high risk for schizophrenia may benefit from early intervention, but few validated risk predictors are available. Genetic profiling is one approach to risk stratification that has been extensively validated in research cohorts. The authors sought to test the utility of this approach in clinical settings and to evaluate the broader health consequences of high genetic risk for schizophrenia.

#### **METHODS:**

The authors used electronic health records for 106,160 patients from four health care systems to evaluate the penetrance and pleiotropy of genetic risk for schizophrenia. Polygenic risk scores (PRSs) for schizophrenia were calculated from summary statistics and tested for association with 1,359 disease categories, including schizophrenia and psychosis, in phenome-wide association studies. Effects were combined through meta-analysis across sites.

## RESULTS:

PRSs were robustly associated with schizophrenia (odds ratio per standard deviation increase in PRS, 1.55; 95% CI=1.4, 1.7), and patients in the highest risk decile of the PRS distribution had up to 4.6-fold higher odds of schizophrenia compared with those in the bottom decile (95% CI=2.9, 7.3). PRSs were also positively associated with other phenotypes, including anxiety, mood, substance use, neurological, and personality disorders, as well as suicidal behavior, memory loss, and urinary syndromes; they were inversely related to obesity.

## CONCLUSIONS:

The study demonstrates that an available measure of genetic risk for schizophrenia is robustly associated with schizophrenia in health care settings and has pleiotropic effects on related psychiatric disorders as well as other medical syndromes. The results provide an initial indication of the opportunities and limitations that may arise with the future application of PRS testing in health care systems.

PMID: 31416338

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27. J Behav Addict. 2019 Aug 16:1-12. doi: 10.1556/2006.8.2019.35. [Epub ahead of print]

# [Demographic and psychiatric correlates of compulsive sexual behaviors in gambling disorder.](#)

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## **Abstract**

### **BACKGROUND AND AIMS:**

Gambling disorder (GD) and compulsive sexual behavior (CSB) may commonly co-occur. Yet, the psychiatric correlates of these co-occurring disorders are an untapped area of empirical scrutiny, limiting our understanding of appropriate treatment modalities for this dual-diagnosed population. This study examined the demographic and clinical correlates of CSB in a sample of treatment-seeking individuals with GD ( $N = 368$ ) in São Paulo, Brazil.

### **METHODS:**

Psychiatrists and psychologists conducted semi-structured clinical interviews to identify rates of CSB and other comorbid psychiatric disorders. The Shorter PROMIS Questionnaire was administered to assess additional addictive behaviors. The TCI and BIS-11 were used to assess facets of personality. Demographic and gambling variables were also assessed.

### **RESULTS:**

Of the total sample, 24 (6.5%) met diagnostic criteria for comorbid CSB (GD + CSB). Compared to those without compulsive sexual behaviors (GD - CSB), individuals with GD + CSB were more likely to be younger and male. No differences in gambling involvement emerged. Individuals with GD + CSB tended to have higher rates of psychiatric disorders (depression, post-traumatic stress disorder, and bulimia nervosa) and engage in more addictive behaviors (problematic alcohol use, drug use, and exercise) compared to GD - CSB. Those with GD + CSB evidenced less self-directedness, cooperativeness, self-transcendence, and greater motor impulsivity. Logistic regression showed that the predictors of GD + CSB, which remained in the final model, were being male, a diagnosis of bulimia, greater gambling severity, and less self-transcendence.

### **DISCUSSION AND CONCLUSION:**

Given those with GD + CSB evidence greater psychopathology, greater attention should be allocated to this often under studied comorbid condition to ensure adequate treatment opportunities.

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# [A short screening tool for borderline personality disorder \(Short-Bord\): Validated by Rasch analysis.](#)

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## **Abstract**

The study aimed to development a short screening scale for borderline personality disorder (Short-Bord), and to validate its psychometric properties using Rasch analysis. Ninety-eight outpatients undergoing psychotherapy were evaluated using a semistructured diagnostic interview for DSM-IV Personality disorders. Correlational analysis and Rasch analysis were used to identify the best-fitted items for the shorter scale. Rasch analysis identified three underfitted items. The best five items were selected for the Short-Bord using two analyses, resulting in two sets of Short-Bord which included item 1 (becoming frantic when someone left), item 2 (up- and- down relationships), item 3 (sudden change of sense of self), item 8 (self-harm or suicide), item 9 (self-mutilation), item 10 (sudden mood change) and item 11 (feeling empty inside). Each set of the five-item Short-Bord were tested against the original 15-item BPD scale. Results showed that both sets of the Short-Bord yielded minimally lower in area under curve (AUC = 0.95 and 0.96, respectively) compared with the total score of 15 items (AUC = 0.97), but none significantly differed (chi-square = 0.89-2.87, df 1, p >.05). Internal consistency for the set from Rasch analysis was slightly higher than correlation methods (Cronbach's alpha = 0.80, and 0.78, respectively). The Short-Bord presents promising tool to screen for borderline personality disorder. Its diagnostic validity was comparable to the total 15 items despite completing in a shorter time. The Short-Bord derived from Rasch analysis was, however, preferable as all items were shown to have unidimensional construct with good fit statistics and good internal consistency.

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29. Neurobiol Learn Mem. 2019 Aug 12;164:107068. doi: 10.1016/j.nlm.2019.107068. [Epub ahead of print]

# The relationship between neuroticism and appetitive conditioning.

[Klucken T](#)<sup>1</sup>, [Kruse O](#)<sup>2</sup>, [Klein S](#)<sup>3</sup>, [Kampa M](#)<sup>4</sup>, [Tapia León I](#)<sup>4</sup>, [Stark R](#)<sup>3</sup>.

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## **Abstract**

Appetitive conditioning is considered a central mechanism for the vulnerability to psychiatric disorders. However, the investigation of individual differences that are related to altered appetitive learning has been almost neglected so far. The aim of this study was to investigate the link between neuroticism and appetitive conditioning processes. 79 subjects participated in a differential conditioning procedure in which a conditioned stimulus (CS+) was paired with a reward (money) after a fast behavioral response, while a second conditioned stimulus (CS-) was never followed by a reward, irrespective of the behavioral response. As a main result, neuroticism correlated negatively with the underlying neural processes of appetitive conditioning in females, but not in males. In detail, higher levels of neuroticism were associated with decreased neural responses in the left ( $p = .001$ ) and right amygdala ( $p = .011$ ), left ( $p = .063$ ) and right ( $p = .019$ ) nucleus accumbens, and left ( $p = .002$ ) and right ( $p = .021$ ) orbitofrontal cortex (all results are family-wise-error-corrected). The present results support previous findings, which also showed an inverse sex-specific effect in the context of neuroticism and emotional processing in females. In addition, the findings suggest that neuroticism is not solely linked to increased amygdala sensitivity during the processing of negative stimuli but also to decreased neural responses when processing rewarding stimuli. Possible explanations for the sex differences and implications are discussed.

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# [A review of psychopathy and Cluster B personality traits and their neural correlates in female offenders.](#)

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## **Abstract**

Although men commit more crime and are incarcerated at higher rates than women, women represent the fastest growing segment of the justice system. Empirical work suggests that psychopathy and Cluster B disorders are implicated in antisocial behavior across gender, and that neurobiological correlates of personality may inform such behavior. This review utilizes a gendered perspective to discuss psychopathy and Cluster B disorders in relation to antisocial behavior and incorporates work on neural correlates of personality disorders. Co-morbidity across these conditions may be partly explained by similar frontal deficits, reflective of disinhibition. Affective processing abnormalities appear to be characterized by distinct deficits in limbic/paralimbic regions, reflecting differential etiological underpinnings and behavioral outcomes. This review underscores the utility in examining personality pathology together with neurobiological and environmental factors. Methodological issues and clinical implications are also discussed.

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31. Personal Disord. 2019 Aug 15. doi: 10.1037/per0000353. [Epub ahead of print]

# [A meta-analysis of treatment as usual for borderline personality disorder.](#)

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## **Abstract**

In the era of evidence-based medicine, "treatment as usual" (TAU) for borderline personality disorder (BPD) is often considered ineffective or even iatrogenic. To evaluate the effects of TAU, this meta-analysis examined published data from the TAU arms of randomized controlled trials of manualized psychotherapies for BPD. Studies were selected through a comprehensive bibliographic search. A total of 16 studies met inclusion criteria. Comprehensive Meta-analysis V3 software was used for computing and pooling effect sizes. For the primary outcome category of BPD symptoms, Hedges'  $g$  showed a small-to-moderate improvement for patients in TAU conditions (11 studies;  $g = 0.371$ ; 95% confidence intervals [CI: 0.246, 0.495]). Secondary outcomes included general psychopathology, global functioning, and self-harm/suicidality. Hedges'  $g$  indicated small improvements in general psychopathology (14 studies;  $g = 0.119$ ; 95% CI [0.025, 0.214]) and global functioning (10 studies;  $g = 0.254$ ; 95% CI [0.123, 0.384]). No significant effect was found for changes in self-harm/suicidality (four studies;  $g = 0.003$ ; 95% CI [-0.193, 0.199]). These findings question the notion that TAU for BPD is inherently iatrogenic. Thus, in the absence of specialized treatment for BPD, standard available care may be a practical option. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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32. Psychol Assess. 2019 Aug 15. doi: 10.1037/pas0000766. [Epub ahead of print]

## **Reliability and construct validity of the Personality Inventory for ICD-11 (PiCD) in Italian adult participants.**

[Somma A<sup>1</sup>](#), [Gialdi G<sup>1</sup>](#), [Fossati A<sup>1</sup>](#).

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## **Abstract**

To assess the psychometric properties of the Personality Inventory for ICD-11 (PiCD, where ICD-11 is the International Classification of Diseases, 11th Revision), a sample of Italian community-dwelling adult participants ( $N = 1,122$ ) was administered the PiCD, the Five-Factor Model Rating Form, the Big Five Inventory, the Personality Inventory for DSM-5 Short Form (where DSM-5 is the Diagnostic and Statistical Manual of Mental Disorders, fifth edition), and the Measure of Disordered Personality Functioning. Our findings supported the unidimensionality hypothesis for the PiCD Negative Affectivity, Detachment, and Dissocial scale items, whereas adequate fit indices were observed for

the bifactor model of the PiCD Disinhibition and Anankastic item joint polychoric correlation matrix. The PiCD scales showed adequate internal consistency, test-retest reliability (n = 262), and meaningful relationships with five-factor model domains and their maladaptive variants. A four-factor model of the joint correlation matrix of the PiCD, Personality Inventory for DSM-5 Short Form, and the five-factor model composite score was provided with adequate fit. All PiCD scales were significantly associated with the impairment in personality functioning. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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33. Personal Ment Health. 2019 Aug 15. doi: 10.1002/pmh.1466. [Epub ahead of print]

## [Premature mortality of people with personality disorder in the Nottingham Study of Neurotic Disorder.](#)

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### **Abstract**

It is known that people with personality disorders die prematurely. This may be connected to high levels of co-morbidity with other psychiatric disorders. To test whether mortality was independent, deaths were examined in a 31-year cohort study of anxious and depressed patients (Nottingham Study of Neurotic Disorder) who also had their personality status assessed at baseline. The severity of personality disturbance was assessed using a method previously used to separate personality disorders into ICD-11 categories. Over the follow-up period, 71 of the cohort of 201 patients had died. Age at death was 5.1 (M) and 5.2 (F) years younger in those with personality disorder compared with no personality disorder, but after adjusting for age at randomization and clinical diagnosis at baseline, these differences reduced to 1.5 (M) and 1.6 (F) years. The longevity of the group was 12 to 18 years less than the general population ( $p < 0.0001$ ), reinforcing previous findings of premature mortality in common mental illness. Analysis of causes of death showed no meaningful differences in personality groups. The hypothesis that premature death in personality disturbance is independent of mental health status was not supported in this study, despite other evidence from this cohort that general clinical outcome is worse in those with personality disorder.

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# Does an adapted Dialectical Behaviour Therapy skills training programme result in positive outcomes for participants with a dual diagnosis? A mixed methods study.

[Flynn D](#)<sup>1</sup>, [Joyce M](#)<sup>2</sup>, [Spillane A](#)<sup>3</sup>, [Wrigley C](#)<sup>3</sup>, [Corcoran P](#)<sup>3</sup>, [Hayes A](#)<sup>3</sup>, [Flynn M](#)<sup>4</sup>, [Wyse D](#)<sup>4</sup>, [Corkery B](#)<sup>4</sup>, [Mooney B](#)<sup>4</sup>.

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## **Abstract**

### **BACKGROUND:**

Treating severe emotional dysregulation and co-occurring substance misuse is challenging. Dialectical behaviour therapy (DBT) is a comprehensive and evidence-based treatment for borderline personality disorder (BPD). It has been hypothesised that the skills training, which is a facet of the full DBT programme, might be effective for people with severe emotional dysregulation and other co-occurring conditions, but who do not meet the criteria for BPD. However, there is limited research on standalone DBT skills training for people with substance misuse and emotional dysregulation.

### **METHODS:**

A mixed methods study employing an explanatory sequential design was conducted where participants with a dual diagnosis (n = 64) were recruited from a community-based public addiction treatment service in Ireland between March 2015 and January 2018. DBT therapists screened potential participants against the study eligibility criteria. Quantitative self-report measures examining emotion regulation, mindfulness, adaptive and maladaptive coping responses including substance misuse, and qualitative feedback from participants were collected. Quantitative data were summarised by their mean and standard deviation and multilevel linear mixed effects models were used to estimate the mean change from baseline to post-intervention and the 6-month follow-up period. Thematic analysis was used to analyse the qualitative data.

## RESULTS:

Quantitative results indicated reductions in binge drinking and use of Class A, B and C drug use from pre-intervention (T1) to the 6-month follow-up (T3). Additionally, significant improvements were noted for mindfulness practice and DBT skills use from T1 to T3 ( $p < 0.001$ ). There were also significant reductions in dysfunctional coping and emotional dysregulation from T1 to T3 ( $p < 0.001$ ). Significant differences were identified from pre to post intervention in reported substance use,  $p = 0.002$ . However, there were no significant differences between pre-intervention and 6-month follow up reports of substance use or at post-intervention to 6 month follow up. Qualitative findings indicated three superordinate themes in relation to participants' experiences of a DBT skills training programme, adapted from standard DBT: (1) new lease of life; (2) need for continued formal aftercare and (3) programme improvements. Participants described reductions in substance misuse, while having increased confidence to use the DBT skills they had learned in the programme to deal with difficult emotions and life stressors.

## CONCLUSIONS:

This DBT skills training programme, adapted from standard DBT, showed positive results for participants and appears effective in treating people with co-occurring disorders. Qualitative results of this mixed methods study corroborate the quantitative results indicating that the experiences of participants have been positive. The study indicates that a DBT skills programme may provide a useful therapeutic approach to managing co-occurring symptoms.

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35. Neurotoxicology. 2019 Aug 11;74:282-298. doi: 10.1016/j.neuro.2019.08.002. [Epub ahead of print]

## [Cannabidiol \(CBD\) use in psychiatric disorders: A systematic review.](#)

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## Abstract

Cannabidiol (CBD) and  $\Delta^9$ -tetrahydrocannabinol (THC) are the most represented phytocannabinoids in *Cannabis sativa* plants. However, CBD may present with a different activity compared with the psychotomimetic THC. Most typically, CBD is reported to be used in some medical conditions, including chronic pain. Conversely, the main aim of this systematic review is to assess and summarise the available body of evidence relating to both efficacy and safety of CBD as a treatment for psychiatric disorders, alone and/or in combination with other treatments. Eligible studies included randomized controlled trials (RCT) assessing the effect of CBD in a range of psychopathological conditions, such as substance use; psychosis, anxiety, mood disturbances, and other psychiatric (e.g., cognitive impairment; sleep; personality; eating; obsessive-compulsive; post-traumatic stress/PTSD; dissociative; and somatic) disorders. For data gathering purposes, the PRISMA guidelines were followed. The initial search strategy identified some  $n = 1301$  papers;  $n = 190$  studies were included after the abstract's screening and  $n = 27$  articles met the inclusion criteria. There is currently limited evidence regarding the safety and efficacy of CBD for the treatment of psychiatric disorders. However, available trials reported potential therapeutic effects for specific psychopathological conditions, such as substance use disorders, chronic psychosis, and anxiety. Further large-scale RCTs are required to better evaluate the efficacy of CBD in both acute and chronic illnesses, special categories, as well as to exclude any possible abuse liability. Copyright © 2019 Elsevier B.V. All rights reserved.

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36. Personal Ment Health. 2019 Aug 14. doi: 10.1002/pmh.1467. [Epub ahead of print]

## [Barriers and facilitators to the implementation of a stepped care intervention for personality disorder in mental health services.](#)

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## **Abstract**

### **BACKGROUND:**

Individuals with personality disorders-particularly borderline personality disorder-are high users of mental health treatment services. Emergency service responses often focus on crisis management, and there are limited opportunities to provide appropriate longer term evidence-based treatment. Many individuals with personality disorders find themselves in a revolving cycle between emergency departments and waiting for community treatment. A stepped care approach may help to triage clients and allow access to interventions with minimal client, clinician and system burden. This study aims to understand the facilitators and barriers to real-world implementation of a stepped care approach to treating personality disorders.

### **METHODS:**

Managers and clinicians of health services engaged in implementation were interviewed to obtain accounts of experiences. Interviews were transcribed and thematically analysed to generate themes describing barriers and facilitators.

### **RESULTS:**

Participants identified personal attitudes, knowledge and skills as important for successful implementation. Existing positive attitudes and beliefs about treating people with a personality disorder contributed to the emergence of clinical champions. Training facilitated positive attitudes by justifying the psychological approach. Management support was found to bi-directionally effect implementation.

### **CONCLUSIONS:**

This study suggests specific organizational and individual factors may increase timely and efficient implementation of interventions for people with personality disorders. © 2019 John Wiley & Sons, Ltd.

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# [A Brief but Comprehensive Review of Research on the Alternative DSM-5 Model for Personality Disorders.](#)

[Zimmermann J](#)<sup>1</sup>, [Kerber A](#)<sup>2</sup>, [Rek K](#)<sup>3</sup>, [Hopwood CJ](#)<sup>4</sup>, [Krueger RF](#)<sup>5</sup>.

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## **Abstract**

### **PURPOSE OF REVIEW:**

Both the Alternative DSM-5 Model for Personality Disorders (AMPD) and the chapter on personality disorders (PD) in the recent version of ICD-11 embody a shift from a categorical to a dimensional paradigm for the classification of PD. We describe these new models, summarize available measures, and provide a comprehensive review of research on the AMPD.

### **RECENT FINDINGS:**

A total of 237 publications on severity (criterion A) and maladaptive traits (criterion B) of the AMPD indicate (a) acceptable interrater reliability, (b) largely consistent latent structures, (c) substantial convergence with a range of theoretically and clinically relevant external measures, and (d) some evidence for incremental validity when controlling for categorical PD diagnoses. However, measures of criterion A and B are highly correlated, which poses conceptual challenges. The AMPD has stimulated extensive research with promising findings. We highlight open questions and provide recommendations for future research.

PMID: 31410586

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# Chronic Stress, Depression and Personality Type in Patients with Myasthenia Gravis.

[Bogdan A](#)<sup>1</sup>, [Barnett C](#)<sup>1,2</sup>, [Ali A](#)<sup>3</sup>, [AlQwaifly M](#)<sup>4</sup>, [Abraham A](#)<sup>5</sup>, [Mannan S](#)<sup>1</sup>, [Ng E](#)<sup>1</sup>, [Bril V](#)<sup>1</sup>.

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5. Neuromuscular Diseases Unit of the Department of Neurology, Tel Aviv Sourasky Medical Center, the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel.

## **Abstract**

### **BACKGROUND AND PURPOSE:**

Stress is a known risk factor for the onset and modulation of disease activity in autoimmune disorders. The aim of this cross-sectional study was to determine any associations between myasthenia gravis (MG) severity and chronic stress, depression and personality type.

### **METHODS:**

We included 179 consecutive adult patients with confirmed MG attending the Neuromuscular Clinic between March 2017 and December 2017. At baseline, patients were assessed clinically and they completed self-administered scales for disease severity, perceived stress, depression and personality type.

### **RESULTS:**

Higher disease severity (Myasthenia Gravis Impairment Index) showed a moderate correlation with depression scores (BDI-II,  $r=0.52$ ,  $p<0.001$ ), and a lower correlation with chronic stress (TICS,  $r=0.28$ ,  $p=0.001$ ). Chronic stress scores were different according to personality types (ANOVA  $p=0.02$ ). The linear regression model with MGII score as the dependent variable showed  $R^2 : 0.34$ , Likelihood ratio chi square: 74.55, with  $p<0.0001$ . The only variables that predicted disease severity were depression scores ( $p<0.0001$ ) and female sex ( $p=0.003$ ).

### **CONCLUSIONS:**

We found a significant association of MG severity with depression and chronic stress, as well as with female gender. These findings should raise awareness that the long-term management of MG

should address depression and potential stress, and consider behavioural management to prevent stress-related immune imbalance. This article is protected by copyright. All rights reserved.  
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3 Behav Brain Sci. 2019 Aug 13;42:e135. doi: 10.1017/S0140525X19000803.

9.

## [The multiple facets of psychopathy in attack and defense conflicts.](#)

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### Comment in

- [Asymmetric conflict: Structures, strategies, and settlement.](#) [Behav Brain Sci. 2019]

### Comment on

- [Revisiting the form and function of conflict: Neurobiological, psychological, and cultural mechanisms for attack and defense within and between groups.](#) [Behav Brain Sci. 2018]

### Abstract

With respect to De Dreu and Gross's article, we comment on the psychological functions for attack and defense, focusing on associations between individual differences in psychopathic personality traits and the behavioral patterns observed in attack-defense conflicts. We highlight the dimensional nature of psychopathy and formulate hypothetical associations between distinct traits, their different behavioral outcomes, and associated brain mechanisms.

PMID: 31407984 [Indexed for MEDLINE]

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# Homicidal Ideation and Forensic Psychopathology: Evidence From the 2016 Nationwide Emergency Department Sample (NEDS).

[Carbone JT](#)<sup>1</sup>, [Holzer KJ](#)<sup>2</sup>, [Vaughn MG](#)<sup>2,3</sup>, [DeLisi M](#)<sup>4</sup>.

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## **Abstract**

Homicide is the most serious and costly criminal offense and better forensic and criminological understanding of homicidal ideation as a potential psychobehavioral precursor to homicidal conduct is critical. Using data from the 2016 Nationwide Emergency Department Sample (NEDS) from the Healthcare Cost and Utilization Project (HCUP) distributed by the Agency for Healthcare Research and Quality (AHRQ), we found 64,910 cases of homicidal ideation among a sample of 25.6 + million—a prevalence of 0.25%. Numerous conditions conferred increased substantially the likelihood of homicidal ideation including antisocial personality disorder (2406%), schizoaffective disorder (1821%), borderline personality disorder (1557%), paranoid personality disorder (1,504%), schizophrenia (1,143%), obsessive-compulsive personality disorder (921%), brief psychotic disorder (771%), unspecified psychosis (737%), avoidant personality disorder (596%), and schizoid personality disorder (571%), delusional disorder (546%), and other psychotic disorder (504%). Homicidal ideation is comorbid with serious psychiatric and behavioral problems and has important implications for offender typologies and homicidality.

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# Schizotypal Tendencies Are Positively Associated With Self-Talk Frequency.

[Brinthaupt TM](#)<sup>1</sup>, [Smartt DD](#)<sup>1</sup>, [Long KR](#)<sup>1</sup>.

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42. J Pers Disord. 2019 Aug 12:87-113. doi: 10.1521/pedi\_2019\_33\_444. [Epub ahead of print]

# Personality Pathology and Spouses' Moment-to-Moment Interpersonal Behaviors.

[Assaad L](#)<sup>1</sup>, [Lane S](#)<sup>1</sup>, [Hopwood CJ](#)<sup>2</sup>, [Durbin CE](#)<sup>3</sup>, [Thomas KM](#)<sup>1,4</sup>.

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## **Abstract**

We assessed the association of personality pathology with romantic couples' observed interpersonal behaviors. Couples engaged in four discussion tasks, after which observers used the Continuous Assessment of Interpersonal Dynamics method to continuously rate each participant's dominance and warmth over the course of each discussion. Using these ratings, we derived indices of average behaviors and changes in behaviors over the course of discussions. Generally, results indicated that the more personality pathology either spouse reported, the colder husbands were on average, and the colder they became toward their wives over time. However, personality disorder symptoms and overall interpersonal problems were largely unassociated with wives' behaviors. Results also indicated that the more dominance-related problems husbands and wives reported, the more dominantly and coldly they behaved, the more submissive or withdrawn their partners were, and the colder wives became over time; and the more warmth problems wives reported, the more dominantly, they behaved.

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## [The Impact of Personality Disorders on Longitudinal Change in Relationship Satisfaction in Long-Term Married Couples.](#)

[South SC](#)<sup>1</sup>, [Boudreaux MJ](#)<sup>2</sup>, [Oltmanns TF](#)<sup>2</sup>.

Author information:

1. Purdue University, West Lafayette, Indiana.
2. Washington University, St. Louis, Missouri.

### **Abstract**

Personality disorders (PDs) are significantly, negatively related to marital satisfaction. We examine how maladaptive personality is related to change in marital satisfaction over time utilizing data from the St. Louis Personality and Aging Network (SPAN), a longitudinal, community-based study of personality and health in older adults. Participants were assessed at baseline for PD (self-report, informant-report, and structured interview); self- and spouse-reported relationship satisfaction assessed at baseline and five follow-ups was analyzed with latent growth curve modeling. Higher levels of PD at baseline were associated with lower self and spouse relationship satisfaction at baseline. On average, satisfaction did not change significantly over the study period, but there was significant individual variability. Higher levels of schizoid PD were protective of declines in partner's perception of satisfaction. Findings suggest that partners in long-term married unions may have adapted to the presence of their own or their spouse's level of personality pathology.

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## [Personality Disorders and Romantic Relationships: Introduction to the Special Section.](#)

[South SC](#)<sup>1</sup>, [Thomas KM](#)<sup>2</sup>.

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1. Purdue University, West Lafayette, Indiana.
2. Center for Therapeutic Assessment, Austin, Texas.

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45. J Pers Disord. 2019 Aug 12:67-86. doi: 10.1521/pedi\_2019\_33\_442. [Epub ahead of print]

## [Mom-and-Pop Narcissism: The Impact of Attention Seeking and Grandiosity on Couples' Experience of the Transition to Parenthood.](#)

[Sened H](#)<sup>1</sup>, [Bar-Kalifa E](#)<sup>2</sup>, [Pshedetzky-Shochat R](#)<sup>1</sup>, [Gleason M](#)<sup>3</sup>, [Rafaeli E](#)<sup>1,4,5</sup>.

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5. Department of Psychology, Barnard College, and Columbia University, New York, New York.

### **Abstract**

Various studies have demonstrated associations between personality disorders and relationship satisfaction. The authors examine the associations between attention seeking and grandiosity, both features of narcissistic personality disorder, and relationship satisfaction before and after the transition to parenthood. The authors then expand their analysis to parental satisfaction and postpartum depression (PPD). Nonclinical couples ( $N = 103$  couples) expecting their first child completed measures of grandiosity, attention seeking, and relationship satisfaction before birth, and of relationship satisfaction, parental satisfaction, and PPD symptoms 3 months afterward. Attention seeking was associated with less parental satisfaction and more PPD symptoms, and with less prepartum relationship satisfaction for participants' partners. For men, attention seeking was also associated with prepartum relationship satisfaction. Grandiosity was associated with a decrease in relationship satisfaction after birth, although, surprisingly with fewer PPD symptoms for participants' partners. The authors discuss how these findings might be related to changes in social support and work-life balance during the transition to parenthood.

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# Implicit Attachment Schemas and Therapy Outcome for Panic Disorder Treated with Manualized Confrontation Therapy.

[Petrowski K](#)<sup>1,2</sup>, [Schmalbach B](#)<sup>3,4</sup>, [Schurig S](#)<sup>5</sup>, [Imhoff R](#)<sup>6</sup>, [Banse R](#)<sup>7</sup>, [Strauss B](#)<sup>8</sup>.

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## **Abstract**

### **BACKGROUND:**

Different studies have shown that a patient's attachment correlates with the psychotherapy outcome. However, these findings are based on the traditional interview and paper and pencil attachment methods. Latency-based methods like the Implicit Association Test (IAT) have not yet been investigated in clinical attachment research, specifically in therapy outcome research.

### **OBJECTIVES:**

It can be hypothesized that patients with positive schemas of their mother and their partner may show a better psychotherapeutic outcome than those with less positive schemas of their mother/partner.

### **METHOD:**

A sample of 103 patients suffering from panic disorder with or without agoraphobia (age 36.73, SD = 10.80), including 56% of patients with affective or other anxiety disorders as comorbidities without a personality disorder, based on the Structured Clinical Interview for DSM-IV (SCID-I/II), were treated

with a manualized cognitive-behavioral confrontation therapy. Two IATs (for mother and partner) were implemented before the therapy (t1). The symptom reduction was assessed by the Symptom Checklist-90 (SCL-90) and the Beck Depression Inventory (BDI) with symptoms at t1 and IAT at t1 as predictors of symptoms at t2.

## RESULTS:

The results confirmed a moderate to high therapeutic effect of the confrontation therapy. Furthermore, the mother's IAT at t1 predicted the Global Severity Index ( $\beta = 0.20$ ) as well as the Anxiety subscale ( $\beta = 0.18$ ) at t2 above and beyond the t1 measurement of the criteria.

## CONCLUSIONS:

Implicit attitudes of the mother predicted the symptom reduction and a better therapeutic outcome. Relationship aspects with less impact awareness predicted the therapeutic outcome, even though mostly cognitive-behavioral techniques were used.

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47. J Affect Disord. 2019 Nov 1;258:109-114. doi: 10.1016/j.jad.2019.08.005. Epub 2019 Aug 3.

# The 24-year course of major depression in patients with borderline personality disorder and personality-disordered comparison subjects.

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2. McLean Hospital, 115 Mill Street, Belmont, MA 02478, United States.

## Abstract

### BACKGROUND:

This study had two main objectives. The first was to detail the prevalence of major depressive disorder over 24 years of follow-up for both patients with borderline personality disorder (BPD) and

comparison subjects with other personality disorders (OPD). The second was to determine time-to-remission, recurrence, and new onset of major depression among these two groups of patients.

#### **METHODS:**

The SCID-I was administered to 290 borderline inpatients and 72 personality-disordered comparison subjects during their index admission. It was also re-administered at 12 contiguous two-year follow-up periods.

#### **RESULTS:**

The prevalence of major depression was significantly higher for borderline patients over time but declined significantly over time for those in both study groups. In terms of time to events, 93% of borderline patients meeting criteria for major depression at baseline experienced a two-year remission by the time of the 24-year follow-up. Recurrences were about as common (90% for those with remitted major depression). New onsets of major depression were also very common (86% for those without major depression during their index admission).

#### **LIMITATIONS:**

Results may not pertain to less severely ill patients with BPD and those in less treatment.

#### **CONCLUSIONS:**

Taken together, the results of this study suggest that the remitting-recurring course of major depression in borderline patients is very similar to the course of major depression in those with other types of personality disorder and those for whom major depression is their primary disorder. Copyright © 2019 Elsevier B.V. All rights reserved.

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48. Int J Psychophysiol. 2019 Aug 7. pii: S0167-8760(19)30087-X. doi: 10.1016/j.ijpsycho.2019.08.003. [Epub ahead of print]

## **Neural mechanisms of affective instability and cognitive control in substance use.**

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## **Abstract**

### **OBJECTIVE:**

We explored the impact of affect on cognitive control as this relates to individual differences in affective instability and substance use. Toward this end, we examined how different dimensions of affective instability interact to predict substance misuse and the effect of this on two event-related potential components, the reward positivity and the late positive potential, which are said to reflect the neural mechanisms of reward and emotion processing, respectively.

### **METHODS:**

We recorded the ongoing electroencephalogram from undergraduate students as they navigated two T-maze tasks in search of rewards. One of the tasks included neutral, pleasant, and unpleasant pictures from the International Affective Picture System. Participants also completed several questionnaires pertaining to substance use and personality.

### **RESULTS:**

A principal components analysis revealed a factor related to affective instability, which we named reactivity. This factor significantly predicted increased substance use. Individuals reporting higher levels of affective reactivity also displayed a larger reward positivity following stimuli with emotional content.

### **CONCLUSION:**

The current study uncovered a group of high-risk substance users who were characterized by greater levels of affective reactivity and context-specific increased sensitivity to rewards.

### **SIGNIFICANCE:**

These results help to elucidate the complex factors underlying substance use and may facilitate the creation of individually-tailored treatment programs for those struggling with substance use disorders.

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# [The role of maladaptive personality domains across multiple levels of the HiTOP structure.](#)

[Sellbom M](#)<sup>1</sup>, [Carragher N](#)<sup>2</sup>, [Sunderland M](#)<sup>3</sup>, [Calear AL](#)<sup>4</sup>, [Batterham PJ](#)<sup>4</sup>.

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## **Abstract**

This study aimed to examine associations between maladaptive personality traits and psychopathology from the perspective of the hierarchical taxonomy of psychopathology (HiTOP). We tested hierarchical structural models to further validate a portion of the structural components of HiTOP. We also tested a priori personality and psychopathology associations with three levels of the HiTOP hierarchy: general psychopathology, spectra and syndromes/disorders. We used a large sample from the general Australian population who completed a large set of personality and psychopathology inventories online. Confirmatory factor analyses indicated that internalizing, externalizing and thought dysfunction spectra emerged structurally, as expected per HiTOP, but also revealed that obsessive-compulsive disorder loaded on both internalizing and thought dysfunction and attention deficit hyperactivity disorder on both externalizing and internalizing. Furthermore, results indicated that almost all personality and psychopathology hypotheses were supported, although trait antagonism did not predict externalizing to the degree initially expected. Implications for personality and psychopathology are discussed.

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50. Mol Neurodegener. 2019 Aug 8;14(1):33. doi: 10.1186/s13024-019-0334-4.

# [A circuit view of deep brain stimulation in Alzheimer's disease and the possible mechanisms.](#)

[Yu D](#)<sup>1,2</sup>, [Yan H](#)<sup>3,4</sup>, [Zhou J](#)<sup>1</sup>, [Yang X](#)<sup>1</sup>, [Lu Y](#)<sup>5,6</sup>, [Han Y](#)<sup>7,8</sup>.

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## Abstract

Alzheimer's disease (AD) is characterized by chronic progressive cognitive deterioration frequently accompanied by psychopathological symptoms, including changes in personality and social isolation, which severely reduce quality of life. Currently, no viable therapies or present-day drugs developed for the treatment of AD symptoms are able to slow or reverse AD progression or prevent the advance of neurodegeneration. As such, non-drug alternatives are currently being tested, including deep brain stimulation (DBS). DBS is an established therapy for several neurological and psychiatric indications, such as movement disorders. Studies assessing DBS for other disorders have also found improvements in cognitive function, providing the impetus for clinical trials on DBS for AD. Targets of DBS in AD clinical trials and animal model studies include the fornix, entorhinal cortex (EC), nucleus basalis of Meynert (NBM), and vertical limb of diagonal band (VDB). However, there is still no comprehensive theory explaining the effects of DBS on AD symptoms or a consensus on which targets provide optimal benefits. This article reviews the anatomy of memory circuits related to AD, as well as studies on DBS rescue of AD in these circuits and the possible therapeutic mechanisms.

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# The Oslo University Adolescent and Young Adult Twin Project: Recruitment and Attrition.

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1. Department of Psychology, University of Oslo, Oslo, Norway.

## **Abstract**

The Oslo University Adolescent and Young Adult Twin Project started in 2006 with the first of three questionnaire data collection waves, 2 years apart. All twins from the birth cohorts 1988-1994 were invited to participate, and both the twins and their parents were asked to sign consent forms. The twins were 12-18 years old at Wave 1, at which time parents were asked to complete similar questionnaires. The parents' questionnaire enquired about the parents' ratings of their twin's traits. In addition, the parents answered questions regarding their own education, demographics and socioeconomic situation. When the twins were 18 years old, they were invited to a face-to-face interview and two new questionnaires were presented. The questionnaires for the waves included a number of personality scales, internalization and externalization traits, affective and behavioral problems, as well as measures of environment and coping. The most common DSM-IV mental disorders and all personality disorders were covered in the interview. Zygosity was established both by questionnaire and gene markers. The original sample consisted of 5374 twin families, and among these, 4668 pairs were alive and living in Norway. Of these, 2486 families (53.3%) consented to participate. Of these, again 1538 twin families (61.9%) actually participated in at least one wave and twins from 1422 pairs (57.3%) participated in the interview. Female gender, but not zygosity, predicted staying in the project. Moreover, having a planning, structured personality (being more conscientious, open to experience [i.e., curious and interested in learning]), having higher resilience and better school habits) increased the chance of carrying on in the project. Interestingly, the attrition did not seem to bias the heritability estimates.

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# Probable novel PSEN1 Gln222Leu mutation in a Chinese family with early-onset Alzheimer's disease.

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1. Department of Neurology, People`s Hospital of Zhengzhou University, Zhengzhou, Henan. China.

## **Abstract**

Background : More and more people are suffering from Alzheimer's disease. However, there is still no significant breakthrough in the study of its etiology and pathogenesis. Objective : Screening for Alzheimer's disease pathogenic genes, which may be conducive to elucidation of the pathogenic mechanisms of Alzheimer's disease. Prediction of Pathogenicity by Various Computer Software.

Method : Clinical and neuroimaging examination, Whole Exome Sequencing, and Sanger sequencing were performed in the proband, the mutation sites were verified in 158 subjects.

Results : We report a proband carrying a probably novel pathogenic mutation, which clinically manifests as progressive memory loss, visual-spatial disorders, apraxia, psychobehavioral disorders, and temperamental and personality changes. Whole Exome Sequencing detected a novel missense mutation at codon 222 (Q222L), which is a heterozygous A to T point mutation at position 665 (c.665A&gt;T) in exon 5 of the presenilin 1 leading to a glutamine-to- leucine substitution. The mutation was also identified by Sanger sequencing in one family member; nevertheless, it wasn't detected in the other 7 unaffected family members, 50 sporadic Alzheimer's disease patients and 100 control subjects. Conclusion : We reported a probably novel mutation in exon 5 of the presenilin 1 gene (Gln222Leu) in a Chinese family with early-onset Alzheimer's disease , besides, we predicted that the missense mutation was probably a novel pathogenic mutation that was reported for the first time in Chinese family with early-onset Alzheimer's disease.

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## Interaction between polymorphisms of the oxytocinergic system genes and emotion

# perception in inpatients with anorexia nervosa.

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## **Abstract**

### **OBJECTIVE:**

The empirical literature describes the role of the oxytocinergic system in emotion perception (EP). Variants in the oxytocin (OXT) and oxytocin receptor genes have been associated with mental disorders, including anorexia nervosa (AN), that are characterized by difficulties in socioemotional functioning. Our study aimed to examine whether variability within the genes related to OXT pathways may play a role in facial EP in inpatients with AN.

### **METHOD:**

Single nucleotide polymorphisms (SNPs) of the following genes: oxytocin receptor (rs2254298, rs53576), OXT (rs6133010), OXT-arginine-vasopressin (rs2740204), CD38 (rs6449197, rs3796863), and human leucyl/cystinylaminopeptidase (rs4869317) were genotyped in 60 AN female inpatients and 60 healthy control females (HCs). Associations between genetic polymorphisms and EP as well as clinical symptoms were examined.

### **RESULTS:**

The AN group showed decreased EP abilities compared with HCs. SNPs of rs2740204, rs6133010, and rs53576 were associated with differences in EP in women with AN and in HCs. The SNP of rs4869317 was associated with the level of eating disorders symptoms in HCs.

### **CONCLUSIONS:**

The OXT system may be involved in EP difficulties in AN. SNPs within genes related to OXT pathways may influence EP abilities. The leucyl/cystinylaminopeptidase rs4869317 SNP may be involved in the development of eating disorders psychopathology.

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54. Med Hypotheses. 2019 Sep;130:109274. doi: 10.1016/j.mehy.2019.109274. Epub 2019 Jun 11.

## [Dissociative identity as a continuum from healthy mind to psychiatric disorders: Epistemological and neurophenomenological implications approached through hypnosis.](#)

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### **Abstract**

The topic of multiple personality, redefined as Dissociative Identity Disorders (DIDs) in the DSM-5, is an intriguing and still debated disorder with a long history and deep cultural and epistemological implications, extending up to the idea of possession. Hypnosis is an appealing and valuable model to manipulate subjective experience and get an insight on both the physiology and the pathophysiology of the mind-brain functioning; it and has been closely connected with DIDs and possession since its origin in 18th century and as recently proved the capacity to yield a loss of sense of agency, mimicking delusions of alien control and spirit possession. In this study we report on five very uncommon "hypnotic virtuosos" (HVs) free from any psychiatric disorder, spontaneously undergoing the emergence of multiple identities during neutral hypnosis; this allowed us to check the relationship between their experience and fMRI data. During hypnosis the subjects underwent spontaneous non-intrusive experiences of other selves which were not recalled after the end of the session, due to post-hypnotic amnesia. The fMRI showed a significant decrease of connectivity in

the Default Mode Network (DMN) especially between the posterior cingulate cortex and the medial prefrontal cortex. Our results and their contrast with the available data on fMRI in DIDs allows to draw the hypothesis of a continuum between healthy mind - where multiple identities may coexist at unconscious level and may sometimes emerge to the consciousness - and DIDs, where multiple personalities emerge as dissociated, ostensibly autonomous components yielding impaired functioning, subject's loss of control and suffering. If this is the case, it seems more reasonable to refrain from seeking for a clear-cut limit between normality (anyway a conventional, statistical concept) and pathology, and accept a grey area in between, where ostensibly odd but non-pathological experiences may occur (including so-called non-ordinary mental expressions) without calling for treatment but, rather, for being properly understood.

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55. Ann Intern Med. 2019 Aug 6. doi: 10.7326/M18-3420. [Epub ahead of print]

## [Prevalence of Mental Health Disorders Among Adults With Cerebral Palsy: A Cross-sectional Analysis.](#)

[Whitney DG](#)<sup>1</sup>, [Warschausky SA](#)<sup>2</sup>, [Ng S](#)<sup>3</sup>, [Hurvitz EA](#)<sup>2</sup>, [Kamdar NS](#)<sup>3</sup>, [Peterson MD](#)<sup>4</sup>.

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### **Abstract**

#### **Background:**

Persons with cerebral palsy (CP) have an increased risk for secondary chronic conditions during childhood, including mental health disorders. However, little is known about how these disorders affect adults with CP.

#### **Objective:**

To determine the prevalence of mental health disorders among adults with CP compared with those without CP.

**Design:**

Cross-sectional.

**Setting:**

2016 Optum Clinformatics Data Mart.

**Patients:**

8.7 million adults (including 7348 adults with CP).

**Measurements:**

Other neurodevelopmental comorbid conditions (intellectual disabilities, autism spectrum disorders, epilepsy) and 37 mental health disorders (as 6 categories) were identified on the basis of diagnosis codes. Direct age-standardized prevalence of the mental health disorder categories was estimated by sex for adults with CP alone, adults with CP and neurodevelopmental disorders, and adults without CP.

**Results:**

Men with CP alone had higher age-standardized prevalence than men without CP for schizophrenic disorders (2.8% [95% CI, 2.2% to 3.4%] vs. 0.7%), mood affective disorders (19.5% [CI, 18.0% to 21.0%] vs. 8.1%), anxiety disorders (19.5% [CI, 18.0% to 21.0%] vs. 11.1%), disorders of adult personality and behavior (1.2% [CI, 0.8% to 1.6%] vs. 0.3%), and alcohol- and opioid-related disorders (4.7% [CI, 3.9% to 5.5%] vs. 3.0%). The same pattern was observed for women. Compared with adults with CP alone, those with CP and neurodevelopmental disorders had similar or higher age-standardized prevalence of the 6 mental health disorder categories, except for the lower prevalence of alcohol- and opioid-related disorders in men.

**Limitations:**

Single claims code was used to define the cohort of interest. Information on the severity of CP was not available.

**Conclusion:**

Compared with adults without CP, those with CP have an elevated prevalence of mental health disorders, some of which may be more pronounced in patients with comorbid neurodevelopmental disorders.

## Primary Funding Source:

National Institute on Disability, Independent Living, and Rehabilitation Research.

PMID: 31382276

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56. Psychol Med. 2019 Aug 5:1-12. doi: 10.1017/S0033291719001818. [Epub ahead of print]

# [Emotional instability as a trait risk factor for eating disorder behaviors in adolescents: Sex differences in a large-scale prospective study.](#)

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## Abstract

### BACKGROUND:

Temperament and personality traits, including negative emotionality/neuroticism, may represent risk factors for eating disorders. Further, risk factors may differ by sex. We examined longitudinal temperament/personality pathways of risk for purging and binge eating in youth stratified by sex using data from a large-scale prospective study.

### METHODS:

Temperament, borderline personality features, sensation seeking, 'big five' personality factors, and depressive symptoms were measured at five time points from early childhood to adolescence in 5812 adolescents (3215 females; 2597 males) in the Avon Longitudinal Study of Parents and Children. We conducted univariate analyses with these predictors of binge eating and purging at 14 and 16 years for total and sex-stratified samples. We used structural equation modeling (SEM) to fit data to a path analysis model of hypothesized associations.

### RESULTS:

Of the total sample, 12.54% engaged in binge eating and 7.05% in purging by 16 years. Prevalence was much greater and increased dramatically for females from 14 years (7.50% binge eating; 2.40%

purging) to 16 years (15.80% binge eating; 9.50% purging). For both sexes, borderline personality, depressive symptoms and lower emotional stability predicted eating disorder behaviors; sensation seeking and conscientiousness were also significant predictors for females. SEM identified an 'emotional instability' pathway for females from early childhood into adolescence (RMSEA = 0.025, TLI = 0.937 and CFI = 0.970).

## CONCLUSIONS:

Binge eating and purging are common in female and male adolescents. Early temperament/personality factors related to difficulty regulating emotions were predictive of later adolescent eating disorder behaviors. Results have important clinical implications for eating disorder prevention and intervention.

PMID: 31379310

[Similar articles](#)



57. Br J Clin Psychol. 2019 Sep;58(3):289-326. doi: 10.1111/bjc.12216. Epub 2019 Mar 21.

# [The link between rejection sensitivity and borderline personality disorder: A systematic review and meta-analysis.](#)

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## Abstract

### OBJECTIVE:

People with Borderline Personality Disorder (BPD) may experience heightened rejection sensitivity (RS), a disposition developing from repeated childhood rejecting experiences. It is not known whether the full RS model accounts for the cognitive-affective experiences common in BPD. This systematic review extends upon previous reviews, firstly by assessing the link between childhood rejecting experiences and adult RS, and secondly by considering the link between BPD and RS in both non-clinical and clinical samples.

### METHOD:

Two research questions were devised, and searches based on predetermined criteria were conducted using PsycNET, PubMed, SCOPUS, and Web of Science. Data were extracted by one

researcher and 20% was inter-rated, with high levels of agreement. Forty-three papers were systematically reviewed, and 31 included in meta-analysis and meta-regression.

## **RESULTS:**

Studies assessing the link between childhood rejection and RS are limited; however, emotional abuse and neglect appears linked with RS. Pooled effect sizes suggest RS is linked with BPD ( $r = .326$ ), with strong effect sizes when comparing clinical and control samples ( $r = .655$ ). Qualitative synthesis suggests this may be mediated by executive control, although further research is required. The small number of studies considering the full RS model with regard to BPD suggests the interaction between emotional abuse and neglect affects rejection sensitivity; however, outcomes are inconsistent.

## **CONCLUSIONS:**

Childhood rejection, particularly emotional abuse and neglect, appears to be linked to rejection sensitivity, and rejection sensitivity is linked to BPD. However, this may not be linear. Implications for clinical practice and research are discussed.

## **PRACTITIONER POINTS:**

Rejection sensitivity is consistently linked with BPD, in clinical and non-clinical samples. Supporting mentalization or improved theory of mind may offer a therapeutic target for this disposition. Considering the causes and effects of rejection sensitivity may offer a non-blaming explanation of interpersonal difficulties in BPD and could be utilized as part of formulation and the therapeutic relationship. However, the possible interaction between emotional abuse and neglect and rejection sensitivity suggests rejection sensitivity is not always apparent for people with BPD. Idiosyncratic formulation should consider this. The literature included in the review is limited to Western populations with a high proportion of females, which may limit generalizability. Measures of rejection sensitivity included in the review were restricted to self-report, which may be subject to bias. Furthermore, measures of childhood rejection were retrospective in nature due to the exclusion of child samples. Further research should consider longitudinal and observational study designs.

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PMID: 30900278 [Indexed for MEDLINE]

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# Acute effects of lysergic acid diethylamide (LSD) on resting brain function.

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## **Abstract**

Lysergic acid diethylamide (LSD) is a potent hallucinogenic substance that was extensively investigated by psychiatrists during the 1950s and 1960s. Researchers were interested in the unique effects induced by this substance, some of which resemble symptoms seen in schizophrenia. Moreover, during that period LSD was studied and used for the treatment of several mental disorders such as depression, anxiety, addiction and personality disorders. Despite this long history of research, how LSD induces its specific effects on a neuronal level has been relatively unclear. In recent years there has been a revival of research in hallucinogenic drugs and their possible clinical applications. These contemporary studies in the UK and Switzerland include neuroimaging studies using functional magnetic resonance imaging (fMRI). In this review, we collect and interpret these recent neuroimaging findings. Overall, previous results across studies indicate that LSD administration is associated with extensive alterations in functional brain connectivity, measuring the correlated activities between different brain regions. The studies mostly reported increases in connectivity between regions and, more specifically, consistently found increased connectivity within the thalamocortical system. These latter observations are in agreement with models proposing that hallucinogenic drugs exert their effects by inhibiting cerebral filtering of external and internal data. However, studies also face several limitations, including potential biases of neuroimaging measurements.

PMID: 31568558

2. J Midwifery Womens Health. 2019 Sep 30. doi: 10.1111/jmwh.13034. [Epub ahead of print]

# Prenatal Attachment, Parental Confidence, and Mental Health in Expecting Parents: The Role of Childhood Trauma.

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3. Department of Psychiatry, University of Michigan, Ann Arbor, Michigan.

## **Abstract**

### **INTRODUCTION:**

Exposure to childhood abuse or neglect may lead to negative outcomes during pregnancy in expecting parents, which may contribute to a negative experience of childbearing and have consequences for the developing fetus. This study examined the associations between exposure to childhood abuse or neglect, psychological symptoms, prenatal attachment, and perception of parental competence in expectant parents.

### **METHODS:**

Individuals at low sociodemographic risk were recruited in community perinatal care settings and completed self-report assessment measures of depression, posttraumatic stress disorder, dissociation, personality disorders, perception of parental competence, and prenatal attachment.

### **RESULTS:**

There were 322 participants (78% women), including 91 adults with a history of childhood abuse or neglect. Participants who were exposed to childhood abuse or neglect reported significantly higher levels of symptoms on all indices of mental health than nonexposed adults, even when controlling for sociodemographic risks. However, both groups reported similar levels of prenatal attachment and parental confidence. The impact of childhood maltreatment was similar in men and women. Structural equation modeling showed that childhood abuse or neglect leads to poor mental health and that poor mental health, but not childhood maltreatment, is associated with low parental confidence and prenatal attachment.

### **DISCUSSION:**

Psychological symptoms are frequent in expectant parents who experienced maltreatment during their childhood. However, childhood abuse or neglect is not associated with their attitude regarding parenthood and the child in the absence of psychopathology. Supporting mental health may be an important target of parental programs offered during pregnancy to women and men with a history of childhood abuse or neglect.

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PMID: 31566890

3. Drug Alcohol Depend. 2019 Sep 19;204:107562. doi: 10.1016/j.drugalcdep.2019.107562. [Epub ahead of print]

# Negative and positive life events and their relation to substance and behavioral addictions.

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## **Abstract**

### **BACKGROUND:**

Research has shown that negative life events (LEs) may be connected to the development and maintenance of addictions. However, few studies have examined the potential relationship between positive events and addictive disorders, and even fewer studies evaluated the subjective perception of LEs that may underlie these relationships. Importantly, addictive disorders include both substance-related and behavioral addictions, but the relative relationship of each type of addiction with LEs remains unclear.

### **METHODS:**

The present study compared 212 participants suffering from an addiction (drugs, alcohol, gambling, and sex) and 79 controls on self-report measures of negative and positive LEs.

### **RESULTS:**

Compared with controls, individuals with an addiction reported experiencing a larger number of both negative and positive LEs and also tended to be more influenced by negative LEs. Findings also demonstrated differential patterns across addiction types, such that participants with compulsive sexual behavior (CSB) reported experiencing less negative events than those with drug use disorders (DUD) and were less influenced by these events than participants with alcohol use disorder (AUD). Finally, analyses within each group further revealed differences in the way each group experienced negative compared to positive events. Controls and participants with CSB reported experiencing a

similar number of positive and negative events, whereas participants with DUD, AUD, and gambling disorder reported more negative events in their lives.

## CONCLUSIONS:

These findings suggest a unique profile among different types of addictions, which should be taken into account when planning personalized prevention and intervention approaches.

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PMID: 31563094

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4. Psychiatry. 2019 Sep 27:1-10. doi: 10.1080/00332747.2019.1650411. [Epub ahead of print]

# DSM-5 Assessments of the Level of Personality Functioning: Intrapersonal and Interpersonal Functioning.

[Beheydt L](#), [Schrijvers D](#), [Sabbe B](#), [Jansen B](#), [De Grave C](#), [Luyten P](#).

## Abstract

*Objective:* In DSM-5, Section III, the Level of Personality Functioning (LPF) was proposed as a severity index of personality disorders (PDs), but as it reflects both trait-like (availability) and state-like (accessibility) features, of which, moreover, the relationship with the experience of patients is unclear, we critically examined LPF in patients with general psychopathology. *Method:* This study compared the validity of the direct Inventory of Personality Organization (IPO), and the indirect Differentiation-Relatedness Scale (DRS) LPF-measure, in relation to measures of intrapersonal and interpersonal functioning. The sample consisted of 70 inpatients with general psychopathology and no primary PDs. Associations of both measures with DSM-PDs were examined, with and without controlling for clinical distress. *Results:* The IPO was significantly related to age and clinical distress. When controlling for clinical distress, the IPO was still associated with cluster A (odd) and B (erratic) PD features, high levels of self-criticism, conflict in relationships and low levels of adaptive coping strategies. The DRS was only related to the schizotypal PD. *Conclusions:* In patients with general psychopathology, both the IPO and the DRS, appear to have limitations in measuring LPF. The IPO seems to be prone to state effects, although correlations with PDs remained significant when controlling for clinical distress. The DRS seemed to be more independent from clinical distress but was unexpectedly unrelated to features of personality pathology. DRS reflects availability, while IPO also reflects different degrees of accessibility of LPF in PDs.

PMID: 31560604

[Similar articles](#)



5. J Clin Psychol Med Settings. 2019 Sep 27. doi: 10.1007/s10880-019-09659-7. [Epub ahead of print]

## Personality and Psychopathology in Adults with Noonan Syndrome.

[Roelofs RL](#)<sup>1,2</sup>, [Wingbermhühle E](#)<sup>3,4</sup>, [van der Heijden PT](#)<sup>5</sup>, [Jonkers R](#)<sup>6</sup>, [de Haan M](#)<sup>7</sup>, [Kessels RPC](#)<sup>4,8,9</sup>, [Egger JIM](#)<sup>3,4,8,10</sup>.

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### **Abstract**

This is the first controlled study regarding personality and psychopathology in adults with Noonan syndrome (NS). Anxiety, depression, alexithymia and symptoms of Attention Deficit-Hyperactivity Disorder and Autism Spectrum Disorder, have been previously described in NS. More information regarding personality and psychopathology in NS could improve mental health care for this population. Therefore, scores on the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), a widely used self-report questionnaire of personality and psychopathology, were compared between patients with NS (n = 18) and matched, healthy controls (n = 18). Furthermore, correlations between MMPI-2-RF scores and alexithymia, measured by the Toronto Alexithymia Scale-20, were investigated. Patients with NS showed significantly higher scores, with medium effect sizes, on MMPI-2-RF scales reflecting infrequent responses (F-r), somatic and cognitive complaints (FBS-r and RBS-r), internalizing problems (EID), demoralization (RCd) and introversion (INTR-r), although the overall profile in both groups was within the non-clinical range. Alexithymia correlated with internalizing problems and negative emotionality in the patient group. In conclusion, patients with NS showed higher levels of introversion, which may predispose them to internalizing problems.

These problems were indeed more frequent in patients with NS, especially higher levels of demoralization. Patients may benefit from psychological interventions aimed to decrease internalizing problems, introversion and alexithymia.

PMID: 31560100

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6. J Voice. 2019 Sep 23. pii: S0892-1997(19)30293-0. doi: 10.1016/j.jvoice.2019.08.027. [Epub ahead of print]

## Vocal Congruence: The Voice and the Self Measured by Interoceptive Awareness.

[Crow KM](#)<sup>1</sup>, [van Mersbergen M](#)<sup>2</sup>, [Payne AE](#)<sup>1</sup>.

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### **Abstract**

Voices are, by nature, idiosyncratic representations of individuals because they possess anatomical, physiological, and psychological characteristics that are unique to them, which contribute to vocal output, and thus, establish the voice as a salient marker of their individuality. The areas of experimental psychology and cognitive neuroscience have examined the psychological and neurological constructs that form one's sense of self and have employed measures of interoceptive and exteroceptive abilities to discover the underlying constructs of the sense of self. This study employed measures of interoceptive awareness to assess level of vocal congruence. Forty-one participants analyzed in this study underwent a heartbeat detection task designed to assess the level of interoceptive awareness and were placed into two groups: those high in interoceptive awareness and those low in interoceptive awareness. They completed two tasks, a speaking task, which included structured passages and conversation, and a listening task, where they listened to themselves in the speaking task. Following each task, they completed a Vocal Congruence Scale designed to assess the level of identification they have within themselves related to the sound of their voice. Individuals scoring high in interoceptive awareness scored significantly higher in vocal congruence than those scoring lower in interoceptive awareness. Additionally, when analyzed with other measures of personality, anxiety, mood, and voice handicap, the Vocal Congruence Scale appears to measure a unique aspect of vocal identity with one's self that encompasses interoceptive awareness.

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PMID: 31558332

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# The relation between anxious personality traits and fear generalization in healthy subjects: A systematic review and meta-analysis.

[Sep MSC](#)<sup>1</sup>, [Steenmeijer A](#)<sup>2</sup>, [Kennis M](#)<sup>3</sup>.

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3. Department Clinical Psychology, Faculty Social and Behavioural Sciences, Utrecht University, Utrecht, The Netherlands.

## **Abstract**

### **BACKGROUND:**

Anxious personality characteristics form a risk factor for anxiety disorders. A proposed mechanistic pathway is that anxious personality could lead to greater vulnerability by increasing fear generalization. Here, we investigate if there is evidence for this relationship before the onset of pathological anxiety, with a meta-analysis in healthy subjects.

### **METHODS:**

Our search (anxious personality & fear generalization) was performed in PubMed, PsychInfo, and Embase and via snowballing.

### **RESULTS:**

In total, 4892 studies were screened and 19 studies (1348 participants) were included in the current review (meta-analysis: 18 studies, 1310 participants). The meta-analysis showed a significant, small, positive relationship between anxious personality and fear generalization ( $r = .19$ , 95%CI [.126, .260],  $p < .001$ ). No moderators of the relationship were identified.

### **CONCLUSIONS:**

The identified robust relation suggests that people who score high on anxious personality have a somewhat stronger tendency to generalize fear to safe or novel situations. This might explain their vulnerability to anxiety disorders mechanistically, yet future (prospective) studies are warranted to confirm the hypothesized directionality of this effect.

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PMID: 31557547

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8. Nord J Psychiatry. 2019 Sep 26:1-7. doi: 10.1080/08039488.2019.1667427. [Epub ahead of print]

## [The clinical relevance of asking young psychiatric patients about childhood ADHD symptoms.](#)

[Richter M](#)<sup>1</sup>, [Spangenberg H](#)<sup>1</sup>, [Ramklint M](#)<sup>1</sup>, [Ramirez A](#)<sup>1</sup>.

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

### **Abstract**

**Aim:** The aim of this study was to explore the relevance of asking young psychiatric patients about childhood symptoms of attention deficit hyperactivity disorder (ADHD). **Method:** A total of 180 young adults (18-25 years of age) from a general psychiatric out-patient clinic in Uppsala filled in the Child and Adolescent Psychiatric Screening Inventory-Retrospect (CAPSI-R) as part of the diagnostic procedure. The study population was divided into groups based on number and subtype of reported ADHD symptoms, inattention (IN) or hyperactivity/impulsivity (HI). The clinical characteristics associated with different symptoms of ADHD were explored. **Results:** The groups with five or more self-reported ADHD childhood symptoms, of either IN or HI, had more psychiatric comorbid conditions, a significantly higher co-occurrence of substance use disorders and personality disorders, and experienced more psychosocial and environmental problems. **Conclusion:** High level of self-reported ADHD childhood symptoms in young psychiatric patients identified a group more burdened with psychiatric comorbid conditions and more psychosocial problems. This group should be offered a thorough diagnostic assessment of ADHD.

PMID: 31556784

[Similar articles](#)



9. Psychol Assess. 2019 Sep 26. doi: 10.1037/pas0000776. [Epub ahead of print]

# [The Personality Inventory for ICD-11: Investigating reliability, structural and concurrent validity, and method variance.](#)

[Carnovale M](#)<sup>1</sup>, [Sellbom M](#)<sup>2</sup>, [Bagby RM](#)<sup>2</sup>.

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2. Department of Psychology.

## **Abstract**

The 11th edition of the International Classification of Diseases and Related Health Problems (ICD-11), recently approved by the World Health Organization, contains a new diagnostic approach for personality disorders. This approach partly involves the consideration of 5 dimensional trait domain qualifiers-Negative Affectivity, Detachment, Dissocial, Disinhibition, and Anankastia. Oltmanns and Widiger (2018) recently developed a self-report measure, the Personality Inventory for ICD-11 (PiCD), to assess the 5 domains; however, further examination of the psychometric properties of the PiCD is warranted due to its limited research base. The present study aimed to further examine the reliability, structural and concurrent validity, and method variance of the PiCD in an ethnically diverse undergraduate sample (N = 518), who were also administered the Minnesota Multiphasic Personality Inventory-2-Restructured Form. First, results suggested that the PiCD domain scales exhibited adequate internal consistency reliability via coefficient categorical omega (range = .77-.87). Next, exploratory structural equation modeling results suggested support for a 4-factor solution, with the 4th factor thought to represent a bipolar continuum of Anankastia to Disinhibition severity. Random-intercept factor analysis results suggested a small amount of variance in items (4.88%) attributable to idiosyncratic scale usage. Lastly, relations between PiCD domains and Minnesota Multiphasic Personality Inventory-2-Restructured Form scales (Personality Psychopathology-5 and Higher Order scales) provided support for the validity of the Negative Affectivity, Detachment, and Dissocial domains, though relatively less support for the Disinhibition and Anankastia domains. Further examination of other psychometric properties and the nomological network of the PiCD is recommended. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31556679

[Similar articles](#)

10. Personal Disord. 2019 Sep 26. doi: 10.1037/per0000361. [Epub ahead of print]

## [Mixed results of a pilot RCT of time-limited schema mindfulness-based cognitive therapy](#)

# and competitive memory therapy plus treatment as usual for personality disorders.

[van Vreeswijk MF<sup>1</sup>](#), [Spinhoven P<sup>2</sup>](#), [Zedlitz AME<sup>1</sup>](#), [Eurelings-Bontekoe EHM<sup>2</sup>](#).

Author information:

1. G-Kracht Mental Health Care Institute.
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## **Abstract**

Waiting lists for psychotherapy for patients with personality disorders are increasing; there is an imbalance between the number of patients seeking help and the amount of therapy available. Thus, there is a need for time-limited treatments that are effective for specific patients and their specific problems. This pilot randomized controlled trial aimed to investigate the effectiveness of two 8-week group modules + treatment as usual (TAU): schema mindfulness-based cognitive therapy (SMBCT) and competitive memory therapy (COMET) with special attention to predictors and mediators of change. Patients ( $N = 58$ ) were randomized to either SMBCT + TAU or COMET + TAU. The dropout rate was 34%. Time effects were found for both treatments, but neither was more effective than the other, and around 23% showed deterioration after treatment. Explorative analyses suggested that predictors for change were severity of psychological distress and a demanding and/or punitive attitude toward oneself at baseline. Global severity index change in the beginning of the treatment mediated schema changes later on in treatment. SMBCT + TAU and COMET + TAU might be mostly suitable for patients with high levels of symptom severity followed by high scores on parent modes. More research is needed to tailor these time-limited therapies to specific personality problems. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31556633

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11. Neuropsychobiology. 2019 Sep 25:1-9. doi: 10.1159/000502440. [Epub ahead of print]

# Amygdala Resting State Connectivity Differences between Bipolar II and Borderline Personality Disorders.

[Reich DB<sup>1,2</sup>](#), [Belleau EL<sup>3,4</sup>](#), [Temes CM<sup>5,3</sup>](#), [Gonenc A<sup>3,6</sup>](#), [Pizzagalli DA<sup>3,4,6</sup>](#), [Gruber SA<sup>3,6</sup>](#).

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## **Abstract**

### **BACKGROUND:**

Borderline personality disorder (BPD) and bipolar II disorder (BD II) have significant clinical overlap, leaving the potential for diagnostic inaccuracies and inadequate treatment recommendations. However, few studies have probed for clinical and neurobiological differences between the two disorders. Clinically, some prior studies have linked BPD with greater impulsivity and more frequent negative affective shifts than BD II, whereas previous neuroimaging studies have highlighted both similar and distinct neural abnormalities in BPD and BD II. Notably, no prior study has specifically targeted cortico-limbic neural differences, which have been hypothesized to underlie these core clinical differences.

### **METHODS:**

Individuals with BPD (n = 14) and BD II (n = 15) completed various clinical measures and a resting state functional imaging scan at 3T. Whole-brain amygdala resting state functional connectivity (RSFC) was compared between the two groups.

### **RESULTS:**

Relative to the BD II group, BPD participants reported significantly higher levels of impulsivity, trait anxiety, more frequent negative affective shifts, greater interpersonally reactive affective instability, lower overall functioning, and were characterized by lower amygdala-middle frontal gyrus RSFC. Lower amygdala-middle frontal gyrus RSFC was associated with greater impulsivity, trait anxiety, affective shifts, interpersonal affective reactivity, and functional impairment.

### **LIMITATIONS:**

The current study consisted of small sample sizes and lacked a control group.

### **CONCLUSIONS:**

This preliminary study suggests that amygdala-frontal RSFC may distinguish BPD from BD II. These results may guide future work aimed at identifying neural markers that can help disentangle these two disorders, leading to greater diagnostic accuracy and appropriate treatment implementation.

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# How do I want to feel? The link between emotion goals and difficulties in emotion regulation in borderline personality disorder.

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## **Abstract**

### **OBJECTIVES:**

Appropriate contextualized emotion goals (i.e., desired emotional endpoints that facilitate goal attainment) are fundamental to emotion regulation, as they may determine the direction of regulation efforts. Given that difficulties in emotion regulation are prevalent in borderline personality disorder (BPD), we explored whether BPD traits (Study 1) and BPD diagnosis (Study 2) presented specific contextualized emotion goals, and whether these emotion goals may be linked to difficulties in emotion regulation.

### **METHODS:**

In Study 1, 358 individuals were recruited via Amazon Mechanical Turk and assessed on the presence of borderline traits, emotion regulation ability, and general and contextualized emotion goals. In Study 2, these measures were employed in a sample of 35 people with BPD and 35 matched controls who were also assessed on their current mood state and screened for Axis I and II disorders of the DSM-IV.

### **RESULTS:**

Study 1 showed that emotion dysregulation was positively predicted by borderline traits and contextualized emotion goals that impair goal attainment (i.e., greater preference for anger for collaboration and happiness for confrontation). Findings of Study 2 also showed that a higher preference for happiness for confrontation was linked to higher emotion dysregulation in both individuals with BPD and controls. Furthermore, individuals with BPD reported a lower preference for happiness for collaboration than controls.

### **CONCLUSIONS:**

These results support the importance of looking at emotion goals and its link with emotion dysregulation. Interventions targeting maladaptive contextualized goals may represent an important therapeutic window to enhance emotion regulation.

## PRACTITIONER POINTS:

Clinical implications BPD individuals' emotion regulation is linked to maladaptive emotion goals. Helping people at risk to manipulate their emotion goals to be more context sensitive may enhance well-being and serve as a therapeutic tool in practice. Limitations The present research only considered the context of collaboration and confrontation, but other contexts more relevant for individuals with BPD (i.e., self-harm situations) might provide valuable information about their difficulties in emotion regulation. To study contextualized emotion goals in clinical populations, longitudinal rather than cross-sectional designs should be considered.

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13. Gen Psychiatr. 2019 Sep 8;32(5):e100096. doi: 10.1136/gpsych-2019-100096. eCollection 2019.

## [Prediction of adolescent subjective well-being: A machine learning approach.](#)

[Zhang N](#)<sup>#1,2</sup>, [Liu C](#)<sup>#3</sup>, [Chen Z](#)<sup>1,2</sup>, [An L](#)<sup>1,2</sup>, [Ren D](#)<sup>1,2</sup>, [Yuan F](#)<sup>1,2</sup>, [Yuan R](#)<sup>1,2</sup>, [Ji L](#)<sup>1,2</sup>, [Bi Y](#)<sup>1,2</sup>, [Guo Z](#)<sup>1,2</sup>, [Ma G](#)<sup>1,2</sup>, [Xu F](#)<sup>1,2</sup>, [Yang F](#)<sup>1,2</sup>, [Zhu L](#)<sup>4</sup>, [Robert G](#)<sup>5</sup>, [Xu Y](#)<sup>1,2</sup>, [He L](#)<sup>1,2</sup>, [Bai B](#)<sup>6</sup>, [Yu T](#)<sup>1,2,3</sup>, [He G](#)<sup>1,2</sup>.

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### Abstract

#### Background:

Subjective well-being (SWB), also known as happiness, plays an important role in evaluating both mental and physical health. Adolescents deserve specific attention because they are under a great variety of stresses and are at risk for mental disorders during adulthood.

#### Aim:

The present paper aims to predict undergraduate students' SWB by machine learning method.

## Methods:

Gradient Boosting Classifier which was an innovative yet validated machine learning approach was used to analyse data from 10 518 Chinese adolescents. The online survey included 298 factors such as depression and personality. Quality control procedure was used to minimise biases due to online survey reports. We applied feature selection to achieve the balance between optimal prediction and result interpretation.

## Results:

The top 20 happiness risks and protective factors were finally brought into the predicting model. Approximately 90% individuals' SWB can be predicted correctly, and the sensitivity and specificity were about 92% and 90%, respectively.

## Conclusions:

This result identifies at-risk individuals according to new characteristics and established the foundation for adolescent prevention strategies.

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## Conflict of interest statement

Competing interests: None declared.

14. Ann Gen Psychiatry. 2019 Sep 17;18:21. doi: 10.1186/s12991-019-0247-1. eCollection 2019.

# [Modeling human temperament and character on the basis of combined theoretical approaches.](#)

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## Abstract

### Background:

Although there are several models on the structure of human temperament, character and personality, the majority follow a single approach, providing a unilateral and overly theoretical construct which is unsuitable for clinical application. The current study aimed to develop a complex and comprehensive model of temperament and character by empirically combining relevant existing theories.

### Methods:

The study included 734 healthy general population subjects aged  $40.80 \pm 11.48$  years, who completed the TEMPS-A, TCI and NEO-PI-3 questionnaires. Data were analyzed in a multistep approach using Exploratory Factor analysis and forward stepwise linear regression.

### Results:

The results yielded two highest order factors (Self and Self-Environment Interaction), six middle order factors (Emotional Self, Cognitive Self, Social Emotionality, Emotional and Cognitive Control, Ethical Emotionality and Behavior, Social Emotionality and Behavior) and 12 factors at the bottom (Ego Resiliency, Ego Strength, Intrapersonal Emotion, Personal Space Cognition, Interpersonal Cognition, Emotional Creativity, Externalized Interpersonal Emotion, Internalized Interpersonal Emotion, Emotional Motivation, Self-Discipline, Ethical Values and Ethical Behavior).

### Conclusions:

The current study developed a complex hierarchical model of temperament and character on the basis of empirical data from several temperament theories. An important feature of the new temperamental model is the frequent admixture of emotional and cognitive processes within the same module. This model expands the field to include elements probably corresponding to meta-cognition mechanisms and complex interactions between affective and cognitive control, which may provide useful in understanding and treating affective disorders as well.

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PMID: 31548845

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### Conflict of interest statement

Competing interestsThe authors declare that they have no competing interests.

15. Eur Psychiatry. 2019 Sep 20;62:60-67. doi: 10.1016/j.eurpsy.2019.09.004. [Epub ahead of print]

# Accuracy of psychometric tools in the assessment of personality in adolescents and adults requesting gender-affirming treatments: A systematic review.

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## **Abstract**

### **BACKGROUND:**

The assessment and screening for personality disorders in individuals requesting gender affirming treatments may be an important aspect of predicting medical and surgical outcomes for this population, but there is no consensus on how best to do so.

### **AIMS:**

To review the diagnostic accuracy of psychometric tools used for the assessment of personality disorders in those requesting gender affirming treatments.

### **METHOD:**

A systematic review: Prospero CRD42017078783 [1].

### **RESULTS:**

Many studies have focussed on the assessment of personality disorders in this population, but since 1979, only two have used an index and reference test.

### **CONCLUSION:**

There are no agreed reference standards for this population and psychometric tools continue to be scored on reference data from the cisgender (not transgender) population. We need robust evidence on this issue, as individuals may be denied access to gender affirming treatments based on psychometric tools without established reliability in this population.

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16. Personal Disord. 2019 Sep 23. doi: 10.1037/per0000362. [Epub ahead of print]

## [Affinity between us: Examining how psychopathic traits influence the stigmatization of psychiatric disorders.](#)

[Durand G](#)<sup>1</sup>, [Metcalf RE](#)<sup>2</sup>, [Arbone IS](#)<sup>3</sup>.

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### **Abstract**

Psychopathy is a personality disorder that is often stigmatized in both the general population and in legal settings. Although individuals with psychopathy face significant stigma, individuals with elevated psychopathic traits may hold fewer stigmatizing beliefs about this population. It is unclear, however, if this relationship stems from feelings of similarity or from traits of fearlessness that are commonly observed in some psychopathic individuals. In this study, 661 participants from the community were recruited online and completed the Triarchic Psychopathy Measure. They were then randomly assigned to read a description of either a nonviolent or violent psychopath, as well as either a nonviolent or violent person with schizophrenia. All participants also read a vignette of a nondangerous person with depression. For each description, participants completed the Attribution Questionnaire to measure stigmatizing attributes based on the vignette. Psychopathic traits were negatively associated with the stigmatization of individuals presented as either dangerous or nondangerous psychopaths, but were not associated with either forms of schizophrenia or with depression. Findings are explained in terms of identification with psychopaths. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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## [Identifying unstable and empty phenotypes of borderline personality through factor](#)

# [mixture modeling in a large nonclinical sample.](#)

[Johnson BN<sup>1</sup>](#), [Levy KN<sup>1</sup>](#).

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1. Department of Psychology.

## **Abstract**

Borderline personality disorder (BPD) is serious, prevalent, and symptomatically heterogeneous. Identifying distinct phenotypes of BPD features promises useful diagnostic and treatment implications. Although a series of subtyping studies exist, only two have examined BPD symptom configurations while taking into account BPD severity. We used factor mixture modeling to identify discrete subtypes of BPD features, simultaneously considering symptom severity, in the largest nonclinical young adult sample to date. Undergraduates ( $N = 20,010$ ; 63.86% women;  $M_{age} = 18.75$ ,  $SD = 1.73$ ) completed the McLean Screening Instrument for BPD, which was condensed to measure the 9 *Diagnostic and Statistical Manual of Mental Disorders* BPD criteria dichotomously. We used a model comparison approach to determine the optimal latent factor and class structure of BPD symptoms and validated classes via BPD-relevant constructs. The sample consisted of three subtypes: Asymptomatic (70%), Unstable (19%), and Empty (11%). The Unstable and Empty classes displayed elevated BPD symptomatology along a single continuum of BPD severity. Individuals in the Empty class displayed the highest levels of emptiness and dissociation, emotional distress, and attachment avoidance, whereas individuals in the Unstable class displayed a high frequency of reckless and self-damaging behaviors. Our results suggest the importance of a hybrid dimensional/categorical conceptualization of BPD as displayed in a nonclinical sample. Unstable and Empty classes may be associated with different treatment targets for subthreshold BPD presentations. The findings are discussed in terms of their clinical implications regarding diagnosis, treatment, and theoretical conceptualization of BPD. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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18. Personal Disord. 2019 Sep 23. doi: 10.1037/per0000358. [Epub ahead of print]

# [Evaluating the associations between personality psychopathology and heterogeneous eating disorder behaviors: A dimensional approach.](#)

[Solomon-Krakus S<sup>1</sup>](#), [Uliaszek AA<sup>2</sup>](#), [Bagby RM<sup>2</sup>](#).

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## Abstract

Studies examining the associations between categorical assessments of eating disorders (ED) and personality have produced some inconsistent findings. The present study aimed to clarify these inconsistencies by implementing a dimensional approach when assessing ED behaviors and personality psychopathology. Associations between pathological personality trait facets and heterogeneous ED behaviors (i.e., restriction, compensatory behaviors, and binge eating) were examined. Participants were 570 community adults (247 women) recruited through Mechanical Turk. The Personality Inventory for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (PID-5), was used to assess the pathological personality trait facets. Items from two validated eating pathology scales were used to measure ED behaviors. Two structural equation models—an exploratory model and a theoretical model—were tested for each ED behavior. The exploratory model allowed all PID-5 personality facets to predict the ED behaviors. The theoretical models estimated paths from specific PID-5 facets to the ED behaviors. The theoretical model was an attempt to corroborate previous literature where distinct personality profiles have distinguished individuals with different EDs. The theoretical model was considered the most parsimonious model for all three ED behaviors, and each theoretical model revealed a pattern of significant associations with personality trait facets—restriction was significantly associated with higher rigid perfectionism, and binge eating was significantly associated with higher impulsivity and anxiousness. Only the significant associations with binge eating remained statistically significant when men and women were examined separately. When a dimensional model is applied, significant relationships emerge between heterogeneous ED behaviors and PID-5 trait facets. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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## [Emotion regulation difficulties and borderline personality disorder: The moderating role of race.](#)

[Haliczer LA](#)<sup>1</sup>, [Dixon-Gordon KL](#)<sup>1</sup>, [Law KC](#)<sup>2</sup>, [Anestis MD](#)<sup>2</sup>, [Rosenthal MZ](#)<sup>3</sup>, [Chapman AL](#)<sup>2</sup>.

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## Abstract

Borderline personality disorder (BPD) is a disorder characterized by emotion regulation (ER) difficulties. Although research indicates that patterns of ER differ across racial groups, few studies have examined the role of race in the ER-BPD association. This study sought to address this gap. Participants in this study identified as either East Asian, White, or Black, and were recruited from sites in Western Canada and the Southern United States. Two samples were included in this study: (a) 194 university students who self-reported BPD features and (b) 88 adults from the community who underwent diagnostic interviews and had a BPD diagnosis. All participants self-reported ER difficulties. Results revealed that race moderated the link between some aspects of ER difficulties and BPD. For instance, relations between (a) nonacceptance of emotions and BPD affect instability, (b) limited access to ER strategies and BPD identity disturbance, and (c) low emotional awareness and BPD diagnosis were stronger among White (vs. Black or East Asian) participants. Implications of these findings for the diagnosis and treatment of BPD across racial groups are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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20. Personal Disord. 2019 Sep 23. doi: 10.1037/per0000365. [Epub ahead of print]

## [Clinical utility of categorical and dimensional perspectives on personality pathology: A meta-analytic review.](#)

[Bornstein RF](#)<sup>1</sup>, [Natoli AP](#)<sup>1</sup>.

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### **Abstract**

Increasing dissatisfaction with categorical personality disorder (PD) diagnoses has led to the development of dimensional PD frameworks, which have gained influence in recent years. Although most studies contrasting the dimensional and categorical frameworks focus on issues related to construct validity, there is a burgeoning literature evaluating the clinical utility of these two approaches, with studies typically contrasting clinicians' ratings of various dimensions of clinical utility in the 2 frameworks using case vignettes or actual patients. This study used meta-analytic techniques to synthesize extant findings in this area, integrating data from 11 studies (103 total effect sizes, *N* of raters = 2,033) wherein clinical utility ratings of categorical and dimensional PD frameworks were compared. Dimensional models in general, and the five-factor model in particular, received more positive clinical utility ratings than categorical PD models in the majority of clinical utility domains. Stronger results were obtained for ratings of actual patients than ratings derived from case vignettes. Implications of these findings for the conceptualization and diagnosis of personality pathology are discussed, and suggestions for future research in this area are offered. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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21. Personal Disord. 2019 Sep 23. doi: 10.1037/per0000351. [Epub ahead of print]

## [Alexithymia disrupts the beneficial influence of arousal on attention: Evidence from the attentional blink.](#)

[Vermeulen N](#)<sup>1</sup>, [Bayot M](#)<sup>1</sup>, [Mermillod M](#)<sup>2</sup>, [Grynberg D](#)<sup>3</sup>.

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### **Abstract**

Alexithymia is a multifaceted personality construct that encompasses difficulties in identifying and describing feelings along with an externally oriented cognitive style. The influence of alexithymia and arousal on the cognitive processing of emotion is now widely demonstrated. To test the joint influence of alexithymia and arousal on attentional processes, 55 participants completed 2 blocks of attentional blink trials, one after a baseline (relaxed) session and the other after a cycling (aroused) session. The attentional blink task consists in presenting a neutral first to-be-detected target and second targets (T2) that were neutral (e.g., echo), low-arousal (i.e., emptiness), or high-arousal (e.g., murder) words and presented 213 ms after the first target. The results show that alexithymia interacted with arousal (cycling vs. baseline) and type T2, so that arousal was beneficial to detect T2 only for low-alexithymia scorers. The findings are discussed within the framework showing a decoupling between physiological arousal and subjective experience in high-alexithymia scorers. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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22. Psychol Med. 2019 Sep 23;1-9. doi: 10.1017/S0033291719002320. [Epub ahead of print]

## [Characterizing DSM-5 and ICD-11 personality disorder features in psychiatric inpatients at scale using electronic health records.](#)

[Barroilhet SA](#)<sup>1,2,3</sup>, [Pellegrini AM](#)<sup>1</sup>, [McCoy TH](#)<sup>1</sup>, [Perlis RH](#)<sup>1</sup>.

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## **Abstract**

### **BACKGROUND:**

Investigation of personality traits and pathology in large, generalizable clinical cohorts has been hindered by inconsistent assessment and failure to consider a range of personality disorders (PDs) simultaneously.

### **METHODS:**

We applied natural language processing (NLP) of electronic health record notes to characterize a psychiatric inpatient cohort. A set of terms reflecting personality trait domains were derived, expanded, and then refined based on expert consensus. Latent Dirichlet allocation was used to score notes to estimate the extent to which any given note reflected PD topics. Regression models were used to examine the relationship of these estimates with sociodemographic features and length of stay.

### **RESULTS:**

Among 3623 patients with 4702 admissions, being male, non-white, having a low burden of medical comorbidity, being admitted through the emergency department, and having public insurance were independently associated with greater levels of disinhibition, detachment, and psychoticism. Being female, white, and having private insurance were independently associated with greater levels of negative affectivity. The presence of disinhibition, psychoticism, and negative affectivity were each significantly associated with a longer stay, while detachment was associated with a shorter stay.

### **CONCLUSIONS:**

Personality features can be systematically and scalably measured using NLP in the inpatient setting, and some of these features associate with length of stay. Developing treatment strategies for patients scoring high in certain personality dimensions may facilitate more efficient, targeted interventions, and may help reduce the impact of personality features on mental health service utilization.

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# The Influence of Attachment Styles and Personality Organization on Emotional Functioning After Childhood Trauma.

[Fuchshuber J](#)<sup>1,2</sup>, [Hiebler-Ragger M](#)<sup>1,2</sup>, [Kresse A](#)<sup>3</sup>, [Kapfhammer HP](#)<sup>2</sup>, [Unterrainer HF](#)<sup>1,2,4</sup>.

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## Abstract

**Background:** Current literature suggests a tenuous link among childhood trauma, personality organization, adult attachment, and emotional functioning in various psychiatric disorders. However, empirical research focusing on the interaction of these concepts is sparse. Therefore, this study intends to investigate the influence of personality organization and attachment dimensions on the relationship between childhood maltreatment and emotional functioning in adult life. To assess emotional functioning, we adopted the Affective Neuroscience model of primary emotions, comprising SEEKING, FEAR, ANGER, SADNESS, CARE, and PLAY. **Methods:** The total sample consisted of 616 nonclinical adults (Age:  $M = 30$ ;  $SD = 9.53$ ; 61.9% female). Path analysis was applied to investigate interactions among childhood trauma, personality organization, adult attachment, and primary emotion dispositions. **Results:** The findings suggest that childhood trauma significantly predicted deficits in personality organization and insecure attachment (all  $p < 0.001$ ). Furthermore, a reduced level of personality organization was significantly associated with increased ANGER ( $p < 0.001$ ), whereas adult attachment substantially predicted primary emotion dispositions in general. Moreover, the results indicate significant mediational effects of personality organization and attachment dimensions on the relationship between childhood trauma and primary emotions ( $p < 0.01$ ). The final model was able to explain 48% of the variance in SADNESS, 38% in PLAY, 35% in FEAR, 28% in CARE, 14% in ANGER, and 13% in SEEKING. **Discussion:** The findings contribute to the understanding of the relationship between childhood maltreatment and impaired emotional functioning in adult life. Furthermore, the importance of personality organization and attachment dimensions for emotion regulation is underlined. Consequently, the treatment of patients with childhood trauma should focus on facilitating the development of more secure attachment patterns and increased personality functioning to improve overall emotional functioning.

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# The 'Hikikomori' syndrome: worldwide prevalence and co-occurring major psychiatric disorders: a systematic review and meta-analysis protocol.

[Pozza A<sup>1</sup>](#), [Coluccia A<sup>1</sup>](#), [Kato T<sup>2</sup>](#), [Gaetani M<sup>1</sup>](#), [Ferretti F<sup>3</sup>](#).

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## **Abstract**

### **INTRODUCTION:**

The 'Hikikomori' syndrome (HS) consists of prolonged and severe social withdrawal. It has been studied first in Japan and recently has increasingly drawn the attention of researchers and clinicians all over the world. It is unclear whether it exists in other cultural contexts than Asia. The existing systematic reviews did not provide a quantitative synthesis on its prevalence. In addition, a summary of the co-occurring rates of psychiatric disorders is lacking. To provide a more comprehensive understanding of the clinical picture, it seems important to investigate which psychiatric disorders listed in the classification systems are most frequently associated with this psychological condition affecting young people. This paper describes a systematic review and meta-analysis protocol summarising worldwide prevalence of the HS in general population and clinical samples with psychiatric disorders. The review will also assess the co-occurrence between HS and each psychiatric disorder defined by any version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) in any clinical samples with psychiatric disorders.

### **METHODS AND ANALYSIS:**

A systematic review will be conducted according to Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. Studies will be included if they use youth aged 12-35 years, recruited from general population or population with psychiatric disorders, if they use international criteria to diagnose HS. No restriction about design or language will be applied. The search will be conducted during the first week of November 2019 by two independent reviewers through the databases Scopus, PubMed, PsycINFO, Web of Science, by examining study references, by looking for conference proceedings/dissertations/theses, by contacting study corresponding

authors. Random-effect meta-analysis will be performed by computing effect sizes as logit event rates. Study quality will be assessed through the Newcastle-Ottawa Scale.

#### **ETHICS AND DISSEMINATION:**

The current review does not require ethics approval. The results will be disseminated through conference presentations and publications in peer-reviewed journals.

#### **PROSPERO REGISTRATION NUMBER:**

CRD 42018098747.

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#### **Conflict of interest statement**

Competing interests: None declared.

## 25. [Antisocial Personality Disorder \[Internet\].](#)

### **Authors**

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StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019-. 2019 Sep 4.

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### **Excerpt**

Antisocial personality disorder (ASPD) is a deeply ingrained and rigid dysfunctional thought process that focuses on social irresponsibility with exploitive, delinquent, and criminal behavior with no remorse. Disregard for and the violation of others' rights are common manifestations of this personality disorder, which displays symptoms that include failure to conform to the law, inability to sustain consistent employment, deception, manipulation for personal gain, and incapacity to form stable relationships.[1] The Diagnostic and Statistical Manual of Mental Disorders (DSM 5) classifies all ten personality disorders into three clusters (A, B, and C). Antisocial personality disorder falls into 1 of 4 cluster-B disorders, which also includes borderline, narcissistic, and histrionic. All of these disorders characteristically present with dramatic, emotional, and unpredictable interactions with others.[2] Antisocial personality disorder is the only personality disorder that is not diagnosable in

childhood. Before the age of 18, the patient must have been previously diagnosed with conduct disorder (CD) by the age of 15 years old to justify diagnostic criteria for ASPD.[1] Many researchers and clinicians argue this diagnosis, with concerns of significant overlap with other disorders, including psychopathy. However, others counter that psychopathy is simply a subtype of antisocial personality disorder, with a more severe presentation. Recent literature states that although a heterogeneous construct that can subdivide into multiple subtypes that share many similarities and are often comorbid but not synonymous, individuals with ASPD must be characterized biologically and cognitively to ensure more accurate categorization and appropriate treatment.[3]  
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26. Psychol Med. 2019 Sep 18:1-9. doi: 10.1017/S0033291719002459. [Epub ahead of print]

## [The association of striatal volume and positive schizotypy in healthy subjects: intelligence as a moderating factor.](#)

[Meller T](#)<sup>1,2</sup>, [Ettinger U](#)<sup>3</sup>, [Grant P](#)<sup>4,5</sup>, [Nenadić](#)<sup>1,2,6</sup>.

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### **Abstract**

#### **BACKGROUND:**

Schizotypy, a putative schizophrenia endophenotype, has been associated with brain-structural variations partly overlapping with those in psychotic disorders. Variations in precuneus structure have been repeatedly reported, whereas the involvement of fronto-striatal networks - as in schizophrenia - is less clear. While shared genetic architecture is thought to increase vulnerability to environmental insults, beneficial factors like general intelligence might buffer their effect.

## METHODS:

To further investigate the role of fronto-striatal networks in schizotypy, we examined the relationship of voxel- and surface-based brain morphometry and a measure of schizotypal traits (Schizotypal Personality Questionnaire, with subscores Cognitive-Perceptual, Interpersonal, Disorganised) in 115 healthy participants [54 female, mean age (s.d.) = 27.57(8.02)]. We tested intelligence (MWT-B) as a potential moderator.

## RESULTS:

We found a positive association of SPQ Cognitive-Perceptual with putamen volume ( $p = 0.040$ , FWE peak level-corrected), moderated by intelligence: with increasing IQ, the correlation of SPQ Cognitive-Perceptual and striatal volume decreased ( $p = 0.022$ ). SPQ Disorganised was positively correlated with precentral volume ( $p = 0.013$ , FWE peak level-corrected). In an exploratory analysis ( $p < 0.001$ , uncorrected), SPQ total score was positively associated with gyrification in the precuneus and postcentral gyrus, and SPQ Disorganised was negatively associated with gyrification in the inferior frontal gyrus.

## CONCLUSIONS:

Our findings support the role of fronto-striatal networks for schizotypal features in healthy individuals, and suggest that these are influenced by buffering factors like intelligence. We conclude that protective factors, like general cognitive capacity, might attenuate the psychosis risk associated with schizotypy. These results endorse the idea of a continuous nature of schizotypy, mirroring similar findings in schizophrenia.

PMID: 31530329

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22.J Psychopharmacol. 2019 Sep 18:269881119874485. doi: 10.1177/0269881119874485. [Epub ahead of print]

# [Changes in sleep predict changes in depressive symptoms in depressed subjects receiving vortioxetine: An open-label clinical trial.](#)

[Cao B](#)<sup>1,2</sup>, [Park C](#)<sup>2,3</sup>, [Rosenblat JD](#)<sup>3</sup>, [Chen Y](#)<sup>4</sup>, [Iacobucci M](#)<sup>2</sup>, [Subramaniapillai M](#)<sup>2</sup>, [Mansur RB](#)<sup>2</sup>, [Zuckerman H](#)<sup>2</sup>, [Lee Y](#)<sup>2,3</sup>, [McIntyre RS](#)<sup>2,5,6,7</sup>.

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## **Abstract**

### **BACKGROUND:**

Sleep disturbances are frequently reported in patients with major depressive disorder. We aimed to investigate the effects of vortioxetine on sleep quality and association between changes in sleep and treatment response.

### **METHODS:**

This study is a post-hoc analysis of a clinical trial that sought to evaluate the sensitivity to cognitive change of THINC-integrated tool in patients with major depressive disorder. In total, 92 patients (aged 18 to 65) meeting Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria for moderate or severe major depressive disorder and 54 healthy controls were included. All patients received open-label vortioxetine (10-20 mg/day, flexibly dosed) for 8 weeks. Herein, the primary outcomes of interest were changes in sleep, as measured by the Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale and Insomnia Severity Index, between weeks 0, 2, and 8. The association between changes in sleep and depressive symptom severity was secondarily assessed.

### **RESULTS:**

We observed that sleep, as indicated by scores of Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale and Insomnia Severity Index, was significantly poorer in patients with major depressive disorder compared to healthy controls at weeks 0, 2, and 8 ( $p < 0.05$ ). Among patients with major depressive disorder, we observed significant improvements on the Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale and Insomnia Severity Index between weeks 0 and 8 ( $p < 0.05$ ). We observed a significant association between improvements on the Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale, and Insomnia Severity Index and improvement of depressive symptoms.

### **CONCLUSION:**

Improvement of depressive symptoms in major depressive disorder patients treated with vortioxetine was associated with significant improvements in sleep. Furthermore, improvements in sleep were predictive of antidepressant response and were linearly correlated with improvement in overall depressive symptom severity.

PMID: 31530216

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28. *J Interpers Violence*. 2019 Sep 18;886260519876719. doi: 10.1177/0886260519876719. [Epub ahead of print]

## Motivational Influences and Trajectories to Violence in the Context of Major Mental Illness.

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### **Abstract**

Developmental trajectories regarding the age onset of violence and offending have not routinely considered the role of major mental illness (MMI). In parallel, despite several studies investigating the relationship between MMI, violence and offending, fewer have identified motivational processes that may link illness to these outcomes in a more direct and proximal manner. This study investigates whether subtypes of forensic psychiatric patients deemed Not Criminally Responsible on account of Mental Disorder ( $N = 91$ ) can be identified based on the age onset of mental illness and offending behavior, and whether information on motivational influences for offending-elicited both from the patient directly and detailed collateral information-contributes to the clinical utility of this typology. Results indicated that most patients reported engaging in violence (51%) or antisocial behaviors (72%) prior to the onset of MMI, but that the index offense(s) resulting in forensic admission were predominantly psychotically motivated. In contrast to patients for whom the onset of MMI occurred prior to offending, patients exhibiting premorbid violence had higher levels of risk and criminogenic need; they were more likely to be diagnosed with personality and substance use disorders, and to have conventional (i.e., non-illness-related) motivations ascribed to their index offense. Findings are consistent with the existing literature regarding subgroups of mentally disordered offenders, but provide new information regarding proximal risk factors for violence through better identification of motivational processes.

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29. *Mult Scler Relat Disord*. 2019 Sep 10;36:101394. doi: 10.1016/j.msard.2019.101394. [Epub ahead of print]

# Atypical presentation of MOG-related disease: Slowly progressive behavioral and personality changes following a seizure.

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## **Abstract**

### **BACKGROUND:**

Myelin Oligodendrocyte Glycoprotein (MOG) antibodies-related disease is mainly presented with acute disseminated encephalomyelitis (ADEM), recurrent optic neuritis, and neuromyelitis optica spectrum disorders (NMOSDs), however the complete clinical spectrum has not yet been defined. We describe an unusual presentation of MOG-related disease. A previously well 10-year-old girl admitted with a focal onset seizure. Neurological examination, electroencephalography, and brain magnetic resonance imaging (MRI) were normal. Following seizure episode she developed gradually increased behavioral and personality changes during a period of 2.5 months. Neurological examination was unremarkable except for drowsiness and minimal ataxia on tandem walking. Repeated brain MRI revealed hazy and poorly demarcated lesions with gadolinium enhancement in the basal ganglia, supratentorial white matter, cerebral peduncles, cerebellum, and servical spinal cord. Cerebrospinal fluid analyses (CSF) revealed 10 lymphocytes / $\mu$ L, normal protein concentration and IgG index, and negative oligoclonal bands. Auto-antibodies against N-methyl-d-aspartate receptor and CASPR2 in CSF, and antibodies against aquaporin 4 in serum were negative. Analysis with a cell-based assay identified high serum titer of MOG antibodies (1:320). Following IVIG therapy, the patient showed complete clinical recovery within a week with no further relaps for the following 6-month period.

### **CONCLUSION:**

Slowly progressive behavioral and personality changes following a seizure may be a manifestation of MOG-related disease in children.

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PMID: 31525625

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30. Psychoneuroendocrinology. 2019 Sep 5;110:104434. doi: 10.1016/j.psyneuen.2019.104434. [Epub ahead of print]

## [Role of the kynurenine pathway and the endocannabinoid system as modulators of inflammation and personality traits.](#)

[Heilman P](#)<sup>1</sup>, [Hill MN](#)<sup>2</sup>, [Coussons-Read M](#)<sup>3</sup>, [Brundin L](#)<sup>4</sup>, [Coccaro EF](#)<sup>5</sup>.

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### **Abstract**

#### **BACKGROUND:**

Kynurenine pathway metabolites and endocannabinoids both exert potent regulatory effects on the immune system, but the relationship between these molecules is unknown. The role of these immunobiological mediators in emotionality and personality traits is not previously characterized.

#### **METHODS:**

Interleukin-6 (IL-6), 2-arachidonoylglycerol (2-AG) and picolinic acid (PIC) were measured in the plasma of physically healthy individuals who had history of mood, anxiety, and personality disorders (n = 96) or who had no history of any psychiatric disorder (n = 56) by DSM-5 Criteria. Dimensional assessments of personality were performed using the Eysenck Personality Questionnaire (EPQ) and the Tridimensional Personality Questionnaire (TPQ).

#### **RESULTS:**

Plasma IL-6 levels were significantly associated with plasma 2-AG levels and plasma PIC levels across all subjects. PIC levels were also negatively associated with 2-AG levels across all subjects, independent of IL-6 levels. In our analysis of the biological determinants of personality factors, we identified significant associations between IL-6 and novelty seeking assessment, and between PIC and neuroticism assessment.

## CONCLUSIONS:

These data provide evidence of a biological link between metabolites of the kynurenine pathway, the endocannabinoid system and IL-6 and suggest that these factors may influence personality traits.

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31. Infant Ment Health J. 2019 Sep 16. doi: 10.1002/imhj.21825. [Epub ahead of print]

# Associations between prenatal maternal mental health indices and mother-infant relationship quality 6 to 18 months' postpartum: A systematic review.

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## Abstract

Maternal mental disorders can significantly impact on children's psychosocial and psychological development, incurring substantial ongoing economic and personal costs. A key mediating mechanism is mother-infant relationship quality (MIRQ). Research studies and perinatal mental health screening initiatives have predominantly focused on depressive symptoms and perinatal depression as predictors of MIRQ. While maternal depression is associated with suboptimal MIRQ, the findings have not been consistent. Personality characteristics are associated with parenting and

prone to depression, presenting a potential addition to prenatal mental health assessment. We conducted a systematic review of studies that have examined the link between prenatal depressive symptoms and/or personality characteristics with postnatal MIRQ. Our findings suggest that both maternal personality traits and depressive symptoms measured in early pregnancy are associated with postnatal MIRQ. A measure of personality characteristics may enhance prenatal mental health assessment, affording opportunities for targeted intervention commencing in pregnancy to improve MIRQ, parenting, maternal mental health outcomes, and infant psychosocial and psychological development, and thereby contributing to the reduction of human and economic cost burdens. © 2019 Michigan Association for Infant Mental Health.

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32. J Am Acad Psychiatry Law. 2019 Sep 13. pii: JAAPL.003885-19. doi: 10.29158/JAAPL.003885-19. [Epub ahead of print]

## [Prescribing for Women in Corrections.](#)

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### **Abstract**

Prescribing for women in jails and prisons requires special consideration and should be informed by extant evidence. Incarcerated women have higher rates of mental illness than both females in the community and incarcerated men. Medication administration concerns that may disproportionately affect female prisoners include drug-drug interactions with contraceptives, intermittent dosing

schedules, and concerns about metabolic side effects. Further, pregnancy, lactation, and menopause may all affect medication choices. Incarcerated women frequently have comorbid mental illness, substance use disorders, and personality disorders. Finally, specific disorders, such as posttraumatic stress disorder, are more common in this population and merit special consideration for recognition and treatment.

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PMID: 31519733

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33. Lancet Psychiatry. 2019 Oct;6(10):830-839. doi: 10.1016/S2215-0366(19)30286-X. Epub 2019 Sep 10.

## [Long-term outcomes of childhood sexual abuse: an umbrella review.](#)

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### **Abstract**

#### **BACKGROUND:**

Although many meta-analyses have examined the association between childhood sexual abuse and subsequent outcomes, the scope, validity, and quality of this evidence has not been comprehensively assessed. We aimed to systematically review existing meta-analyses on a wide range of long-term psychiatric, psychosocial, and physical health outcomes of childhood sexual abuse, and evaluate the quality of the literature.

#### **METHODS:**

In this umbrella review, we searched four databases (PsycINFO, PubMed, Cumulative Index to Nursing and Allied Health Literature, and Global Health) from inception to Dec 31, 2018, to identify meta-analyses of observational studies that examined the association between childhood sexual abuse (before 18 years of age) and long-term consequences (after 18 years). We compared odds ratios (ORs) across different outcomes. We also examined measures of quality, including

heterogeneity between studies and evidence for publication bias. This study is registered with PROSPERO, CRD42016049701.

## **FINDINGS:**

We identified 19 meta-analyses that included 559 primary studies, covering 28 outcomes in 4 089 547 participants. Childhood sexual abuse was associated with 26 of 28 specific outcomes: specifically, six of eight adult psychiatric diagnoses (ORs ranged from 2.2 [95% CI 1.8-2.8] to 3.3 [2.2-4.8]), all studied negative psychosocial outcomes (ORs ranged from 1.2 [1.1-1.4] to 3.4 [2.3-4.8]), and all physical health conditions (ORs ranged from 1.4 [1.3-1.6] to 1.9 [1.4-2.8]). Strongest psychiatric associations with childhood sexual abuse were reported for conversion disorder (OR 3.3 [95% CI 2.2-4.8]), borderline personality disorder (2.9 [2.5-3.3]), anxiety (2.7 [2.5-2.8]), and depression (2.7 [2.4-3.0]). The systematic reviews for two psychiatric outcomes (post-traumatic stress disorder and schizophrenia) and one psychosocial outcome (substance misuse) met high quality standards. Quality was low for meta-analyses on borderline personality disorder and anxiety, and moderate for conversion disorder. Assuming causality, population attributable risk fractions for outcomes ranged from 1.7% (95% CI 0.7-3.3) for unprotected sexual intercourse to 14.4% (8.8-19.9) for conversion disorder.

## **INTERPRETATION:**

Although childhood sexual abuse was associated with a wide range of psychosocial and health outcomes, systematic reviews on only two psychiatric disorders (post-traumatic stress disorder and schizophrenia) and one psychosocial outcome (substance misuse) were of a high quality. Whether services should prioritise interventions that mitigate developing certain psychiatric disorders following childhood abuse requires further review. Higher-quality meta-analyses for specific outcomes and more empirical studies on the developmental pathways from childhood sexual abuse to later outcomes are necessary.

## **FUNDING:**

Wellcome Trust.

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34. Subst Use Misuse. 2019 Sep 13:1-9. doi: 10.1080/10826084.2019.1663359. [Epub ahead of print]

# **Associations of Personality Traits and Emotional Intelligence: Comparing**

# Individuals in Rehabilitation from Drug Misuse, Occasional Users and Non-Users.

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## **Abstract**

*Background:* Personality traits and Emotional Intelligence abilities have gained a central place in the etiology of drug use, although understudied until recently. *Objective:* To examine the associations between personality traits and Emotional Intelligence in people that are in process of rehabilitation from drug misuse, to compare them with occasional users and non-users and to estimate the factors associated with the likelihood of drug misuse. *Methods:* 244 individuals (52.5% male) participated in the study. Sixty of them were suffering from drug misuse disorders, thirty-two were individuals that used drugs occasionally and 142 were non-users. Personality was assessed with the EPQ and Emotional Intelligence with the WEILS. *Results:* Results suggested that in drug misuse, emotional use and regulation are positively correlated with extraversion, and negatively correlated with neuroticism, whilst people that misuse drugs differ from occasional and non-users in emotional use and regulation, and in all personality traits except extraversion. Regression analyses proposed that a combination of sex, age, emotional regulation, and neuroticism contributes to the likelihood of a person abusing drugs, as opposed to occasional or no use. *Conclusion:* Our findings showcase that Emotional Intelligence and personality traits indeed play an important role in drug use, specifically when considering factors that protect from or drive towards misuse. Such results call for the implementation of preventive programs for occasional drug users and therapeutic interventions for people that misuse drugs, targeting the levels of neuroticism and enhancing the ability of regulating the negative emotions, to protect from drug misuse.

PMID: 31519134

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35. Nord J Psychiatry. 2019 Sep 13:1-7. doi: 10.1080/08039488.2019.1664630. [Epub ahead of print]

# Characterological depression in patients with narcissistic personality disorder.

[Fjermestad-Noll J<sup>1</sup>](#), [Ronningstam E<sup>2</sup>](#), [Bach B<sup>3</sup>](#), [Rosenbaum B<sup>4</sup>](#), [Simonsen E<sup>5</sup>](#).

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## Abstract

**Background:** Depressive symptoms often occur in patients with personality disorders. Along the lines of the precious concepts of reactive and melancholic forms of depression, two different patterns of depressive symptoms can be identified. Reactive forms of depression is considered to be related to dysfunction of emotional regulation and social functioning, and to personality disorders. This study aimed at exploring the pattern of depressive symptoms in patients with Narcissistic Personality Disorder (NPD) compared to a group of depressed patients without Personality Disorder (PD). The Newcastle Diagnostic Depression Scale (NDDS) is a clinical instrument designed to differentiate reactive depression from melancholic depression. **Method:** The study investigated patterns of depressive symptoms in 117 out-patients, divided into two groups. One group containing 56 patients with depressive symptoms by no PD and the other group comprised of 61 patients with depressive symptoms and NPD. The participants were interviewed using the Newcastle Diagnostic Depression Scale. **Results:** There was a significant difference between the groups, as the NPD group suffered from reactive forms of depression. The NPD group showed a pattern of depressive symptoms characterized by fluctuation of the depressive state, without time demarcation of depressive episode, ruminations preoccupied with hostility and accusatory feelings towards other, but not self-accusatory feelings, fluctuation suicidal ideation triggered by external events accompanied by parasuicidal behavior, lack of neuro-vegetative symptoms such as insomnia with early wakening, loss of appetite and weight loss. The No PD group showed the opposite pattern. **Conclusion:** Based on these results NDDS is considered to be an applicable instrument for identifying personality pathology in patients with depressive symptoms, by recognizing the specific pattern. This is thought to be important for adequate treatment planning.

PMID: 31517547

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36. J Affect Disord. 2019 Sep 3;260:254-262. doi: 10.1016/j.jad.2019.09.021. [Epub ahead of print]

## [Response to ostracism in patients with chronic depression, episodic depression and borderline personality disorder a study using Cyberball.](#)

[Seidl E<sup>1</sup>](#), [Padberg F<sup>2</sup>](#), [Bauriedl-Schmidt C<sup>2</sup>](#), [Albert A<sup>2</sup>](#), [Daltrozzo T<sup>2</sup>](#), [Hall J<sup>2</sup>](#), [Renneberg B<sup>3</sup>](#), [Seidl O<sup>2</sup>](#), [Jobst A<sup>2</sup>](#).

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## **Abstract**

### **BACKGROUND:**

Social exclusion (ostracism) can lead to interactional frustration and may play an important role as trigger and symptom amplifier in affective disorders. To investigate immediate emotional and behavioral reactions as well as coping, social exclusion can be mimicked in experimental situations, e.g. in the Cyberball paradigm, a virtual ball tossing game which is well established in social psychology. The present cross-diagnostic study compares the responses to social exclusion in patients with chronic depression (CD), episodic depression (ED) and borderline personality disorder (BPD) in comparison to a healthy control group.

### **METHODS:**

After baseline characterization, 120 participants (29 patients with CD, 20 with ED, 28 with BPD and 43 healthy controls) played Cyberball with two virtual players and complete exclusion after three times receiving the ball. Thereafter, standard questionnaires were applied for measuring needs, threats, inner tension, emotions and behavioral intentions.

### **RESULTS:**

Patients with CD showed a higher intensity of ostracism and aversive impact, as well as the wish to escape the situation (behavioral intention) compared to ED. In most categories, CD and ED had scores between BPD and healthy controls (with this sequence) and with BPD patients showing the largest difference to healthy controls.

### **LIMITATIONS:**

The assessment did neither include objective behavioral measures (which is a general limitation in the majority of studies using Cyberball) nor any biological variables. The sample sizes of the diagnostic subgroups were moderate.

### **CONCLUSIONS:**

These findings support the hypothesis that social exclusion situations lead to a more aversive emotional and behavioral reaction in CD compared to ED. Psychological and biological underpinnings of these reactions should be addressed in future transdiagnostic studies. Moreover, psychotherapy in CD should focus on specific needs of CD patients for developing a functional coping in threatening interpersonal situations.

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PMID: 31513969

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37. J Addict Dis. 2019 Sep 11:1-7. doi: 10.1080/10550887.2019.1658513. [Epub ahead of print]

## [Pilot study: An inpatient drug rehabilitation program based on intensive short-term dynamic psychotherapy.](#)

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### **Abstract**

Addiction programs are plagued with high dropout and relapse rates. A large proportion of patients suffering from addiction also suffer from personality disorders. A 30-day inpatient program based on intensive short-term dynamic psychotherapy was developed to address features of personality disorders such as anxiety regulation, emotion recognition, and handling of fear responses and projective processes. The hypothesis was that addressing comorbid symptoms of personality disorder might improve recovery from drug addiction. We used a pilot randomized controlled trial design with six-month follow-up of both cases and controls. Rates of remission, relapse and drop out were recorded at each time point. N-1 chi-squared ( $\chi^2$ ) tests were conducted to examine the statistical significance of differences in outcomes in patients receiving the experimental treatment and controls. A control group of 20 patients and an experimental group of 42 patients were treated. Dropout: control group 40%; experimental group 23.8%. Sobriety at six months: control group 17.6%, experimental group 48.8%. Future study is warranted to examine intensive short-term dynamic psychotherapy's long-term effects, study moderators of effects, and study its efficacy using a randomized controlled design.

PMID: 31507253

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38. J Nerv Ment Dis. 2019 Sep 9. doi: 10.1097/NMD.0000000000001054. [Epub ahead of print]

# Metacognitive Interpersonal Mindfulness-Based Training for Worry About Interpersonal Events: A Pilot Feasibility and Acceptability Study.

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## **Abstract**

Individuals with personality disorders experience worry and repetitive thoughts regarding interpersonal scenarios. Mainstream mindfulness-based approaches may be insufficient to soothe these individual's distress due to difficulties in letting thoughts go and refocusing attention to the present moment. For this reason, we devised an adapted form of mindfulness-based program called Metacognitive Interpersonal Mindfulness-Based Training (MIMBT) for personality disorders. In this pilot study, 28 individuals attended nine weekly sessions to evaluate the feasibility and acceptability, and to establish preliminary outcomes. All individuals completed the program. Attendance was very high (96%). Significant changes were observed on the primary outcome of reduction in repetitive thinking, measured using the Metacognition Questionnaire-30. We also observed a decrease in depression severity. Despite important limitations, this pilot study suggests that MIMBT has the potential to be a viable and well-accepted option for increasing positive outcomes in the treatment of personality disorders. Clinical considerations and directions for future research are discussed.

PMID: 31503182

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39.J Nerv Ment Dis. 2019 Sep 9. doi: 10.1097/NMD.0000000000001044. [Epub ahead of print]

## Interpersonal Problems Associated With Passive-Aggressive Personality Disorder.

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## Abstract

With a controversial history, passive-aggressive personality disorder (PAPD) was eventually removed from the latest edition of the Diagnostic and Statistical Manual for Mental Disorders. Despite its demise from diagnostic nomenclature, clinicians continue to regard it as a clinically relevant construct, and some researchers argue for its resurrection. Toward this end, it is important to empirically demonstrate the relevance of the passive-aggressive personality construct, including demonstrating its association with impaired functioning. Consistent with contemporary emphasis on interpersonal functioning in personality pathology, the current study aims to explore interpersonal problems that are associated with PAPD in a large clinical sample. Before beginning treatment, 240 patients completed assessments of personality psychopathology and interpersonal functioning. Results showed that higher levels of PAPD were significantly associated with greater level of interpersonal distress, especially regarding interpersonal problems of a vindictive nature. The findings are consistent with clinical descriptions of the core conflictual relational issues of patients with PAPD and lend some support to further considering PAPD as a valid diagnostic construct.

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40. J Formos Med Assoc. 2019 Sep 7. pii: S0929-6646(19)30001-4. doi: 10.1016/j.jfma.2019.08.026.  
[Epub ahead of print]

## [Specific personality traits and associated psychosocial distresses among individuals with heroin or methamphetamine use disorder in Taiwan.](#)

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## Abstract

### BACKGROUND/PURPOSE:

Previous studies showed the association between substance use disorders (SUDs) and borderline and antisocial personality disorders. Substance abusers may have emotional, somatic and interpersonal distresses. This study aimed to investigate the associations between substance, personality and psychosocial distresses.

### METHODS:

This cross-sectional, questionnaire-based study recruited 39 individuals with heroin use disorder (HUD), 111 with methamphetamine use disorder (MUD) and 101 as the control group in a rural area of Taiwan. The Tridimensional Personality Questionnaire (TPQ) and Opiate Treatment Index were used to assess the association between personality and psychosocial conditions. Deviations of the three personality dimensions of TPQ (novelty seeking, harm avoidance, and reward dependence) could reflect eight personality patterns.

### RESULTS:

We found SUD was associated with high novelty seeking and harm avoidance traits and explosive (borderline) personality pattern, whereas HUD was also linked with sensitive (narcissistic) pattern. Subjects with HUD tended to have more deviant personality traits than subjects with MUD. For subjects with SUDs, all three personality dimensions and sensitive (narcissistic) personality patterns were associated with emotional and somatic distresses, and those with explosive (borderline) and sensitive (narcissistic) patterns had poor social functioning.

### CONCLUSIONS:

Our results indicate substance abusers with high novelty seeking and harm avoidance, corresponding to explosive (borderline) or sensitive (narcissistic) patterns, to have a higher tendency to suffer from somatic and psychosocial distresses.

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# The role of prenatal stress as a pathway to personality disorder: longitudinal birth cohort study.

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## **Abstract**

### **BACKGROUND:**

Many studies have reported associations between prenatal stress and the development of psychotic, anxiety and depressive disorders; however, to date no studies have investigated potential associations with personality disorders.

### **AIMS:**

This study investigated potential associations between exposure to prenatal stress and personality disorder in offspring.

### **METHOD:**

In a subsample (N = 3626) of a large Finnish birth cohort, we used logistic regression models to examine associations between self-reported maternal stress during pregnancy, collected monthly during antenatal clinic appointments, and personality disorder in offspring. Familial and outcome information were obtained by linking data from the Finnish Hospital Discharge Register and the Finnish Population Register.

### **RESULTS:**

Compared with those unexposed, children exposed to any maternal stress during gestation had three times the odds of developing a personality disorder (odds ratio 3.28, 95% CI 1.75-6.15,  $P < 0.0001$ ). Those exposed to moderate stress had three times the odds (odds ratio 3.13, 95% CI 1.42-6.88,  $P = 0.005$ ) and those exposed to severe stress had seven times the odds (odds ratio 7.02, 95%

CI 2.08-23.66, P = 0.002) of developing a personality disorder. These associations remained after adjusting for parental psychiatric history, comorbid psychiatric diagnoses, prenatal smoking and antenatal depression.

## CONCLUSIONS:

Exposure to stress during gestation increases the odds of personality disorder in offspring, independent of other psychiatric disorders. These results suggest the assessment of maternal stress and well-being during pregnancy may be useful in identifying those at greatest risk of developing personality disorder, and highlight the importance of prenatal care for good maternal mental health during pregnancy.

## DECLARATION OF INTEREST:

None.

PMID: 31488224

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42. Int J Mol Sci. 2019 Sep 3;20(17). pii: E4302. doi: 10.3390/ijms20174302.

# [The Mechanisms Involved in Morphine Addiction: An Overview.](#)

[Listos J](#)<sup>1</sup>, [Łupina M](#)<sup>2</sup>, [Talarek S](#)<sup>3</sup>, [Mazur A](#)<sup>4</sup>, [Orzelska-Górka J](#)<sup>5</sup>, [Kotlińska J](#)<sup>6</sup>.

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## Abstract

Opioid use disorder is classified as a chronic recurrent disease of the central nervous system (CNS) which leads to personality disorders, co-morbidities and premature death. It develops as a result of

long-term administration of various abused substances, along with morphine. The pharmacological action of morphine is associated with its stimulation of opioid receptors. Opioid receptors are a group of G protein-coupled receptors and activation of these receptors by ligands induces significant molecular changes inside the cell, such as an inhibition of adenylate cyclase activity, activation of potassium channels and reductions of calcium conductance. Recent data indicate that other signalling pathways also may be involved in morphine activity. Among these are phospholipase C, mitogen-activated kinases (MAP kinases) or  $\beta$ -arrestin. The present review focuses on major mechanisms which currently are considered as essential in morphine activity and dependence and may be important for further studies.

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43. Acta Psychiatr Scand. 2019 Sep 4. doi: 10.1111/acps.13094. [Epub ahead of print]

## [Societal costs of Borderline Personality Disorders: a matched-controlled nationwide study of patients and spouses.](#)

[Hastrup LH](#)<sup>1</sup>, [Jennum P](#)<sup>2</sup>, [Ibsen R](#)<sup>3</sup>, [Kjellberg J](#)<sup>4</sup>, [Simonsen E](#)<sup>1,5</sup>.

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5. Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark.

### **Abstract**

#### **OBJECTIVE:**

Information on societal cost of patients with Borderline Personality Disorder (BPD) and spouses is limited. The aim was to investigate factual societal costs before and after initial BPD diagnosis.

#### **METHOD:**

A register-based cohort study of 2756 patients with incident BPD (ICD F60.3) with spouses and 11 024 matched controls, during 2002-2016.

## RESULTS:

Total direct healthcare costs and lost productivity costs amounted €40 441 for patients with BPD, which was more than 16 times higher than the matched controls. Somatic and psychiatric health care costs and costs of lost productivity were increased during 5 years before initial diagnosis of BPD. Before and after initial diagnosis, health care costs and lost productivity were increased among spouses of patients with BPD.

## CONCLUSION:

Patients with BPD differed substantially from the general population with respect to all included costs. The study documented a significant burden on their spouses. Besides the early onset of BPD, which implies that patients are affected before they finish school and enter labor market, the neurocognitive impairment and fundamental symptoms of BPD, e.g. unstable, intense relationships, impulsivity, and lack of stable sense of self together with psychiatric and somatic comorbidity are part of explanation of the excess costs of BPD.

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44. BMC Psychiatry. 2019 Sep 3;19(1):269. doi: 10.1186/s12888-019-2251-z.

# [The characteristics and risk factors for common psychiatric disorders in patients with cancer seeking help for mental health.](#)

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## Abstract

### BACKGROUND:

Although the adverse effects of cancer diagnoses and treatments on mental health are known, about less than 10% of patients are estimated to be referred to seek help. The primary purpose of this study was to obtain the baseline information on patients with cancer seeking help for mental health who presented for the first time to the psycho-oncology outpatient clinic, and to identify risk factors that may provide clues healthcare practitioners in recognizing those needing psychological help in oncology practice.

## **METHODS:**

We reviewed the charts of 566 patients with cancer who were referred to the psycho-oncology outpatient clinic over a two-year period. The study includes the socio-demographic data, illness characteristics, psychiatric characteristics, psychiatric diagnoses, and treatment recommendations for these patients.

## **RESULTS:**

The incidence of diagnoses of psychiatric disorders was 97.5%. The distributions of psychiatric diagnoses were as follows: any kind of adjustment disorders, mood disorders, anxiety disorders, organic brain syndrome, personality disorders, delusional disorder, and insomnia. Recurrence of cancer, other chronic medical illnesses, a history of psychiatric disorders, poor social support, and low income comprised the common significant risk factors for adjustment disorders, mood disorders, and anxiety disorders. These risk factors were also seen to be significant in the regression analysis in terms of sex.

## **CONCLUSION:**

This study identifies the distribution of psychiatric disorders, the risk factors for specific psychiatric disorders, and draws attention to the fact that there are serious delays in patients seeking psychiatric help and in the referrals of oncologists for psychological assessment. Identifying risk factors and raising oncologists' awareness toward risk factors could help more patients gain access to mental health care much earlier.

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45. Bipolar Disord. 2019 Sep 3. doi: 10.1111/bdi.12831. [Epub ahead of print]

# **[An International Society of Bipolar Disorders task force report: Precursors and prodromes of bipolar disorder.](#)**

[Faedda GL](#)<sup>1,2</sup>, [Baldessarini RJ](#)<sup>2,3</sup>, [Marangoni C](#)<sup>4</sup>, [Bechdorf A](#)<sup>5,6</sup>, [Berk M](#)<sup>7,8,9</sup>, [Birmaher B](#)<sup>10</sup>, [Conus P](#)<sup>11</sup>, [DeBello MP](#)<sup>12</sup>, [Duffy AC](#)<sup>13</sup>, [Hillegers MHJ](#)<sup>14,15</sup>, [Pfennig A](#)<sup>16</sup>, [Post RM](#)<sup>17,18</sup>, [Preisig M](#)<sup>19</sup>, [Ratheesh A](#)<sup>7,8,9</sup>, [Salvatore P](#)<sup>3,20</sup>, [Tohen M](#)<sup>21</sup>, [Vázquez GH](#)<sup>2,22</sup>, [Vieta E](#)<sup>23</sup>, [Yatham LN](#)<sup>24</sup>, [Youngstrom EA](#)<sup>25</sup>, [Van Meter A](#)<sup>26,27</sup>, [Correll CU](#)<sup>26,27,28,29</sup>.

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## **Abstract**

### **OBJECTIVES:**

To clarify the clinical features preceding the onset of bipolar disorder (BD) has become a public health priority for the prevention of high morbidity and mortality. BD remains frequently under- or misdiagnosed, and under- or mistreated, often for years.

### **METHODS:**

We assessed the predictive value of precursors and prodromes of BD. We assessed precursors of first-lifetime manic or hypomanic episodes with/without mixed features in retrospective and prospective studies. The task force evaluated and summarized separately assessments of familial risk, premorbid personality traits, retrospective, and prospective studies.

### **RESULTS:**

Cyclothymic features, a family history of BD, retrospectively reported attenuated manic symptoms, prospectively identified subthreshold symptoms of hypomania, recurrence of depression, panic anxiety and psychotic features, have been identified as clinical precursors of BD. The prodromal symptoms like [hypo]mania often appears to be long enough to encourage early identification and timely intervention.

### **CONCLUSIONS:**

The predictive value of any risk factor identified remains largely unknown. Prospective controlled studies are urgently needed for prevention and effective treatment.

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46. Personal Disord. 2019 Sep 2. doi: 10.1037/per0000356. [Epub ahead of print]

## **Mentalization and criterion a of the alternative model for personality disorders:**

# Results from a clinical and nonclinical sample.

[Zettl M](#)<sup>1</sup>, [Volkert J](#)<sup>1</sup>, [Vögele C](#)<sup>2</sup>, [Herpertz SC](#)<sup>3</sup>, [Kubera KM](#)<sup>3</sup>, [Taubner S](#)<sup>1</sup>.

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## **Abstract**

Criterion A of the alternative model for the classification of personality disorders in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, introduced the Level of Personality Functioning Scale (LPFS), a dimensional model for the assessment of impairments in self and interpersonal functioning. The LPFS was developed based on a review of different measures of personality functioning, such as the Reflective Functioning Scale, a measure of mentalizing. This study investigated the empirical overlap between the LPFS and mentalization. The study sample included adult inpatients ( $n = 55$ ) with a mental disorder and a healthy adult control group ( $n = 55$ ). All participants were examined regarding the LPFS using the Semistructured Interview for Personality Functioning *DSM-5*; mentalizing was assessed with the Brief Reflective Functioning Interview and coded with the Reflective Functioning Scale. We used structural equation modeling to investigate the relationship between LPFS domains and mentalization. Correlation analysis was used to examine the agreement between interview-rated LPFS and self-report measures of personality dysfunction. All domains of the LPFS were significantly related to mentalizing. Interview-rated LPFS was significantly associated with self-reported personality dysfunction. The findings support the notion that the LPFS and mentalization share a strong conceptual and operational overlap by demonstrating that both constructs are empirically interrelated. The results yield further support for the validity of the LPFS as a dimensional model for the assessment of personality disorder severity. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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47. Personal Disord. 2019 Sep 2. doi: 10.1037/per0000359. [Epub ahead of print]

# Rejection sensitivity in borderline personality disorder and the cognitive-affective personality system: A meta-analytic review.

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## Abstract

Rejection sensitivity (RS) is one of the core features of borderline personality disorder (BPD). The cognitive-affective personality system (CAPS) might represent an alternative framework for analyzing the relationship between RS and BPD. The current meta-analytic review ( $N = 39$  studies) aims at evaluating how, and to what extent, CAPS-RS process dynamics (i.e., rejection expectancies, encoding processes, and affect reactions) are related to BPD. The results showed a large difference between BPD and non-BPD subjects in rejection expectancies across several situations. These findings were replicated when considering encoding processes and affective reactions, especially in relation to social inclusion situations. Therefore, it can be argued that RS process dynamics might reflect CAPS principles explaining personality pathology, especially BPD. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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48. Personal Disord. 2019 Sep 2. doi: 10.1037/per0000349. [Epub ahead of print]

# [An evaluation of clinical practice guidelines for self-harm in adolescents: The role of borderline personality pathology.](#)

[Boylan K](#)<sup>1</sup>, [Chahal J](#)<sup>2</sup>, [Courtney DB](#)<sup>3</sup>, [Sharp C](#)<sup>4</sup>, [Bennett K](#)<sup>5</sup>.

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## Abstract

Borderline personality disorder (BPD) is associated with high rates of self-harm, suicide attempts, and death by suicide in adults and adolescents. Screening and assessment of BPD in self-harming adolescents could be an important clinical intervention. The aim of this article was to identify whether existing clinical practice guidelines (CPGs) for the care of self-harm in adolescents considered the screening, diagnosis, and/or treatment of BPD. Previous work by Courtney, Duda, Szatmari, Henderson, and Bennett (2018) used Preferred Reporting Items for Systematic Reviews and Meta-Analyses methods to identify 10 CPGs relevant to self-harm in children and adolescents. In this study, the 10 CPGs were reviewed for content about screening, assessment, and/or treatment recommendations for adolescents with BPD. Out of the 10 CPGs, 4 acknowledged the association between BPD and self-harm in adolescents. There was minimal to no guidance provided

in the CPGs regarding specific screening, assessment, or treatment strategies for BPD. This may be due to the lack of evidence for efficacy and effectiveness of screening for BPD, thereby limiting the development of guideline recommendations. Studies that examine the impact of screening for BPD in clinical settings are needed. In the interim, CPGs should cite the prevalence of BPD in adolescents who self-harm and reference research showing the benefit of treatment with dialectical behavioral therapy for self-harm and suicide attempts in youth with BPD. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31478716

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1. Psychother Psychosom. 2019 Oct 30;88(6):341-349. doi: 10.1159/000504024. [Epub ahead of print]

## [Mental Pain as a Transdiagnostic Patient-Reported Outcome Measure.](#)

[Fava GA](#)<sup>1</sup>, [Tomba E](#)<sup>2</sup>, [Brakemeier EL](#)<sup>3,4</sup>, [Carrozzino D](#)<sup>5</sup>, [Cosci F](#)<sup>6</sup>, [Eöry A](#)<sup>7</sup>, [Leonardi T](#)<sup>8</sup>, [Schamong I](#)<sup>4</sup>, [Guidi J](#)<sup>9</sup>.

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### **Abstract**

Patient-reported outcomes (PROs) refer to any report coming directly from patients about how they function or feel in relation to a health condition or its therapy. PROs have been applied in medicine for the assessment of the impact of clinical phenomena. Self-report scales and procedures for assessing physical pain in adults have been developed and used in clinical trials. However, insufficient attention has been dedicated to the assessment of mental pain. The aim of this paper is to outline the implications that assessment of mental pain may entail in psychiatry and medicine, with particular reference to a clinimetric index. A simple 10-item self-rating questionnaire, the Mental Pain

Questionnaire (MPQ), encompasses the specific clinical features of mental pain and shows good clinimetric properties (i.e., sensitivity, discriminant and incremental validity). The preliminary data suggest that the MPQ may qualify as a PRO measure to be included in clinical trials. Assessment of mental pain may have important clinical implications in intervention research, both in psychopharmacology and psychotherapy. The transdiagnostic features of mental pain are supported by its association with a number of psychiatric disorders, such as depression, anxiety, eating disorders, as well as borderline personality disorder. Further, addressing mental pain may be an important pathway to prevent and diminish the opioid epidemic. The data summarized here indicate that mental pain can be incorporated into current psychiatric assessment and included as a PRO measure in treatment outcome studies.

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PMID: 31665739

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2. Sci Rep. 2019 Oct 29;9(1):15470. doi: 10.1038/s41598-019-51861-y.

## [Investigating the association between neuroticism and adverse obstetric and neonatal outcomes.](#)

[Axfors C](#)<sup>1</sup>, [Eckerdal P](#)<sup>2</sup>, [Volgsten H](#)<sup>3</sup>, [Wikström AK](#)<sup>3</sup>, [Ekselius L](#)<sup>1</sup>, [Ramklint M](#)<sup>1</sup>, [Sundström Poromaa I](#)<sup>3</sup>, [Skalkidou A](#)<sup>3</sup>.

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### **Abstract**

Neuroticism is not only associated with affective disorders but also with certain somatic health problems. However, studies assessing whether neuroticism is associated with adverse obstetric or neonatal outcomes are scarce. This observational study comprises first-time mothers (n = 1969) with singleton pregnancies from several cohorts based in Uppsala, Sweden. To assess neuroticism-related personality, the Swedish universities Scales of Personality was used. Swedish national health registers were used to extract outcomes and confounders. In logistic regression models, odds ratios (ORs) with 95% confidence intervals (CIs) were calculated for the outcomes by an increase of 63 units of neuroticism (equalling the interquartile range). Analyses were adjusted for maternal age, educational level, height, body mass index, year of delivery, smoking during pregnancy, involuntary childlessness, and psychiatric morbidity. Main outcomes were mode of delivery, gestational diabetes mellitus, gestational hypertension, preeclampsia, induction of delivery, prolonged delivery, severe lacerations, placental retention, postpartum haemorrhage, premature birth, infant born small or large for

gestational age, and Apgar score. Neuroticism was not independently associated with adverse obstetric or neonatal outcomes besides gestational diabetes. For future studies, models examining sub-components of neuroticism or pregnancy-specific anxiety are encouraged.

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PMID: 31664086

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3. Oncology (Williston Park). 2019 Oct 28;33(10). pii: 686510.

## [Personality Disorders in Patients with Cancer.](#)

[McFarland DC](#), [Morita J](#), [Alici Y](#).

### **Abstract**

Personality disorders exist on a spectrum in the general population and therefore may coexist in patients who have cancer. Patients with these disorders exhibit character rigidity resulting from enduring patterns of inner experience and behavior and may experience some level of interpersonal conflict among medical staff caring for them. These conditions become exacerbated under stressful cancer-related situations and may lead to adverse consequences and outcomes. This review highlights the conceptual and diagnostic issues of personality disorders for practicing oncologists and provides recommendations for recognizing and managing cancer patients with difficult personality traits or personality disorders.

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4. Nat Hum Behav. 2019 Oct 28. doi: 10.1038/s41562-019-0752-x. [Epub ahead of print]

## [Obesity has limited behavioural overlap with addiction and psychiatric phenotypes.](#)

[Vainik U](#)<sup>1,2</sup>, [Mistic B](#)<sup>3</sup>, [Zeighami Y](#)<sup>3</sup>, [Michaud A](#)<sup>3</sup>, [Möttus R](#)<sup>4,5</sup>, [Dagher A](#)<sup>3</sup>.

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## Abstract

Obesity is a widespread health condition<sup>1</sup>, likely to be driven by the increased availability of inexpensive high-calorie food<sup>2</sup>. People vary greatly in their behavioural response to food. Such variation is likely to be driven by behavioural styles<sup>3,4</sup>, as behaviour accounts for overall food intake<sup>5</sup>. A prominent hypothesis is that people with obesity respond to rewards similarly to people with addictions such as alcohol abuse or smoking<sup>6,7</sup>. For instance, perceived overeating or 'uncontrolled eating' (UE) is the most common obesity-associated personality trait<sup>8</sup> and resembles the perceived loss of control seen in drug addiction. Likewise, both obesity and addictive behaviours have similar correlations with broad personality domains<sup>3</sup>. Here we seek to empirically test whether obesity and UE overlap behaviourally with addiction and psychiatric disorders, collectively referred to as phenotypes. We test for behavioural similarity by linking the personality profiles of each phenotype. NEO Personality Inventory profiles of 28 phenotypes were extracted from 22 studies, encompassing summary statistics from 18,611 unique participants. Obesity had moderate and UE high behavioural similarity with addictions. UE also overlapped behaviourally with most psychiatric phenotypes, whereas obesity was behaviourally similar with mood disorders and certain personality disorders. Facet-based phenotype profiles provided more information than domain-based profiles.

PMID: 31659319

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5. Eur J Hum Genet. 2019 Oct 29. doi: 10.1038/s41431-019-0530-2. [Epub ahead of print]

## [Genetic correlations between pain phenotypes and depression and neuroticism.](#)

[Meng W](#)<sup>1</sup>, [Adams MJ](#)<sup>2</sup>, [Reel P](#)<sup>3</sup>, [Rajendrakumar A](#)<sup>3</sup>, [Huang Y](#)<sup>3</sup>, [Deary IJ](#)<sup>4</sup>, [Palmer CNA](#)<sup>3</sup>, [McIntosh AM](#)<sup>2,4</sup>, [Smith BH](#)<sup>3</sup>.

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## Abstract

Correlations between pain phenotypes and psychiatric traits such as depression and the personality trait of neuroticism are not fully understood. In this study, we estimated the genetic correlations of eight pain phenotypes (defined by the UK Biobank, n = 151,922-226,683) with depressive symptoms, major depressive disorders and neuroticism using the the cross-trait linkage disequilibrium score regression (LDSC) method integrated in the LD Hub. We also used the LDSC software to calculate the

genetic correlations among pain phenotypes. All pain phenotypes, except hip pain and knee pain, had significant and positive genetic correlations with depressive symptoms, major depressive disorders and neuroticism. All pain phenotypes were heritable, with pain all over the body showing the highest heritability ( $h^2 = 0.31$ , standard error = 0.072). Many pain phenotypes had positive and significant genetic correlations with each other indicating shared genetic mechanisms. Our results suggest that pain, neuroticism and depression share partially overlapping genetic risk factors.

PMID: 31659249

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6. CNS Spectr. 2019 Oct 28:1-5. doi: 10.1017/S1092852919001408. [Epub ahead of print]

## [Schizophrenia-schizoaffective-bipolar spectra: an epistemological perspective.](#)

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### **Abstract**

For decades clinicians and researchers have been thinking and writing about the spectrum of schizophrenia disorders. Indeed both Kraepelin and Bleuler believed in schizophrenia as a spectrum, both in a clinical (individual) and hereditary (family) continuum, from just some exquisite personality traits to unquestionable chronic and debilitating psychosis. Other authors would put the schizophrenia spectrum disorders on different levels of continuum: developmental, psychofunctional, existential, and genetic. Here, we would like to present an historical chronology for the schizophrenia-schizoaffective-bipolar spectra plus a tridimensional model for these spectra: the first axis for categories (affective versus nonaffective psychoses), the second axis for dimensions (personality versus full blown psychosis), and a third axis for biomarkers (remission versus relapse). We believe that without the schizophrenia-schizoaffective-bipolar spectra concept in our minds all our efforts will keep failing one the hardest quest: searching for biomarkers in schizophrenia and related disorders.

PMID: 31656213

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7. Gynecol Oncol. 2019 Oct 22. pii: S0090-8258(19)31536-7. doi: 10.1016/j.ygyno.2019.09.015. [Epub ahead of print]

# A phase II randomized, double-blind trial of a polyvalent Vaccine-KLH conjugate (NSC 748933 IND# 14384) + OPT-821 versus OPT-821 in patients with epithelial ovarian, fallopian tube, or peritoneal cancer who are in second or third complete remission: An NRG Oncology/GOG study.

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## **Abstract**

### **OBJECTIVE:**

Early-phase data have demonstrated induction of antibody responses to a polyvalent vaccine conjugate (Globo-H, GM2, MUC1-TN, TF) with adjuvant OPT-821. We sought to determine if this combination decreases the hazard of progression or death compared to OPT-821 alone in patients with ovarian cancer in second/third clinical complete remission following chemotherapy. Secondary and translational objectives were overall survival (OS), safety, and immunogenicity.

### **METHODS:**

From 2010-2013, patients were randomized (1:1) to receive OPT-821±vaccine-KLH conjugate subcutaneously at weeks 1, 2, 3, 7, 11, and then every 12 weeks (total 11). Dose delay or reduction was not permitted. Patients were removed for pre-defined dose-limiting toxicity.

### **RESULTS:**

Of 171 patients randomized, 170 were treated. Most had disease of serous histology (85%), stage 3 disease at diagnosis (77%), and had received 2 prior regimens (68%). 32% received >6 treatment cycles [median 6, each arm ( $p = 0.33$ )]. 77% discontinued due to progression, 4% due to toxicity, and 1 due to myeloid dysplastic syndrome (MDS). Maximum toxicities included grade 4 MDS and depression/personality change (1 each, unlikely related), as well as grade 3 gastrointestinal disorders and others ( $n = 21$ , 4 related). Lesser adverse events were injection site reactions (82%) and fever (11%). Estimated HR for progression-free survival (PFS) of the vaccine + OPT-821 to OPT-821 arm was 0.98 (95% CI: 0.71-1.36). At a median follow-up of 60 months, median OS was 47 and 46 months, respectively.

### **CONCLUSIONS:**

Vaccine + OPT-821 compared to OPT-821 alone was modestly immunogenic and did not prolong PFS or OS. Multi-remission patients are a viable, well-defined population for exploring innovative consolidation and maintenance approaches.

### **TRIAL REGISTRATION:**

[NCT00857545](https://clinicaltrials.gov/ct2/show/study/NCT00857545).

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8. Int J Mol Sci. 2019 Oct 23;20(21). pii: E5257. doi: 10.3390/ijms20215257.

## [Polyunsaturated Fatty Acids: What is Their Role in Treatment of Psychiatric Disorders?](#)

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### Abstract

In the central nervous system omega-3 fatty acids modulate cell signaling and affect dopaminergic and serotonergic pathways. On this basis, a new application for omega-3 fatty acids has been proposed, concerning the treatment of several psychiatric disorders. The present article is an update of a previous systematic review and is aimed to provide a complete report of data published in the period between 1980 and 2019 on efficacy and tolerability of omega-3 fatty acids in psychiatric disorders. In July 2019, an electronic search on PUBMED, Medline and PsychINFO of all RCTs, systematic reviews and meta-analyses on omega-3 fatty acids and psychiatric disorders without any filter or MESH restriction was performed. After eligibility processes, the final number of records included in this review was 126. One hundred and two of these studies were RCTs, while 24 were reviews and meta-analyses. The role of omega-3 fatty acids was studied in schizophrenia, major depression, bipolar disorder, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, eating disorders, substance use disorder and borderline personality disorder. The main evidence of the efficacy of omega-3 fatty acids has been obtained in treating depressive symptoms in patients with major depression and, to a lesser degree, bipolar depression. Some efficacy was also found in early phases of schizophrenia in addition to antipsychotic treatment, but not in the chronic phases of psychosis. Small beneficial effects of omega-3 fatty acids were observed in ADHD and positive results were reported in a few trials on core symptoms of borderline personality disorder. For other psychiatric disorders results are inconsistent.

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9. Int J Offender Ther Comp Criminol. 2019 Oct 25;306624X19884170. doi: 10.1177/0306624X19884170. [Epub ahead of print]

# Profile Changes in Male Partner Abuser After an Intervention Program in Gender-Based Violence.

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## **Abstract**

Gender-based violence is a phenomenon deeply rooted in social, cultural, psychological, and educational factors. To comply with social demands, Government agencies have promoted numerous development plans to reduce this kind of violence. The measures taken by the Spanish Government include preventive and educational measures as well as direct intervention with the victims and aggressors. This study is based on a Spanish psychological intervention with men convicted of gender-based violence. The study supports current evidence of male perpetrators as well as analyzing the effectiveness of these intervention programs. The results of the study indicate that the aggressors of gender-based violence present personality disorders, such as the compulsive behavior, and the results of intervention program indicate that the users obtain higher scores in social skills and empathy and lower scores in romantic jealousy and anger.

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10. World J Psychiatry. 2019 Oct 19;9(6):83-98. doi: 10.5498/wjp.v9.i6.83. eCollection 2019 Oct 19.

# Dissociation and disasters: A systematic review.

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## **Abstract**

## **BACKGROUND:**

Dissociation, which is defined as the failure to associate consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior into an integrated whole, has long been assumed to be generated by trauma. If dissociation is a product of trauma exposure, then dissociation would be a major mental health outcome observed in studies of disaster survivors. Although some studies have examined dissociation in disasters, no systematic literature reviews have been conducted to date on the topic.

## **AIM:**

To systematically evaluate the literature on the association between disaster and dissociation to determine the prevalence and incidence of dissociation after exposure to disaster and further examine their relationship.

## **METHODS:**

EMBASE, Medline, and PsychINFO were searched from inception to January 1, 2019 to identify studies examining dissociative disorders or symptoms related to a disaster in adult or child disaster survivors and disaster responders. Studies of military conflicts and war, articles not in English, and those with samples of 30 or more participants were excluded. Search terms used were "disaster\*" and dissociation ("dissociat\*", "multiple personality," "fugue," "psychogenic amnesia," "derealization," and "depersonalization"). Reference lists of identified articles were scrutinized to identify studies for additional articles.

## **RESULTS:**

The final number of articles in the review was 53, including 36 articles with samples of adults aged 18 and above, 5 of children/adolescents under age 18, and 12 of disaster workers. Included articles studied several types of disasters that occurred between 1989 and 2017, more than one-third (38%) from the United States. Only two studies had a primary aim to investigate dissociation in relation to disaster and none reported data on dissociative disorders. All of the studies used self-report symptom scales; none used structured interviews providing full diagnostic assessment of dissociative disorders or other psychopathology. Several studies mixed exposed and unexposed samples or did not differentiate outcomes between exposure groups. Studies examining associations between dissociation and disaster exposure have been inconclusive. The majority (75%) of the studies compared dissociation with posttraumatic stress, with inconsistent findings. Dissociation was found to be associated with a wide range of other psychiatric disorders, symptoms, and negative emotional, cognitive, and functional states.

## **CONCLUSION:**

The studies reviewed had serious methodological limitations including problems with measurement of psychopathology, sampling, and generation of unwarranted conclusions, precluding conclusions that dissociation is an established outcome of disaster.

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### Conflict of interest statement

Conflict-of-interest statement: The authors report having no conflicts of interest.

11. Front Psychiatry. 2019 Oct 9;10:710. doi: 10.3389/fpsyt.2019.00710. eCollection 2019.

## [Early Detection and Outcome in Borderline Personality Disorder.](#)

[Bozzatello P](#)<sup>1</sup>, [Bellino S](#)<sup>1</sup>, [Bosia M](#)<sup>1</sup>, [Rocca P](#)<sup>1</sup>.

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### Abstract

Borderline personality disorder (BPD) is a severe and heterogeneous mental disorder that is known to have the onset in young age, often in adolescence. For this reason, it is of fundamental importance to identify clinical conditions of childhood and adolescence that present a high risk to evolve in BPD. Investigations indicate that early borderline pathology (before 19 years) predict long-term deficits in functioning, and a higher percentage of these patients continue to present some BPD symptoms up to 20 years. There is a general accord among investigators that good competence in both childhood and early adulthood is the main predictive factor of excellent recovery in BPD patients. Some authors suggest that specific childhood personality traits can to be considered precursors of adult BPD, as well as some clinical conditions: disruptive behaviours, disturbance in attention and emotional regulation, conduct disorders, substance use disorders, and attention-deficit-hyperactivity disorder. Unfortunately, diagnosis and treatment of BPD is usually delayed, also because some clinicians are reluctant to diagnose BPD in younger individuals. Instead, the early identification of BPD symptoms have important clinical implications in terms of precocious intervention programs, and guarantees that young people with personality disorders obtain appropriate treatments. This review is aimed to collect the current evidences on early risk and protective factors in young people that may predict BPD onset, course, and outcome.

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12. Nord J Psychiatry. 2019 Oct 24:1-9. doi: 10.1080/08039488.2019.1681508. [Epub ahead of print]

# Antisocial and borderline personality disorders in the offspring of antenatally depressed mothers - a follow-up until mid-adulthood in the Northern Finland 1966 birth cohort.

[Taka-Eilola Nèe Riekkì T](#)<sup>1,2</sup>, [Veijola J](#)<sup>1,3,4</sup>, [Miettunen J](#)<sup>4, 5</sup>, [Koskela J](#)<sup>1</sup>, [Kantojärvi L](#)<sup>3</sup>, [Mäki P](#)<sup>1,3,4,6,7,8</sup>.

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## **Abstract**

**Background:** Maternal depression is common during pregnancy, affecting 10-15% of mothers. In previous reports, the offspring of antenatally depressed mothers have had an elevated risk for antisocial, criminal and violent behaviour in adolescence, and for borderline personality features in childhood, but long-term outcomes are unknown. **Aims:** To study whether the adult offspring of antenatally depressed mothers have an elevated risk for antisocial (ASPD) or borderline personality disorder (BPD) when followed until mid-adulthood. **Methods:** In the general population-based Northern Finland 1966 Birth Cohort, mothers of 12,058 children were asked during mid-gestation if they felt depressed. Of the mothers, 14% reported being depressed. The offspring were followed for 49 years. The diagnoses of in- and outpatient-treated ASPD and BPD in the offspring were detected using the Finnish Care Register for Healthcare. Maternal antenatal smoking, newborn's low birthweight or short gestational age, father's social class, and family type at birth were considered as confounding variables. Logistic regression analyses on the potential confounders were performed. Maternal postnatal depression and paternal ASPD information was not available. **Results:** In the male offspring of antenatally depressed mothers, the risk for ASPD was elevated (adjusted odds ratio 5.6; 95% confidence interval 1.8-17.8), but not in female offspring. The risk for BPD was not elevated in the offspring of antenatally depressed mothers in this study. **Conclusions:** The sons of antenatally depressed mothers had an increased risk for ASPD. Prevention and

treatment of antenatal depression might present an opportunity to decrease the risk of antisocial personality in the offspring.

PMID: 31647361

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13. Personal Disord. 2019 Oct 24. doi: 10.1037/per0000373. [Epub ahead of print]

## **Borderline personality disorder traits associate with midlife cardiometabolic risk.**

[Barber TA](#)<sup>1</sup>, [Ringwald WR](#)<sup>2</sup>, [Wright AGC](#)<sup>2</sup>, [Manuck SB](#)<sup>2</sup>.

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### **Abstract**

There is growing interest in relationships between borderline personality disorder (BPD) pathology and physical health outcomes. Diagnostic BPD and BPD-related traits, for instance, have been shown to associate with self-reported cardiovascular disease and various cardiometabolic risk factors. However, potential confounding of these associations by comorbid depression, which itself contributes to risk for heart disease, remains unresolved, and previous research is limited by nearly uniform reliance on self-reported health status. In the present study, we examine the association of BPD traits and contemporaneously assessed depressive mood with instrumented measures of cardiometabolic risk in a midlife community sample ( $N = 1,295$ ). BPD pathology was measured using dimensional, multi-informant trait measures; depressive symptomology was self-reported; and cardiometabolic risk was indexed via multiple indicators of insulin resistance, adiposity, dyslipidemia, and blood pressure. Structural equation modeling was used to estimate the effects of BPD traits and depressive symptoms on aggregated cardiometabolic risk, adjusting for their shared variance. Results showed both BPD features and depressive symptomatology related to the extent of cardiometabolic risk; when examined simultaneously, only BPD associated independently with risk indicators. In further supporting a link between BPD pathology and cardiovascular disease risk, these findings warrant future work to elucidate intervening behavioral and biological mechanisms. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31647268

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14. Personal Disord. 2019 Oct 24. doi: 10.1037/per0000368. [Epub ahead of print]

# The independent roles of mindfulness and distress tolerance in treatment outcomes in dialectical behavior therapy skills training.

[Zeifman RJ](#)<sup>1</sup>, [Boritz T](#)<sup>2</sup>, [Barnhart R](#)<sup>3</sup>, [Labrish C](#)<sup>2</sup>, [McMain SF](#)<sup>2</sup>.

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## **Abstract**

Despite research supporting the effectiveness of dialectical behavior therapy (DBT) for borderline personality disorder (BPD), few studies have examined how DBT leads to clinical change. DBT is theorized to lead to improved clinical outcomes by enhancing the capacity for emotion regulation, including improvement in skills (e.g., mindfulness and distress tolerance) for managing emotional distress and impulsive behaviors. Therefore, the aim of this study was to test whether improvements in mindfulness and distress tolerance indirectly affect the relationship between DBT skills training and clinical outcomes. The sample consists of 84 patients diagnosed with BPD who were enrolled in a randomized controlled trial comparing 20 weeks of DBT-skills group (DBT-S) to an active waitlist control. Mindfulness and distress tolerance were assessed at baseline and at the end of the 20 weeks. BPD symptoms, general psychiatric symptoms, and social adjustment were assessed at the end of 20 weeks and combined into a latent variable representing a broad assessment of general psychopathology. Relative to the waitlist control group, improvements in mindfulness and distress tolerance each independently indirectly affected the relationship between DBT-S and posttreatment general psychopathology. Findings suggest that DBT-S exerts its effects on outcomes through improvements in mindfulness and distress tolerance. These findings support the significance of mindfulness and distress tolerance in DBT-S for BPD. Limitations, future directions, and clinical implications are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved). PMID: 31647267

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15. Soc Psychiatry Psychiatr Epidemiol. 2019 Oct 23. doi: 10.1007/s00127-019-01796-6. [Epub ahead of print]

## Predictors of study drop-out and service disengagement in patients at clinical high risk for psychosis.

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## Abstract

### PURPOSE:

Study drop-out during follow-up and service disengagement frequently occur in patients at clinical high risk for psychosis (CHR-P). However, little is known about their predictors. Therefore, we aimed to analyze the rate and reasons for drop-out and service disengagement in CHR-P patients and investigate their sociodemographic and clinical predictors.

### METHODS:

Data from 200 patients of the prospective Früherkennung von Psychosen (FePsy) study were analyzed with competing risks survival models, considering drop-out and transition to psychosis as competing events. To investigate whether symptoms changed immediately before drop-out, t tests were applied.

### RESULTS:

Thirty-six percent of patients dropped out within 5 years. Almost all drop-outs also disengaged from our service. Hence, study drop-out was used as a proxy for service disengagement. Patients with more severe baseline disorganized symptoms and a late inclusion into the study were significantly more likely to disengage. Immediately before disengagement, there was significant improvement in negative symptoms only.

### CONCLUSION:

A considerable proportion of CHR-P patients disengaged from our clinical study and service. Patients who were included during a later study period with more assessments disengaged more often, which might have been due to more frequent invitations to follow-up assessments and thereby increasing participation burden. Hence, our study provides a cautionary note on high-frequency follow-up assessments. Larger-scale studies evaluating predictors on multiple domains would help to further elucidate drop-out and disengagement.

PMID: 31646355

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# Findings of a national dataset analysis on the visits of homeless patients to US emergency departments during 2005-2015.

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## **Abstract**

### **OBJECTIVES:**

To our knowledge, there has been limited description of emergency department (ED) visits involving homeless patients over the last decade. Our study aims to analyze US national survey data to elucidate the differences between homeless and non-homeless patients' ED visits in terms of patient demographics, resource utilization, and diagnoses received.

### **STUDY DESIGN:**

This was a retrospective study using data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) from 2005 until 2015.

### **METHODS:**

Patient visits were classified as homeless or non-homeless based on survey data; appropriate statistical analyses were subsequently performed to compare these groups in terms of patient demographics, geography, payment method, resource utilization/diagnostic service use, as well as both psychiatric and non-psychiatric diagnoses received in the ED.

### **RESULTS:**

NHAMCS data from 2005 to 2015 were aggregated. In total, 303,326 patient visits were included, which represent an estimated 1.30 billion ED visits over this period. Of these, 2750 encounters were

by homeless people, representing 8,781,925 ED visits. Compared with non-homeless visits, homeless patients were disproportionately male, black, non-Hispanic, and seen in large metropolitan areas or the Western/Southern US. Homeless visits were more likely to be related to an injury (47.5% vs. 33.8%), related to an assault (4.2% vs. 1.3%), or self-inflicted (4.8% vs 0.84%). Homeless patients were also more likely to have been seen in the same ED within 72 h (7.3% vs. 3.9%) compared with non-homeless patients (3.9%, 95% confidence interval [CI]: 3.5-4.4) and were seen an average of 5.7 times (95% CI: 4.7-6.8) in the same ED over the preceding 12 months, with non-homeless patients seen an average of 3.2 times (95% CI: 3.1-3.4). Homeless patients were more likely to be admitted to the hospital (14.9% vs. 11.2%) and, when admitted, spent an average of 6.3 days in the hospital (95% CI: 5.6-7.1) compared with non-homeless patients at 5.2 (95% CI: 5.1-5.3). In total, 28.4% of homeless patients received a psychiatric diagnosis (95% CI: 25.8-31.2) compared with 5.4% for non-homeless patients (95% CI: 5.2-5.7,  $P < 0.001$ ). In reference to non-homeless visits, homeless visits showed increased odds of alcohol-related diagnoses (odds ratio [OR]: 17.3, 95% CI: 10.1-29.8,  $P < 0.001$ ) and substance abuse diagnoses (OR: 8.4, 95% CI: 7.2-9.8,  $P < 0.001$ ). Homeless visits also exhibited greatly increased odds of diagnosis of schizophrenia (OR: 16.6, 95% CI: 12.6-22.5,  $P < 0.001$ ) and personality disorders (OR: 15.4, 95% CI: 6.4-36.9,  $P < 0.001$ ).

## CONCLUSIONS:

Less than one in 100 US ED visits in 2005-2015 were made by homeless patients. Compared with the non-homeless, homeless patients had greatly increased rates of ED care for alcohol-related, substance abuse-related, and mental health-related problems, particularly schizophrenia and personality disorders. Homeless patients were also more likely to be seen in the ED within the past 72 h or the past 12 months. Homeless patients were more likely to be admitted to the hospital and, when admitted, exhibited longer stay times.

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PMID: 31644986

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17. Rev Saude Publica. 2019 Oct 21;53:96. doi: 10.11606/s1518-8787.20190530012356. eCollection 2019.

## [Mental disorders and suicide risk in emerging adulthood: the 1993 Pelotas birth cohort.](#)

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## **Abstract**

### **OBJECTIVE:**

To assess the prevalence of some mental disorders and suicide risk, and the association between them in youths.

### **METHODS:**

Data from the 1993 Pelotas Birth Cohort (Brazil) was used. The prevalence of mental disorders at 22 years [major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder (SAD), attention-deficit/ hyperactivity disorder (ADHD), bipolar disorders type 1 and 2 (BD1; BD2), post-traumatic stress disorder (PTSD), and antisocial personality disorder (APD)] and of suicide risk were assessed using the Mini International Neuropsychiatric Interview (n = 3,781). Comorbidity between disorders was also assessed. Association of each mental disorder and the number of disorders with suicide risk was assessed using Poisson regression.

### **RESULTS:**

The prevalence of any mental disorder was 19.1% (95%CI 17.8-20.3), and GAD was the most prevalent (10.4%; 95%CI 9.5-11.4). The prevalence of current suicide risk was 8.8% (95%CI 5.9-9.7). All disorders (except APD) and the suicide risk were higher among women. Mental disorders were associated with a higher suicide risk, with the highest risks being observed for MDD (RR = 5.6; 95%CI 4.1-7.8) and PTSD (RR = 5.0; 95%CI 3.9-6.3). The higher the number of co-occurring mental disorders, the higher the risk of suicide.

### **CONCLUSIONS:**

Our findings showed that about 20% of the youths had at least one mental disorder. However, this prevalence is underestimated since other relevant mental disorders were not assessed. Mental disorders were associated with higher suicide risk, especially the comorbidity between them.

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# Acquired Personality Disturbances After Meningioma Resection Are Strongly Associated With Impaired Quality of Life.

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## **Abstract**

### **BACKGROUND:**

Some patients experience long-term declines in quality of life following meningioma resection, but associated factors are not well understood.

### **OBJECTIVE:**

To investigate whether long-term declines in quality of life (specifically impaired adaptive functioning) after meningioma resection are associated with specific personality disturbances that often develop with lesions in ventromedial prefrontal cortex (vmPFC).

### **METHODS:**

We studied 38 patients who underwent resection of meningioma, 18 of whom had vmPFC lesions and 20 with lesions elsewhere (non-vmPFC). A total of 30 personality characteristics were rated by spouse or family, and a neuropsychologist blindly rated adaptive functioning an average of 3.8 yr postresection. Relevant personality disturbance was defined by a priori process: the presence of "conjoint personality disturbance" required specific disturbances in at least 2 of 4 types of disturbance: executive disorders, disturbed social behavior, emotional dysregulation, and hypoemotionality.

### **RESULTS:**

Fourteen patients had impaired adaptive functioning: 12 had vmPFC lesions and 2 had non-vmPFC lesions. Fourteen patients had conjoint personality disturbance, and 12 of them had impaired adaptive functioning. By contrast, among the 24 patients who did not have conjoint personality disturbance, only 2 had impaired adaptive functioning. Mediation analysis showed that the

association between vmPFC lesions and impaired adaptive functioning was mediated by the negative impact of acquired personality disturbance on adaptive functioning.

## CONCLUSION:

Anterior skull base meningiomas plus resection surgery may result in specific personality disturbances that are highly associated with impaired adaptive functioning at long-term follow-up. These patients may benefit from early counseling regarding potential personality changes and their implications for adaptive functioning.

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19. BMC Psychol. 2019 Oct 21;7(1):66. doi: 10.1186/s40359-019-0341-9.

# Validation of the Recent Life Changes Questionnaire (RLCQ) for stress measurement among adults residing in urban communities in Pakistan.

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## **Abstract**

### **BACKGROUND:**

Recent Life Changes Questionnaire (RLCQ) developed by Richard Rahe has enabled quantification of stress by analyzing life events. The overall aim of the study was to create a reliable version of the Rahe's RLCQ for measuring stress in individuals living in developing countries and assess its validity. This paper discusses criterion validation of the adapted RLCQ in urban communities in Pakistan.

### **METHODS:**

This is a criterion validation study. Four urban communities of Karachi, Pakistan were selected for the study in which households were randomly chosen. Two data collectors were assigned to administer the adapted RLCQ to eligible participants after obtaining written informed consent. Following this interaction, two psychologists interviewed the same participants with a diagnostic gold standard of Mini International Neuropsychiatric Interview (MINI) which is utilized in usual practice within Pakistan to confirm the presence of stress related mental disorders such as Depression, Anxiety, Dysthymia, Suicide, Phobia, OCD, Panic Disorder, PTSD, Drug abuse and dependence, Alcohol abuse and dependence, Eating Disorders and Antisocial Personality Disorder to validate the accuracy of the adapted RLCQ. We generated the ROC curves for the adapted RLCQ with suggested cut-offs, and analyzed the sensitivity and specificity of the adapted RLCQ.

### **RESULTS:**

The area under the receiver operating characteristic curve (ROC) of common mental disorders such as depression and anxiety was 0.64, where sensitivity was 66%, specificity was 56% and the corresponding cut off from the adapted RLCQ was 750. Individuals scoring  $\geq 750$  were classified as high stress and vice versa. In contrast, the area under the ROC curve for serious mental disorder and adverse outcomes such as suicide, bipolar and dysthymia was 0.75, where sensitivity was 72% and specificity was 60% at the cut off of 800 on the adapted RLCQ. Individuals scoring  $\geq 800$  were classified as high stress and vice versa. The rate of agreement between the two psychologists was 94.32% (Kappa = 0.84).

### **CONCLUSION:**

The adapted and validated RLCQ characterizes common mental disorders such as depression and anxiety with moderate accuracy and severe mental disorders such as suicide, bipolar and dysthymia with high accuracy.

### **TRIAL REGISTRATION:**

Clinicaltrials.gov [NCT02356263](https://clinicaltrials.gov/ct2/show/study/NCT02356263) . Registered January 28, 2015. (Observational Study Only).

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# Influence of social cognition as a mediator between cognitive reserve and psychosocial functioning in patients with first episode psychosis.

[González-Ortega I](#)<sup>1,2,3,4</sup>, [González-Pinto A](#)<sup>1,2,3</sup>, [Alberich S](#)<sup>1,2,3,4</sup>, [Echeburúa E](#)<sup>1,5</sup>, [Bernardo M](#)<sup>1,6</sup>, [Cabrera B](#)<sup>1,6</sup>, [Amoretti S](#)<sup>1,6</sup>, [Lobo A](#)<sup>1,7</sup>, [Arango C](#)<sup>1,8</sup>, [Corripio I](#)<sup>1,9</sup>, [Vieta E](#)<sup>1,10</sup>, [de la Serna E](#)<sup>1,11</sup>, [Rodríguez-Jimenez R](#)<sup>1,12</sup>, [Segarra R](#)<sup>1,13</sup>, [López-Ilundain JM](#)<sup>14</sup>, [Sánchez-Torres AM](#)<sup>14</sup>, [Cuesta MJ](#)<sup>14</sup>, [PEPs Group](#), [Zorrilla I](#)<sup>1,2,3</sup>, [López P](#)<sup>1,2,3</sup>, [Bioque M](#)<sup>1,6</sup>, [Mezquida G](#)<sup>1,6</sup>, [Barcones F](#)<sup>7,15</sup>, [De-la-Cámara C](#)<sup>1,7</sup>, [Parellada M](#)<sup>1,8</sup>, [Espliego A](#)<sup>1,8</sup>, [Alonso-Solís A](#)<sup>1,9</sup>, [Grasa EM](#)<sup>1,9</sup>, [Varo C](#)<sup>10</sup>, [Montejo L](#)<sup>1,10</sup>, [Castro-Fornieles J](#)<sup>1,11</sup>, [Baeza I](#)<sup>1,11</sup>, [Dompablo M](#)<sup>1,12</sup>, [Torio I](#)<sup>1,12</sup>, [Zabala A](#)<sup>1,13</sup>, [Eguiluz JI](#)<sup>1,13</sup>, [Moreno-Izco L](#)<sup>14</sup>, [Sanjuan J](#)<sup>1,16</sup>, [Guirado R](#)<sup>17</sup>, [Cáceres I](#)<sup>18</sup>, [Garnier P](#)<sup>18</sup>, [Contreras F](#)<sup>1,19,20</sup>, [Bobes J](#)<sup>1,21</sup>, [Al-Halabí S](#)<sup>1,21,22</sup>, [Usall J](#)<sup>1,23</sup>, [Butjosa A](#)<sup>1,23</sup>, [Sarró S](#)<sup>1,24</sup>, [Landin-Romero R](#)<sup>24</sup>, [Ibáñez A](#)<sup>1,25</sup>, [Selva G](#)<sup>1,26</sup>.

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## **Abstract**

### **BACKGROUND:**

Social cognition has been associated with functional outcome in patients with first episode psychosis (FEP). Social cognition has also been associated with neurocognition and cognitive reserve. Although cognitive reserve, neurocognitive functioning, social cognition, and functional outcome are related, the direction of their associations is not clear. Therefore, the main aim of this study was to analyze the influence of social cognition as a mediator between cognitive reserve and cognitive domains on functioning in FEP both at baseline and at 2 years.

### **METHODS:**

The sample of the study was composed of 282 FEP patients followed up for 2 years. To analyze whether social cognition mediates the influence of cognitive reserve and cognitive domains on functioning, a path analysis was performed. The statistical significance of any mediation effects was evaluated by bootstrap analysis.

### **RESULTS:**

At baseline, as neither cognitive reserve nor the cognitive domains studied were related to functioning, the conditions for mediation were not satisfied. Nevertheless, at 2 years of follow-up, social cognition acted as a mediator between cognitive reserve and functioning. Likewise, social cognition was a mediator between verbal memory and functional outcome. The results of the bootstrap analysis confirmed these significant mediations (95% bootstrapped CI (-10.215 to -0.337) and (-4.731 to -0.605) respectively).

### **CONCLUSIONS:**

Cognitive reserve and neurocognition are related to functioning, and social cognition mediates in this relationship.

PMID: 31637990

## [Dimensions of irritability in adolescents: longitudinal associations with psychopathology in adulthood.](#)

[Hawes MT](#)<sup>1</sup>, [Carlson GA](#)<sup>2</sup>, [Finsaas MC](#)<sup>1</sup>, [Olinio TM](#)<sup>3</sup>, [Seely JR](#)<sup>4</sup>, [Klein DN](#)<sup>1</sup>.

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### **Abstract**

#### **BACKGROUND:**

There is an emerging consensus in developmental psychopathology that irritable youth are at risk for developing internalizing problems later in life. The current study explored if irritability in youth is multifactorial and the impact of irritability dimensions on psychopathology outcomes in adulthood.

#### **METHODS:**

We conducted exploratory factor analysis on irritability symptom items from a semi-structured diagnostic interview administered to a community sample of adolescents (ages 14-19; 42.7% male; 89.1% white). The analysis identified two factors corresponding to items from the mood disorders v. the oppositional defiant disorder (ODD) (Leibenluft and Stoddard) sections of the interview. These factors were then entered together into regression models predicting psychopathology assessed at age 24 (N = 941) and again at age 30 (N = 816). All models controlled for concurrent psychopathology in youth.

#### **RESULTS:**

The two irritability dimensions demonstrated different patterns of prospective relationships, with items from the ODD section primarily predicting externalizing psychopathology, items from the mood disorder sections predicting depression at age 24 but not 30, and both dimensions predicting borderline personality disorder symptoms.

## CONCLUSIONS:

These results suggest that the current standard of extracting and compositing irritability symptom items from diagnostic interviews masks distinct dimensions of irritability with different psychopathological outcomes. Additionally, these findings add nuance to the prevailing notion that irritability in youth is specifically linked to later internalizing problems. Further investigation using more sensitive and multifaceted measures of irritability are needed to parse the meaning and clinical implications of these dimensions.

PMID: 31637980

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22. Int J Eat Disord. 2019 Oct 21. doi: 10.1002/eat.23183. [Epub ahead of print]

## [Personality traits in adolescents with eating disorder: A meta-analytic review.](#)

[Dufresne L](#)<sup>1</sup>, [Bussi eres EL](#)<sup>2</sup>, [B edard A](#)<sup>3</sup>, [Gingras N](#)<sup>4</sup>, [Blanchette-Sarrasin A](#)<sup>1</sup>, [B egin PhD C](#)<sup>1</sup>.

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## Abstract

### OBJECTIVE:

Given the growing interest in personality traits among the young population with eating disorders (EDs) and the recognition that a better understanding of personality can facilitate clinical management, this meta-analytic study reviewed evidence concerning the relationship between personality traits and the presence of an ED during adolescence.

### METHOD:

We conducted a systematic literature search to identify studies that examined personality traits among adolescents with an ED (anorexia nervosa, bulimia nervosa, binge-eating disorder, eating disorder not otherwise specified) and that compared these traits with a normative group without an ED. The personality traits investigated in the selected studies were organized according to the personality trait domains presented in the Diagnostic and Statistical Manual of Mental Disorders (fifth ed.). Effect sizes of the mean differences were calculated for each domain. We performed

meta-regressions to assess the moderating effect of ED subtype and age on the combined effect sizes.

## RESULTS:

Twenty-six studies met our inclusion criteria, containing a total of 63 effect sizes. Adolescents with EDs differed from the non-ED group according to traits related to negative affectivity ( $g = 0.78$ ), detachment ( $g = 0.69$ ), and conscientiousness ( $g = -0.53$ ). The presence of an anorexia nervosa diagnosis moderated the relationship between an ED and personality traits; this diagnosis was more strongly associated with conscientious traits compared to other EDs.

## DISCUSSION:

Our findings provide evidence that personality traits are related to EDs in adolescents. Thus, considering personality traits could lead to a better understanding of etiological and maintenance factors for EDs.

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PMID: 31633223

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23. Scand J Psychol. 2019 Oct 17. doi: 10.1111/sjop.12579. [Epub ahead of print]

# Pathological personality facets and emotion (dys)regulation in gambling disorder.

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## Abstract

A number of researches showed high prevalence of personality disorders among addicted gamblers. However, there are still few studies investigating the role of pathological personality facets in Gambling Disorder (GD). Moreover, the nature of the relationship between GD and pathological personality is not clear. We administered to a group of addicted gamblers ( $N = 79$ ) and a group of healthy participants ( $N = 101$ ) a battery of self-report questionnaires encompassing the South Oaks Gambling Screen (SOGS), The Personality Inventory for DSM-V (PID-5), the Difficulties in Emotion Regulation Scale (DERS) and the Emotion Regulation Questionnaire (ERQ). Analyses of variance showed that addicted gamblers, compared to healthy participants, scored higher on most of the subscales of the DERS, on the Suppression Dimension of the ERQ and on the five main domains of the PID-5 whereas they obtained lower scores on the Reappraisal subscale of the ERQ. Moreover,

multiple regression analyses indicated that some specific facets of pathological personality, emotion dysregulation and lack of cognitive reappraisal, significantly predict GD's severity. Finally, emotion dysregulation levels and lack of cognitive reappraisal partially mediated the relationship between these and GD's severity. Our results confirmed the central roles played by both pathological personality and deficit in emotion regulation capacities in GD. Specifically, Impulsivity, Lack of Perseverance and Suspiciousness may be important predictors of GD severity. Moreover, emotion dysregulation and lack of adaptive emotion regulation strategies partially explained such relationship. As such, training for emotion regulation abilities appears strategically useful in the treatment of addicted gamblers with pathological personality traits.

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PMID: 31625173

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24. Personal Disord. 2019 Oct 17. doi: 10.1037/per0000363. [Epub ahead of print]

## [Dynamics among borderline personality and anxiety features in psychotherapy outpatients: An exploration of nomothetic and idiographic patterns.](#)

[Ellison WD](#)<sup>1</sup>, [Levy KN](#)<sup>1</sup>, [Newman MG](#)<sup>1</sup>, [Pincus AL](#)<sup>1</sup>, [Wilson SJ](#)<sup>1</sup>, [Molenaar PCM](#)<sup>2</sup>.

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### **Abstract**

Borderline personality disorder (BPD) involves instability in self-concept, emotions, and behavior. However, the dynamic, longitudinal relations among BPD symptoms and between these symptoms and other problematic emotional experiences are poorly understood. It is also unclear whether these dynamics are the same across persons (including across diagnostic boundaries), specific to individuals with BPD, or idiographic. The current study uses ecological momentary assessment and group iterative multiple model estimation, a novel, data-driven approach to identifying dynamic patterns in time-series data at group, subgroup, and individual levels, to investigate the dynamic connections among select features of BPD (anger, impulsivity, and identity disturbance) and anxiety-related experiences. Forty-two psychiatric outpatients diagnosed with BPD ( $n = 27$ ) or with an anxiety disorder, but not BPD ( $n = 15$ ), rated their anger, identity disturbance, impulsivity, anxiety, stress, and calmness states 6 times per day for 21 days, providing a total of 4,699 surveys. Only 1 dynamic link between symptoms was identified that applied at the group level, and group iterative multiple model estimation did not reveal stable subgroups of individuals with distinct symptom

dynamics. Instead, these dynamics differed from individual to individual. These results suggest that connections among these BPD and anxiety symptoms do not depend on diagnosis and are somewhat idiographic. Case examples are used to illustrate the clinical utility of within-person symptom models as a supplement to traditional diagnostic information. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31621364

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25. Personal Disord. 2019 Oct 17. doi: 10.1037/per0000371. [Epub ahead of print]

## [Response perseveration and the triarchic model of psychopathy in an undergraduate sample.](#)

[Ribes-Guardiola P](#)<sup>1</sup>, [Poy R](#)<sup>1</sup>, [Segarra P](#)<sup>1</sup>, [Branchadell V](#)<sup>1</sup>, [Moltó J](#)<sup>1</sup>.

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### **Abstract**

This study aimed to extend previously reported links between distinctive configurations of traits in the psychopathic personality and maladaptive response perseveration, by examining performance in the Card Perseveration Task (CPT) within the framework of the triarchic model of psychopathy in a mixed-gender undergraduate sample. A computerized version of the CPT was administered to 222 undergraduates (142 women) assessed for triarchic psychopathy dimensions using the Triarchic Psychopathy Measure. Maladaptive response perseveration (more cards played and less money earned) was uniquely associated with trait boldness scores for both women and men. Moreover, analyses of response times following feedback indicated that poor performance on the CPT was related to lack of overall reflection. Further mediation analyses did not reveal significant effects of trait boldness on the response perseveration deficit through reflection times. Our results provide new evidence for the role of trait boldness in the failure to suspend reward-approach behavior in the face of increasing punishment contingencies, probably due to an absence of fear or insensitivity to punishment cues rather than to an unreflective response style. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31621363

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26. Personal Disord. 2019 Oct 17. doi: 10.1037/per0000369. [Epub ahead of print]

## [Associations between the Diagnostic and Statistical Manual of Mental Disorders, Fifth](#)

# Edition, alternative model of antisocial personality disorder, psychopathic specifier, and psychopathy-related facets with aggression in a sample of incarcerated males.

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## **Abstract**

Using the Personality Inventory for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, this study examined whether the Section III *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, alternative model antisocial personality disorder, psychopathic specifier, and three additional conceptually relevant psychopathy-related facets (Grandiosity, Perseveration, and Restricted Affectivity) were associated with aggression in a sample of 208 incarcerated males. Regression and commonality analyses revealed complex facet interrelationships, whereby common effects among the personality facets accounted for a comparatively greater or equal amount of variance in aggression history than facet unique effects. In particular, a nexus of antisocial personality disorder traits (Hostility, Risk Taking, and Callousness) emerged as the most influential facets within the model. In summary, the present study highlights that the personality drivers underlying aggression history were best characterized as trait overlap rather than trait independent. The complexity of these relationships suggests more research is required to reduce facet cross-loadings and maximize discriminant validity of the Personality Inventory for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Further, within clinical settings (a) the development of practical interpretive guides should be considered a high priority to assist clinicians working with aggressive offenders with complex maladaptive personality presentations, and (b) rehabilitation programs should prioritize trait hostility, callousness and risk taking, and emotional management as primary treatment targets to reduce aggression propensity. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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27. PLoS One. 2019 Oct 16;14(10):e0223927. doi: 10.1371/journal.pone.0223927. eCollection 2019.

# The influence of personality on the effect of iTBS after being stressed on cortisol secretion.

[Pulopulos MM](#)<sup>1</sup>, [De Witte S](#)<sup>2,3</sup>, [Vanderhasselt MA](#)<sup>2,3</sup>, [De Raedt R](#)<sup>1</sup>, [Schiettecatte J](#)<sup>4</sup>, [Anckaert E](#)<sup>4</sup>, [Salvador A](#)<sup>5</sup>, [Baeken C](#)<sup>2,3,6,7</sup>.

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## Abstract

Over the last years, individualization of repetitive Transcranial Magnetic Stimulation (rTMS) parameters has been a focus of attention in the field of non-invasive stimulation. It has been proposed that in stress-related disorders personality characteristics may influence the clinical outcome of rTMS. However, the underlying physiological mechanisms as to how personality may affect the rTMS response to stress remains to be clarified. In this sham-controlled crossover study, after being stressed by the Trier Social Stress Test, 38 healthy females received two sessions of intermittent theta burst stimulation (iTBS) applied to the left dorsolateral prefrontal cortex. To take possible personality influences into account, they also completed the Temperament and Character Inventory. Mood and salivary cortisol were assessed throughout the experimental protocol. Overall, two iTBS sessions did not significantly alter mood or influenced cortisol secretion. When taking into account personality features, higher scores on the character dimension Cooperativeness was related to decreased cortisol output, only when active iTBS was administered after the social stressor. In line with other studies, personality features such as the character dimension Cooperativeness may be of particular interest to explain individual neurobiological responses to neurostimulation.

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**Conflict of interest statement**

The authors have declared that no competing interests exist.

28. JMIR Mhealth Uhealth. 2019 Oct 15;7(10):e13479. doi: 10.2196/13479.

# [Development of an Ambulatory Biofeedback App to Enhance Emotional Awareness in Patients with Borderline Personality Disorder: Multicycle Usability Testing Study.](#)

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## **Abstract**

### **BACKGROUND:**

Patients with borderline personality disorder experience great difficulties in regulating their emotions. They often are unable to effectively detect their emotional arousal and struggle to timely apply learned techniques for emotion regulation. Although the use of continuous wearable biofeedback has been repeatedly suggested as an option to improve patients' emotional awareness, this type of app is not yet available for clinical use. Therefore, we developed an ambulatory biofeedback app named Sense-IT that can be integrated in mental health care.

### **OBJECTIVE:**

The aim of the study was to develop an ambulatory biofeedback app for mental health care that helps with learning to better recognize changes in personal emotional arousal and increases emotional awareness.

### **METHODS:**

Using several methods in a tailored User Centred Design (UCD) framework, we tested the app's usability and user experience (UX) via a cyclic developmental process with multiple user groups (patients, therapists, and UCD experts; 3-5 per group, per cycle).

### **RESULTS:**

The process resulted in a stable prototype of the app that meets most of the identified user requirements. The app was valued as useful and usable by involved patients, therapists, and UCD experts. On the Subjective Usability Scale (SUS), the patients rated the app as "Good" (average score of 78.8), whereas the therapists rated the app as "OK" (average score of 59.4). The UCD experts judged the app's overall usability as between "OK" and "acceptable" (average score of 0.87 on a cognitive walkthrough). As most critical usability problems were identified and addressed in the first cycle of the prototyping process, subsequent cycles were mainly about implementing new or extending existing functions, and other adjustments to improve UX.

## CONCLUSIONS:

mHealth development within a clinical mental health setting is challenging, yet feasible and welcomed by targeted users. This paper shows how new mHealth interventions for mental health care can be met with enthusiasm and openness by user groups that are known to be reluctant to embrace technological innovations. The use of the UCD framework, involving multiple user groups, proved to be of added value during design and realization as evidenced by the complementary requirements and perspectives. Future directions on studying clinical effectiveness of the app, appliance of the app in other fields, and the implications of integration of the app for daily practice in mental health are discussed.

©Youri PMJ Derks, Randy Klaassen, Gerben J Westerhof, Ernst T Bohlmeijer, Matthijs L Noordzij. Originally published in JMIR Mhealth and Uhealth (<http://mhealth.jmir.org>), 15.10.2019.

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29. Hum Brain Mapp. 2019 Oct 15. doi: 10.1002/hbm.24825. [Epub ahead of print]

# The role of BDNF methylation and Val<sup>66</sup> Met in amygdala reactivity during emotion processing.

[Redlich R](#)<sup>1</sup>, [Schneider I](#)<sup>1,2</sup>, [Kerkenberg N](#)<sup>1</sup>, [Opel N](#)<sup>1</sup>, [Bauhaus J](#)<sup>1</sup>, [Enneking V](#)<sup>1</sup>, [Repple J](#)<sup>1</sup>, [Lehr EJ](#)<sup>1</sup>, [Grotegerd D](#)<sup>1</sup>, [Kähler C](#)<sup>1</sup>, [Förster K](#)<sup>1</sup>, [Dohm K](#)<sup>1</sup>, [Meinert S](#)<sup>1</sup>, [Hahn T](#)<sup>1</sup>, [Kugel H](#)<sup>3</sup>, [Schwarte K](#)<sup>1</sup>, [Schettler C](#)<sup>1</sup>, [Domschke K](#)<sup>1,4</sup>, [Arolt V](#)<sup>1,2</sup>, [Heindel W](#)<sup>3</sup>, [Baune BT](#)<sup>1,5</sup>, [Zhang W](#)<sup>1,2</sup>, [Hohoff C](#)<sup>1</sup>, [Dannlowski U](#)<sup>1,2</sup>.

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## Abstract

Epigenetic alterations of the brain-derived neurotrophic factor (BDNF) gene have been associated with psychiatric disorders in humans and with differences in amygdala BDNF mRNA levels in rodents. This human study aimed to investigate the relationship between the functional BDNF-Val<sup>66</sup> Met polymorphism, its surrounding DNA methylation in BDNF exon IX, amygdala reactivity to emotional faces, and personality traits. Healthy controls (HC, n = 189) underwent functional MRI during an emotional face-matching task. Harm avoidance, novelty seeking and reward dependence were measured using the Tridimensional Personality Questionnaire (TPQ). Individual BDNF methylation profiles were ascertained and associated with several BDNF single nucleotide polymorphisms surrounding the BDNF-Val<sup>66</sup> Met, amygdala reactivity, novelty seeking and harm avoidance. Higher BDNF methylation was associated with higher amygdala reactivity ( $x = 34, y = 0, z = -26, t_{(166)} = 3.00, TFCE = 42.39, p_{(FWE)} = .045$ ), whereby the BDNF-Val<sup>66</sup> Met genotype per se did not show any significant association with brain function. Furthermore, novelty seeking was negatively associated with BDNF methylation ( $r = -.19, p = .015$ ) and amygdala reactivity ( $r = -.17, p = .028$ ), while harm avoidance showed a trend for a positive association with BDNF methylation ( $r = .14, p = .066$ ). The study provides first insights into the relationship among BDNF methylation, BDNF genotype, amygdala reactivity and personality traits in humans, highlighting the multidimensional relations among genetics, epigenetics, and neuronal functions. The present study suggests a possible involvement of epigenetic BDNF modifications in psychiatric disorders and related brain functions, whereby high BDNF methylation might reduce BDNF mRNA expression and upregulate amygdala reactivity.

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30. Psychol Med. 2019 Oct 16:1-8. doi: 10.1017/S0033291719002721. [Epub ahead of print]

## [Characterizing psychosis-relevant phenomena and cognitive function in a unique population with isolated, chronic and very heavy cannabis exposure.](#)

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## **Abstract**

### **BACKGROUND:**

The literature on psychosis-relevant outcomes in cannabis users does not adequately address the confounding effects of other substance use/misuse and psychiatric disorders.

### **METHODS:**

We studied a unique population for whom cannabis use is central and necessary to their way of life. They are forbidden from using other substances, including tobacco and alcohol. Their use of cannabis is heavy, chronic, and begins early. The cases were compared with matched controls who did not use cannabis, alcohol, or drugs. The controls were from the same location and shared similar beliefs and lifestyle, except for cannabis use. Attenuated psychosis-relevant phenomena were assessed with the Schizotypal Personality Questionnaire (SPQ) and cognitive functioning with a culture-neutral computerized cognitive battery.

### **RESULTS:**

Fifteen cases and 12 matched controls were studied. The cases averaged >30 000 lifetime cannabis exposures. Relative to controls, the cases had significantly higher mean (s.d.) SPQ scores 24 (14.32) v. 13 (8.92),  $p = 0.031$ ; and poorer cognitive performance, reflected by a lower mean (s.d.) composite cognitive score  $-0.23$  (0.32) v.  $+0.28$  (0.52),  $p = 0.03$ . Moderate to large effect sizes were noted for differences in tests of attention, psychomotor speed, working memory, cognitive flexibility, visuo-spatial processing, and verbal memory. A subsample of cases had higher SPQ scores and worse cognitive performance than their siblings not using cannabis.

### **CONCLUSION:**

Heavy, chronic, and early cannabis use that is not confounded by other drug use is associated with psychosis-relevant phenomena and cognitive deficits. The findings are relevant to the evolving attitudes and laws about cannabis.

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31. Encephale. 2019 Oct 11. pii: S0013-7006(19)30250-7. doi: 10.1016/j.encep.2019.06.005. [Epub ahead of print]

# Practical considerations for the evaluation and management of Attention Deficit Hyperactivity Disorder (ADHD) in adults.

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## **Abstract**

Attention deficit with or without hyperactivity disorder (ADHD) is one of the most frequent neuropsychiatric disorders, and affects 2-4% of adults. In contrast with many European countries, the identification and management of adult ADHD remains underdeveloped in France, and a subject of controversy. This review provides a practical update on current knowledge about ADHD in adults for French-speaking professionals who have to detect or manage adult patients with ADHD. ADHD is classified as a neurodevelopmental disorder in the recent update of the international diagnostic classification. While symptoms and impairment due to ADHD are frequently severe during childhood, they often evolve as children grow older, with frequent persistent disabilities in

adulthood. In adulthood, the clinical presentation, as in childhood, involves the symptom triad of inattention, hyperactivity and impulsivity. However, differences are noted: hyperactivity is more often internalized, symptoms of inattention may be masked by anxiety symptoms or obsessive-like compensation strategies. ADHD is often diagnosed during childhood, but it is not rare for the diagnosis to be made later. Failure to recognise symptoms resulting in misdiagnosis, or alternatively well-developed compensation factors could be two underlying reasons for the long delay until diagnosis. Other symptoms, such as emotional deregulation or executive function-related symptoms are also usually observed in adults. In addition, in adults, ADHD is often associated with other psychiatric disorders (in 80% of cases); this makes the diagnosis even more difficult. These disorders encompass a broad spectrum, from mood disorders (unipolar or bipolar), to anxiety disorders, and other neurodevelopmental disorders and personality disorders, especially borderline and antisocial personality disorder. Substance-use disorders are very common, either as a consequence of impulsivity and emotional dysregulation or as an attempt at self-treatment. Sleep disorders, especially restless leg syndrome and hypersomnolence, could share common pathophysiological mechanisms with ADHD. ADHD and comorbidity-related symptoms are responsible for serious functional impairment, in various domains, leading to academic, social, vocational, and familial consequences. The impact on other psychiatric disorders as an aggravating factor should also be considered. The considerable disability and the poorer quality of life among adults with ADHD warrant optimal evaluation and management. The diagnostic procedure for ADHD among adults should be systematic. Once the positive diagnosis is made, the evaluation enables characterisation of the levels of severity and impairment at individual level. A full examination should also assess medical conditions associated with ADHD, to provide personalized care. In recent years, a growing number of assessment tools have been translated and validated in French providing a wide range of structured interviews and standardized self-report questionnaires for the evaluation of core and associated ADHD symptoms, comorbidities and functional impairment. The treatment of ADHD in adults is multimodal, and aims to relieve the symptoms, limit the burden of the disease, and manage comorbidities. The most relevant and validated psychological approaches are psycho-education, cognitive-behavioural therapy and "third wave therapies" with a specific focus on emotional regulation. Cognitive remediation and neurofeedback are promising strategies still under evaluation. Medications, especially psychostimulants, are effective for alleviating ADHD symptoms with a large effect size. Their safety and tolerance are satisfactory, although their long-term clinical benefit is still under discussion. In France, methylphenidate is the only stimulant available for the treatment of ADHD. Unfortunately, there is no authorization for its use among adults except in continuation after adolescence. Hence the prescription, which is subject to the regulations on narcotics, is off-label in France. This article aims to provide practical considerations for the management of ADHD and associated disorders in adults, in this particular French context. Copyright © 2019 L'Encéphale, Paris. Published by Elsevier Masson SAS. All rights reserved.

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# Clinician Reactions When Working with Adolescent Patients: The Therapist Response Questionnaire for Adolescents.

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## **Abstract**

This study examined the factor structure and psychometric properties of the Therapist Response Questionnaire for Adolescents (TRQ-A), an 86-item clinician-report instrument measuring a wide range of thoughts, feelings, and behaviors expressed by therapists toward their adolescent patients. A sample of psychodynamic and cognitive-behavioral clinicians ( $N = 192$ ) filled in the TRQ-A and the latest version of the Shedler-Westen Assessment Procedure for Adolescents (SWAP-II-A) in order to assess the personality styles/disorders of a randomly selected adolescent patient in their care. Factor analysis identified six conceptually coherent and internally consistent countertransference patterns: warm/attuned, angry/criticized, disorganized/frightened, overinvolved/worried, disengaged/hopeless, and sexualized. These patterns were significantly related to patients' personality styles/disorders in a clinically meaningful and systematically predictable manner. The results support the TRQ-A's validity and internal reliability in evaluating the complex portrait of multifaceted reactions that clinicians typically experience toward adolescent patients, and its potential to improve diagnostic accuracy and guide clinicians in planning effective therapeutic interventions. The TRQ-A promises to significantly contribute to this less explored research area and encourage systematic studies of youth treatment, promoting best practice for successful therapeutic outcomes.

PMID: 31609644

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33. Curr Opin Psychiatry. 2019 Oct 10. doi: 10.1097/YCO.0000000000000557. [Epub ahead of print]

## Integrated treatment for patients with comorbid depression and personality disorders.

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## **Abstract**

### **PURPOSE OF REVIEW:**

To provide an update on the epidemiology and the clinical consequences of depression complicated by comorbid personality disorders, and to discuss optimal treatment options.

### **RECENT FINDINGS:**

Studies have confirmed the frequent co-occurrence of depression and personality disorders. These comorbid states are consistently associated with unfavourable clinical indicators such as duration of episode, symptom severity and recurrence of depression, as well as a negative effect on treatment outcome. Nevertheless, this is a neglected theme and there are hardly any well designed treatment studies available.

### **SUMMARY:**

We advocate considering depression and personality as being more closely related and argue in favour of the development of integrated treatment options tailored to understanding symptoms as being interwoven with a variety of long-standing disturbing personality patterns. Both clinically and conceptually, psychodynamic and schema-focused approaches provide good opportunities to adjust available therapies and they could optimize outcomes in this complex patient group. Given the risk of treatment resistance and chronicity, a combination of psychotherapy and medication should always be considered.

PMID: 31609251

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34. J Pers Disord. 2019 Oct 14:1-9. doi: 10.1521/pedi\_2019\_33\_446. [Epub ahead of print]

# **Perceived Caretaker Malevolence During Childhood Reported by Borderline Patients and Personality-Disordered Comparison Subjects: Description and Prediction.**

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## Abstract

This study has two purposes. The first is to assess the rates of childhood malevolence by caretakers reported by a well-defined sample of inpatients with borderline personality disorder (BPD) and comparison subjects with other personality disorders. The second purpose is to determine the relationship between reported malevolence of caretakers and possible risk factors for this experience. Two reliable interviews were administered to 290 borderline inpatients and 72 personality-disordered comparison subjects to address these aims. Malevolence was reported by a significantly higher percentage of borderline patients than comparison subjects (58% vs. 33%). In multivariate analyses, severity of other forms of abuse, severity of neglect, and a family history of a dramatic cluster personality disorder were found to significantly predict perceived malevolence. Taken together, the results of this study suggest that experiencing malevolence is common and distinguishing for BPD, and that the risk factors for reported childhood malevolence are multifactorial in nature.

PMID: 31609186

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35. J Pers Disord. 2019 Oct 14:1-19. doi: 10.1521/pedi\_2019\_33\_436. [Epub ahead of print]

# [Personality, Schizophrenia, and Violence: A Longitudinal Study: The Second Wave of the VIORMED Project.](#)

[Bottesi G](#)<sup>1</sup>, [Candini V](#)<sup>1,2</sup>, [Ghisi M](#)<sup>1</sup>, [Bava M](#)<sup>3</sup>, [Bianconi G](#)<sup>4</sup>, [Bulgari V](#)<sup>2</sup>, [Carrà G](#)<sup>3,5</sup>, [Cavalera C](#)<sup>2,6</sup>, [Conte G](#)<sup>7</sup>, [Cricelli M](#)<sup>8</sup>, [Ferla MT](#)<sup>8</sup>, [Iozzino L](#)<sup>2</sup>, [Macis A](#)<sup>9</sup>, [Stefana A](#)<sup>7</sup>, [de Girolamo G](#)<sup>2</sup>; [VIORMED-2 Group](#).

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## Abstract

This study investigated the association between maladaptive personality traits, personality disorders (PDs), schizophrenia, and the risk of aggressive behavior. Ninety-four patients with a history of violence and 92 patients with no history of violence underwent a multidimensional baseline assessment. Aggressive behavior was monitored during a 1-year follow-up through the Modified Overt Aggression Scale. The Violent group scored significantly higher than the Control group on the Millon Clinical Multiaxial Inventory (MCMI-III) Antisocial, Sadistic, Borderline, and Paranoid personality scales. Irrespective of any history of violence, patients with PD as a primary diagnosis displayed more aggressive behaviors than those with a primary diagnosis of schizophrenia during the follow-up. Furthermore, the most significant predictor of aggressive behaviors over time was endorsing a primary diagnosis of PD. Identifying the crucial risk factors for violent recidivism would contribute to reducing aggressive behavior in this population.

PMID: 31609185

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36. *Depress Anxiety*. 2019 Nov;36(11):1102-1114. doi: 10.1002/da.22960. Epub 2019 Oct 14.

## [Gender commonalities and differences in risk and protective factors of suicidal thoughts and behaviors: A cross-sectional study of Spanish university students.](#)

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## **Abstract**

### **AIM:**

To assess gender differences in the association between risk/protective factors and suicidal thoughts and behaviors (STB); and whether there is any gender-interaction with those factors and STB; among Spanish university students.

### **METHODS:**

Data from baseline online survey of UNIVERSAL project, a multicenter, observational study of first-year Spanish university students (18-24 years). We assessed STB; lifetime and 12-month negative life-events and family adversities; mental disorders; personal and community factors. Gender-specific regression models and gender-interactions were also analyzed.

### **RESULTS:**

We included 2,105 students, 55.4% women. Twelve-month prevalence of suicidal ideation (SI) was 10%, plans 5.7%, attempts 0.6%. Statistically significant gender-interactions were found for lifetime anxiety disorder, hopelessness, violence between parents, chronic health conditions and family support. Lifetime mood disorder was a common risk factor of SI for both genders (Females: OR= 5.5; 95%CI 3.3-9.3; Males: OR= 4.4; 95%CI 2.0-9.7). For females, exposure to violence between parents (OR= 3.5; 95%CI 1.7-7.2), anxiety disorder (OR= 2.7; 95%CI 1.6-4.6), and alcohol/substance disorder (OR= 2.1; 95%CI 1.1-4.3); and for males, physical childhood maltreatment (OR= 3.6; 95%CI 1.4-9.2), deceased parents (OR= 4.6; 95%CI 1.2-17.7), and hopelessness (OR= 7.7; 95%CI 2.8-21.2), increased SI risk. Family support (OR= 0.5; 95%CI 0.2-0.9) and peers/others support (OR= 0.4; 95%CI 0.2-0.8) were associated to a lower SI risk only among females.

### **CONCLUSIONS:**

Only mood disorder was a common risk factor of SI for both genders, whereas important gender-differences were observed regarding the other factors assessed. The protective effect from family and peers/others support was observed only among females. Further research assessing underlying mechanisms and pathways of gender-differences is needed.

PMID: 31609064

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37. Br J Psychiatry. 2019 Oct 14:1-7. doi: 10.1192/bjp.2019.215. [Epub ahead of print]

## [Mental disorders, suicide attempt and suicide: differences in the association in refugees compared with Swedish-born individuals.](#)

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### **Abstract**

#### **BACKGROUND:**

Mental disorders are associated with an elevated risk for suicide attempt and suicide. Whether the strength of the associations also holds for refugees is unclear.

#### **AIMS:**

To examine the relationship between specific mental disorders and suicide attempt and suicide in refugees and Swedish-born individuals.

#### **METHOD:**

This longitudinal cohort study included 5 083 447 individuals aged 16-64 years, residing in Sweden in 2004, where 196 757 were refugees. Mental disorders were defined as having a diagnosis in psychiatric care during 2000-2004. Estimates of risk of suicide attempt and suicide were calculated as hazard ratios with 95% confidence intervals. Adjustments were made for important confounding

factors, including history of attempt. The reference group comprised Swedish-born individuals without mental disorders.

## RESULTS:

Rates for suicide attempt in individuals with a mental disorder were lower in refugees compared with Swedish-born individuals (480 v. 850 per 100 000 person-years, respectively). This pattern was true for most specific disorders: compared with the reference group, among refugees, multivariable-adjusted hazard ratios for suicide attempt ranged from 3.0 (anxiety) to 7.4 (substance misuse), and among Swedish-born individuals, from 4.9 (stress-related disorder) to 9.3 (substance misuse). For schizophrenia, bipolar disorder and personality disorder, estimates for suicide attempt were comparable between refugees and Swedish-born individuals. Similar patterns were seen for suicide.

## CONCLUSIONS:

For most mental disorders, refugees were less likely to be admitted to hospital for suicide attempt or die by suicide compared with Swedish-born individuals. Further research on risk and protective factors for suicide attempt and suicide among refugees with mental disorders is warranted.

## DECLARATION OF INTEREST:

None.

PMID: 31608856

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38. BJPsych Open. 2019 Oct 14;5(6):e90. doi: 10.1192/bjo.2019.79.

# [Mental health in South East London general hospitals: using electronic patient records to explore associations between psychiatric diagnoses and length of stay in a patient cohort receiving liaison psychiatry input.](#)

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## **Abstract**

### **BACKGROUND:**

Psychiatric illnesses are prevalent in general hospitals and associated with length of stay (LOS). Liaison psychiatry teams provide psychiatric care in acute hospitals and can improve mental health-related outcomes but, to achieve ambitious policy targets, services must understand local need.

### **AIMS:**

Using electronic patient records, we investigate associations between psychiatric diagnoses and LOS in South East London hospitals.

### **METHOD:**

Patient records were extracted using the South London and Maudsley NHS Foundation Trust Biomedical Research Centre Case Register Interactive Search system. There were 6378 admissions seen by liaison psychiatry aged <65 years between 2011 and 2016. Linear mixed-effects models investigated the impact of psychiatric diagnoses on LOS. Potential confounders included medical diagnoses, gender, age, ethnicity, social deprivation, hospital site and investment per admission.

### **RESULTS:**

According to marginal means, longer LOS is associated with primary diagnoses of organic disorders (mean: 23 days, 95% CI 20.39-25.61), depressive disorders (mean: 11.03 days, 95% CI 9.74-25.61) and psychotic disorders (mean: 10.63 days, 95% CI 8.75-12.51). Shorter LOS is associated with personality disorders (mean: 6.28 days, 95% CI 4.12-8.45), bipolar affective disorders (mean 6.81 days, 95% CI 3.49-10.14) and substance-related problems (mean 7.53 days, 95% CI 6.01-9.05).

### **CONCLUSIONS:**

Psychiatric diagnoses have differential associations with in-patient LOS. Liaison psychiatry teams aim to mitigate the impact of psychiatric illness on patient and hospital outcomes but understanding local need and the wider context of care provision is needed to maximise potential benefits.

### **DECLARATION OF INTEREST:**

M.H. is a consultant liaison psychiatrist for King's College Hospital adult liaison psychiatry team. At the time of writing, H.T. was senior business manager at SLaM psychological medicine and integrated care clinical academic group. These may be considered financial and/or non-financial interests given the implications of findings for service funding.

**Free Article**

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39. J Voice. 2019 Oct 8. pii: S0892-1997(19)30360-1. doi: 10.1016/j.jvoice.2019.09.002. [Epub ahead of print]

## Perceived Control, Voice Handicap, and Barriers to Voice Therapy.

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### **Abstract**

#### **OBJECTIVE:**

To characterize the associations of perceived control with voice outcomes and self-reported likelihood of attending voice therapy using a national practice-based research network.

#### **STUDY DESIGN:**

Cross-sectional study of prospectively enrolled adult patients seen for dysphonia.

#### **SETTING:**

Creating Healthcare Excellence through Education and Research (CHEER) network of community and academic practice sites.

#### **SUBJECTS AND METHODS:**

Data collected included patient-reported demographics, outcome measures of voice (Voice Handicap Index-10), perceived control (present control subscale of voice-specific Perceived Control over Stressful Events Scale), personality (Ten Item Personality Inventory), likelihood of attending voice therapy if recommended, and barriers to attending voice therapy.

## RESULTS:

Patients (N = 247) were enrolled over 12 months from 10 sites, of whom 170 received a recommendation for voice therapy. The majority (85%) of this group planned to attend voice therapy. Voice-specific perceived control and VHI-10 were inversely related ( $r = -0.31$ ,  $P < 0.001$ ), even when controlling for personality. No study variables were associated with self-reported likelihood of attending voice therapy, but perceived control was the most consistent correlate of specific barriers to attending voice therapy (eg, "hard to translate into everyday use") and was inversely related to these barriers.

## CONCLUSIONS:

Patients scoring higher on a voice-specific measure of perceived control reported less voice handicap, independent of personality, and higher perceived control was associated with having fewer concerns about voice therapy goals and process. Perceived control is a potential target for intervention in patients with voice disorders.

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PMID: 31604609

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40. Schizophr Bull. 2019 Oct 11. pii: sbz103. doi: 10.1093/schbul/sbz103. [Epub ahead of print]

# [Toward a Neural Model of the Openness-Psychoticism Dimension: Functional Connectivity in the Default and Frontoparietal Control Networks.](#)

[Blain SD](#)<sup>1</sup>, [Grazioplene RG](#)<sup>2</sup>, [Ma Y](#)<sup>1</sup>, [DeYoung CG](#)<sup>1</sup>.

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## Abstract

Psychosis proneness has been linked to heightened Openness to Experience and to cognitive deficits. Openness and psychotic disorders are associated with the default and frontoparietal networks, and the latter network is also robustly associated with intelligence. We tested the hypothesis that functional connectivity of the default and frontoparietal networks is a neural correlate of the openness-psychoticism dimension. Participants in the Human Connectome Project

(N = 1003) completed measures of psychoticism, openness, and intelligence. Resting state functional magnetic resonance imaging was used to identify intrinsic connectivity networks. Structural equation modeling revealed relations among personality, intelligence, and network coherence. Psychoticism, openness, and especially their shared variance were related positively to default network coherence and negatively to frontoparietal coherence. These associations remained after controlling for intelligence. Intelligence was positively related to frontoparietal coherence. Research suggests that psychoticism and openness are linked in part through their association with connectivity in networks involving experiential simulation and cognitive control. We propose a model of psychosis risk that highlights roles of the default and frontoparietal networks. Findings echo research on functional connectivity in psychosis patients, suggesting shared mechanisms across the personality-psychopathology continuum.

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41. Clin Exp Rheumatol. 2019 Oct 9. [Epub ahead of print]

## [Alexithymia is associated with mood disorders, impairment in quality of life and disability in women with fibromyalgia.](#)

[Horta-Baas G<sup>1</sup>](#), [Peláez-Ballestas I<sup>2</sup>](#), [Queipo G<sup>3</sup>](#), [Montero Hernández U<sup>4</sup>](#), [Romero-Figueroa MDS<sup>5</sup>](#).

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### **Abstract**

#### **OBJECTIVES:**

Alexithymia is a personality trait related to the quality of life of women with fibromyalgia (FM). It is still unknown whether alexithymia is associated with the clinical manifestations of FM. The present

study describes the relationship between alexithymia and the domains included in the core set recommended by the Outcome Measures in Rheumatology (OMERACT) for FM evaluation.

## **METHODS:**

One hundred two women with FM were enrolled in the cross-sectional study. The domains evaluated were alexithymia, pain, fatigue, health-related quality of life, sleep quality, depression, anxiety, and disability. Univariate and multivariate (Kernel Regularized Least Squares method) analyses were performed to assess the relationship between alexithymia and the domains included in the core set recommended by the OMERACT.

## **RESULTS:**

Alexithymia prevalence was 64.5% (95% Confidence Interval [CI], 54.6%-73.9%) and higher in women with depression (76.1%; 95%CI, 63.8%-86%). Female patients with FM and alexithymia showed higher pain intensity, anxiety and depression levels, and disability perception and lower quality of life, as compared to those with FM without alexithymia. Size effect differences ranged from medium to large and all of them were statistically significant ( $p < 0.05$ ). Using multivariate analysis, alexithymia was significantly associated with worse perceptions of quality of life (except physical health domain) and more disability perception, independently of other variables. However, alexithymia was not significantly associated with pain intensity.

## **CONCLUSIONS:**

Alexithymia plays an important role in clinical manifestations of FM, mainly in the psychological and social dimensions of quality of life and the degree of perceived disability.

PMID: 31603073

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42. Psychol Med. 2019 Oct 10:1-9. doi: 10.1017/S0033291719002563. [Epub ahead of print]

# **Personalized models of personality disorders: using a temporal network method to understand symptomatology and daily functioning in a clinical sample.**

[Dotterer HL](#)<sup>1</sup>, [Beltz AM](#)<sup>1</sup>, [Foster KT](#)<sup>1</sup>, [Simms LJ](#)<sup>2</sup>, [Wright AGC](#)<sup>3</sup>.

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## Abstract

### BACKGROUND:

An ongoing challenge in understanding and treating personality disorders (PDs) is a significant heterogeneity in disorder expression, stemming from variability in underlying dynamic processes. These processes are commonly discussed in clinical settings, but are rarely empirically studied due to their personalized, temporal nature. The goal of the current study was to combine intensive longitudinal data collection with person-specific temporal network models to produce individualized symptom-level structures of personality pathology. These structures were then linked to traditional PD diagnoses and stress (to index daily functioning).

### METHODS:

Using about 100 daily assessments of internalizing and externalizing domains underlying PDs (i.e. negative affect, detachment, impulsivity, hostility), a temporal network mapping approach (i.e. group iterative multiple model estimation) was used to create person-specific networks of the temporal relations among domains for 91 individuals (62.6% female) with a PD. Network characteristics were then associated with traditional PD symptomatology (controlling for mean domain levels) and with daily variation in clinically-relevant phenomena (i.e. stress).

### RESULTS:

Features of the person-specific networks predicted paranoid, borderline, narcissistic, and obsessive-PD symptom counts above average levels of the domains, in ways that align with clinical conceptualizations. They also predicted between-person variation in stress across days.

### CONCLUSIONS:

Relations among behavioral domains thought to underlie heterogeneity in PDs were indeed associated with traditional diagnostic constructs and with daily functioning (i.e. stress) in person-specific networks. Findings highlight the importance of leveraging data and models that capture person-specific, dynamic processes, and suggest that person-specific networks may have implications for precision medicine.

PMID: 31597579

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43. Psychosom Med. 2019 Oct 4. doi: 10.1097/PSY.0000000000000728. [Epub ahead of print]

**[Linking daily life interpersonal stressors and health problems via affective reactivity in](#)**

# borderline personality and depressive disorders.

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## **Abstract**

### **OBJECTIVE:**

Borderline personality disorder (BPD) is associated with unstable interpersonal relationships, affective instability, and physical health problems. In individuals with BPD, intense affective reactions to interpersonal stressors may contribute to the increased prevalence of health problems.

### **METHODS:**

BPD (N=81) and depressed participants (DD; N=50) completed six daily ambulatory assessment prompts over 28 days. At each prompt, participants reported interpersonal stressors (disagreements, rejections, feeling let down), negative affect, and health problems in four domains (gastrointestinal, respiratory, aches, depressive symptoms). In multilevel moderated mediation models, we examined the indirect effects of interpersonal stressors on health problems via negative affect, by group.

### **RESULTS:**

Interpersonal stressors were positively associated with negative affect in both groups ( $\beta > .12$ ,  $p < .001$ ), but more so for participants with BPD ( $\beta_{\text{Day}} = .05$ ,  $p < .001$ ). Negative affect was positively associated with health problems across all domains ( $\beta_{\text{Moment/Day}} > .01$ ,  $p < .046$ ), but associations were larger at the day level for respiratory symptoms in BPD ( $\beta = .02$ ,  $p = .025$ ) and for depressive symptoms in DD ( $\beta = .04$ ,  $p < .001$ ). Negative affect mediated the association of interpersonal stressors and health problems in both groups, with larger effects for the DD group for depressive problems ( $\beta = .02$ ,  $p = .092$ ) and for the BPD group for the other three domains ( $\beta > .02$ ,  $p < .090$ ).

### **CONCLUSIONS:**

Interpersonal stressors may contribute to increased physical health problems via an inability to regulate affective responses to such events. This pathway may be stronger in several health domains for those with BPD and may contribute to an elevated risk of morbidity and mortality in this disorder, suggesting a target for intervention to reduce these risks.

PMID: 31592936

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44. Stress. 2019 Oct 18:1-6. doi: 10.1080/10253890.2019.1678024. [Epub ahead of print]

## [Hypothalamic-pituitary axis response to a 0.25-MG dexamethasone test in women with fibromyalgia.](#)

[González-Vives S<sup>1</sup>](#), [Díaz-Marsá M<sup>2,3</sup>](#), [De la Vega I<sup>1</sup>](#), [Palomares N<sup>3,4</sup>](#), [Vázquez S<sup>1</sup>](#), [López-Villatoro JM<sup>1</sup>](#), [Palomo T<sup>2,3</sup>](#), [Carrasco JL<sup>2,3</sup>](#).

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### **Abstract**

Fibromyalgia has been reported as having some clinical overlap with both depression and emotionally-unstable disorders, although both types of disorders present different cortisol suppression response to dexamethasone. In this study we investigated the hypothalamic-pituitary-adrenal system (HPA) in the fibromyalgic syndrome (FMS) using a dexamethasone suppression test (DST) of 0.25 mg designed to specifically detect cortisol hypersuppression. We studied 59 women (20 patients and 39 healthy controls) to whom the DST was administered together with a battery of psychometric tests. In our results, patients with FMS had significant lower levels of basal cortisol pre- and post-DST compared with control subjects. However, cortisol suppression rate in patients after DST was not significantly different than in controls. As other syndromes like post-traumatic stress disorder or emotionally unstable personality disorders, also related with high incidence of severe trauma, FMS patients presented significant low basal cortisol. However, they did not have cortisol hypersuppression as is commonly found in the mentioned disorders. The relation of FMS with lifetime traumas and with emotional instability should be further investigated in order to improve psychological treatment approaches for these patients. LAY SUMMARY Patients with fibromyalgic syndrome have basal hypocortisolemia but no cortisol hypersuppression after dexamethasone infusion compared to control subjects, as other trauma-related syndromes.

PMID: 31591938

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45. Psychother Psychosom. 2019 Oct 7:1-2. doi: 10.1159/000502918. [Epub ahead of print]

## **Effectiveness of Acute-Phase Treatment of Depression Is Not Influenced by Comorbid Personality Disorders: Results from a Meta-Analysis and Meta-Regression.**

[van Bronswijk SC](#)<sup>1,2</sup>, [Köster EM](#)<sup>3</sup>, [Peeters FPML](#)<sup>3</sup>.

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PMID: 31590174

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46. Eur Neuropsychopharmacol. 2019 Oct 3. pii: S0924-977X(19)30885-5. doi: 10.1016/j.euroneuro.2019.09.011. [Epub ahead of print]

## **Differential COMT DNA methylation in patients with Borderline Personality Disorder: Genotype matters.**

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## Abstract

Differential DNA methylation in peripheral tissues has been associated with Borderline Personality Disorder (BPD). Alterations have been found in several genes, among them the Catechol-O-methyltransferase (COMT) gene. COMT is a known neuropsychiatric candidate gene, which contains a genotype variant (Val<sup>108/158</sup>Met) that affects protein function and has been found associated with several psychiatric disorders. In addition, this variant also affects COMT DNA methylation. However, in previous epigenetic studies, the DNA methylation results have not always been controlled for genotype, even though overrepresentation of the Met allele has been frequently reported in cohorts of BPD patients. Therefore, in the present study, we investigated whether alteration of COMT DNA methylation in BPD patients is indeed associated with mental health status or merely influenced by a differential distribution of the COMT genotype between BPD patients and healthy control individuals. We found significant group differences, as well as a strong effect of genotype on COMT DNA methylation. While the direction of effect was different compared to a previous study, our study supports the finding of altered COMT DNA methylation in patients with BPD and reinforces the need to include genotype information in future DNA methylation studies of COMT. Copyright © 2019 Elsevier B.V. and ECNP. All rights reserved.

PMID: 31587837

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47. Eur Arch Psychiatry Clin Neurosci. 2019 Oct 4. doi: 10.1007/s00406-019-01074-1. [Epub ahead of print]

## [The vicious circle of social exclusion and psychopathology: a systematic review of experimental ostracism research in psychiatric disorders.](#)

[Reinhard MA](#)<sup>1</sup>, [Dewald-Kaufmann J](#)<sup>2,3</sup>, [Wüstenberg T](#)<sup>4</sup>, [Musil R](#)<sup>2</sup>, [Barton BB](#)<sup>2</sup>, [Jobst A](#)<sup>2</sup>, [Padberg F](#)<sup>2</sup>.

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## Abstract

Social exclusion (ostracism) is a major psychosocial factor contributing to the development and persistence of psychiatric disorders and is also related to their social stigma. However, its specific role in different disorders is not evident, and comprehensive social psychology research on ostracism has rather focused on healthy individuals and less on psychiatric patients. Here, we systematically review experimental studies investigating psychological and physiological reactions to ostracism in different responses of psychiatric disorders. Moreover, we propose a theoretical model of the interplay between psychiatric symptoms and ostracism. A systematic MEDLINE and PsycINFO search was conducted including 52 relevant studies in various disorders (some of which evaluated more than one disorder): borderline personality disorder (21 studies); major depressive disorder (11 studies); anxiety (7 studies); autism spectrum disorder (6 studies); schizophrenia (6 studies); substance use disorders (4 studies); and eating disorders (2 studies). Psychological and physiological effects of ostracism were assessed with various experimental paradigms: e.g., virtual real-time interactions (Cyberball), social feedback and imagined scenarios. We critically review the main results of these studies and propose the overall concept of a vicious cycle where psychiatric symptoms increase the chance of being ostracized, and ostracism consolidates or even aggravates psychopathology. However, the specificity and stability of reactions to ostracism, their neurobiological underpinnings, determinants, and moderators (e.g., attachment style, childhood trauma, and rejection sensitivity) remain elusive.

PMID: 31586242

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48. Personal Disord. 2019 Oct 3. doi: 10.1037/per0000366. [Epub ahead of print]

## [Heterogeneity of adaptive features among psychopathy variants.](#)

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## Abstract

Psychopathic personality traits can be conceptualized as a complex network of adaptive and maladaptive traits. Although general positive adjustment has been related to primary psychopathy and increased emotional stability, no study focused on the distribution of specific adaptive traits through psychopathy variants. Participants were 2,291 French college students who completed self-report questionnaires. A cluster analysis, based on a 4-factor model of psychopathy (Antagonism, Narcissism, Disinhibition, and Emotional Stability), was performed on a subsample with increased psychopathic traits (n = 378) and yielded 3 distinct groups: a primary psychopathy cluster, a

secondary psychopathy cluster, and an emotionally stable-low antagonism cluster. The primary psychopathy cluster displayed the highest scores of Leadership, Logical Thinking, Focus, Management, and Money Smart, whereas the emotionally stable-low antagonism cluster had the highest scores of Composure and Extraversion. Conversely, the secondary psychopathy cluster exhibited reduced adaptive psychopathic traits. These results suggest that adaptive psychopathic traits are inconsistently distributed between psychopathy subtypes. Interaction effects between main factors of psychopathy are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

PMID: 31580098

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49. Personal Disord. 2019 Oct 3. doi: 10.1037/per0000352. [Epub ahead of print]

## Level of personality functioning as a predictor of psychosocial functioning- Concurrent validity of criterion A.

[Buer Christensen T](#)<sup>1</sup>, [Eikenaes I](#)<sup>2</sup>, [Hummelen B](#)<sup>2</sup>, [Pedersen G](#)<sup>2</sup>, [Nysæter TE](#)<sup>1</sup>, [Bender DS](#)<sup>3</sup>, [Skodol AE](#)<sup>4</sup>, [Selvik SG](#)<sup>4</sup>.

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### **Abstract**

The alternative model for personality disorders (AMPD) in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, defines personality functioning by assessment of impairment in Identity and Self-direction (Self component) and in Empathy and Intimacy (Interpersonal). These four domains constitute the Level of Personality Functioning Scale, a trans-diagnostic measure of PD severity. The association between the Level of Personality Functioning Scale and psychosocial impairment based on other previously established psychosocial functioning instruments has not been reported. A total of 317 individuals, including a representative clinical sample of 282 patients (192 with a personality disorder [PD] diagnosis), was evaluated with the Structured Clinical Interview for the *DSM-5* AMPD Module I. Self-reported impairment was measured by the Work and Social Adjustment Scale (WSAS), and social and occupational impairment was assessed by the functioning score of the Global Assessment of Functioning scale (GAF-F). WSAS and GAF-F both correlated significantly with mean LPFS scores and the sum of *DSM-IV* PD criteria. For both measures, the mean LPFS was a stronger predictor for psychosocial impairment than the sum of *DSM-IV* PD criteria. Within the LPFS, the Self component was a better predictor than the Interpersonal component for both WSAS and GAF-F. For the four domains, the results diverged, with Identity as the strongest predictor by far for WSAS. Empathy was the only significant predictor for

impairment evaluated by GAF-F, but its contribution to variance was not substantial. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

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