

1. *Neurosci Biobehav Rev.* 2011 Apr 15. [Epub ahead of print]
[Psychopathological aspects of dopaminergic gene polymorphisms in adolescence and young adulthood.](#)

Nemoda Z, Szekely A, Sasvari-Szekely M.

[Source](#)

Institute of Medical Chemistry, Molecular Biology and Pathobiochemistry, Semmelweis University, Budapest, Hungary.

[Abstract](#)

Dopamine hypotheses of several psychiatric disorders are based upon the clinical benefits of drugs affecting dopamine transporter (DAT) or receptors, and have prompted intensive candidate gene research within the dopaminergic system during the last two decades. The aim of this review is to survey the most important findings concerning dopaminergic gene polymorphisms in attention deficit hyperactivity disorder (ADHD), Tourette syndrome (TS), obsessive compulsive disorder, and substance abuse. Also, genetic findings of related phenotypes, such as inattention, impulsivity, aggressive behavior, and novelty seeking personality trait are presented, because recent studies have applied quantitative trait measures using questionnaires, symptom scales, or other objective endophenotypes. Unfortunately, genetic variants with minor effects are problematic to detect in these complex inheritance disorders, often leading to contradictory results. The most consistent association findings relate to ADHD and the dopamine transporter and the dopamine D4 receptor genes. Meta-analyses also support the association between substance abuse and the D2 receptor gene. The dopamine catabolizing enzyme genes, such as monoamine oxidase (MAO) A and catechol-O-methyltransferase (COMT) genes, have been linked to aggressive behaviors.

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PMID:

21527290

[PubMed - as supplied by publisher]

[Related citations](#)

2. *J Neurosci.* 2011 Apr 27;31(17):6362-70.
[Nucleus Accumbens {micro}-Opioid Receptors Mediate Social Reward.](#)

Trezza V, Damsteegt R, Achterberg EJ, Vanderschuren LJ.

[Source](#)

Rudolf Magnus Institute of Neuroscience, Department of Neuroscience and Pharmacology, University Medical Center Utrecht, 3584 CG Utrecht, The Netherlands, Department of Animals in Science and Society, Division of Behavioural Neuroscience, Faculty of Veterinary

Medicine, Utrecht University, 3584 CM Utrecht, The Netherlands, and Department of Biology, University "Roma Tre," 00146 Rome, Italy.

Abstract

Positive social interactions are essential for emotional well-being and proper behavioral development of young individuals. Here, we studied the neural underpinnings of social reward by investigating the involvement of opioid neurotransmission in the nucleus accumbens (NAc) in social play behavior, a highly rewarding social interaction in adolescent rats. Intra-NAc infusion of morphine (0.05–0.1 μ g) increased pinning and pouncing, characteristic elements of social play behavior in rats, and blockade of NAc opioid receptors with naloxone (0.5 μ g) prevented the play-enhancing effects of systemic morphine (1 mg/kg, s.c.) administration. Thus, stimulation of opioid receptors in the NAc was necessary and sufficient for morphine to increase social play. Intra-NAc treatment with the selective μ -opioid receptor agonist [d-Ala(2),N-MePhe(4),Gly(5)-ol]enkephalin (DAMGO) (0.1–10 ng) and the μ -opioid receptor antagonist Cys-Tyr-d-Trp-Arg-Thr-Pen-Thr-NH(2) (CTAP) (0.3–3 μ g) increased and decreased social play, respectively. The δ -opioid receptor agonist DPDPE ([d-Pen(2),d-Pen(5)]-enkephalin) (0.3–3 μ g) had no effects, whereas the κ -opioid receptor agonist U69593 (N-methyl-2-phenyl-N-[(5R,7S,8S)-7-(pyrrolidin-1-yl)-1-oxaspiro[4.5]dec-8-yl]acetamide) (0.01–1 μ g) decreased social play. Intra-NAc treatment with β -endorphin (0.01–1 μ g) increased social play, but met-enkephalin (0.1–5 μ g) and the enkephalinase inhibitor thiorphan (0.1–1 μ g) were ineffective. DAMGO (0.1–10 ng) increased social play after infusion into both the shell and core subregions of the NAc. Last, intra-NAc infusion of CTAP (3 μ g) prevented the development of social play-induced conditioned place preference. These findings identify NAc μ -opioid receptor stimulation as an important neural mechanism for the attribution of positive value to social interactions in adolescent rats. Altered NAc μ -opioid receptor function may underlie social impairments in psychiatric disorders such as autism, schizophrenia, or personality disorders.

PMID:

21525276

[PubMed - in process]

Related citations



3. Early Interv Psychiatry. 2011 Apr 26. doi: 10.1111/j.1751-7893.2011.00271.x. [Epub ahead of print]

The relationship between impulsivity and vocational outcome in outpatient youth with borderline personality features.

Sio IT, Chanen AM, Killackey EJ, Gleeson J.

Source

Psychological Sciences, University of Melbourne Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne Orygen Youth Health Clinical

Program, Northwestern Mental Health School of Psychology, The Australian Catholic University, Melbourne, Australia.

Abstract

Aim: This study aims to examine the relationship between each Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) borderline personality feature and vocational outcome (i.e. employment and education) in a sample of young people diagnosed with borderline personality pathology. **Methods:** The sample comprised 60 young people registered with a specialist early intervention programme for borderline personality disorder (BPD). Diagnostic data and vocational information were obtained from a standardized semistructured assessment and medical record review for a period of 12 months from entry into the treatment programme. **Results:** DSM-IV criterion 4 'impulsivity' upon entry to the treatment programme was associated with poor vocational outcome 12 months after index assessment. **Conclusions:** Although the results of the present study suggest that impulsivity is an important feature predictive of vocational functioning in BPD, and that specific intervention in impulsivity might be a critical goal for early intervention of BPD to maximize functional recovery for such patients, further studies are required to test the reliability and validity of the role of impulsivity in relation to vocational outcome of these patients.

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21521492

[PubMed - as supplied by publisher]

Related citations



4. J Clin Psychol. 2011 Apr 25. doi: 10.1002/jclp.20806. [Epub ahead of print]
Motive-oriented therapeutic relationship in brief psychodynamic intervention for patients with depression and personality disorders.

Kramer U, Rosciano A, Pavlovic M, Berthoud L, Despland JN, de Roten Y, Caspar F.

Source

Institute of Psychotherapy, Department of Psychiatry, CHUV, University of Lausanne.
Ueli.Kramer@chuv.ch.

Abstract

Motive-Oriented Therapeutic Relationship (MOTR, also called Complementary Therapeutic Relationship) has already shown itself to be related to therapeutic outcome in several studies. The present study aims to test MOTR in a 4-session Brief Psychodynamic Intervention for patients presenting with major depressive disorder (MDD) and comorbid personality disorder (PD). In total, N = 20 patients were selected; n = 10 had MDD, n = 10 had MDD with comorbid PD. The first therapy session was videotaped and analyzed by means of Plan

Analysis and the MOTR scale. Results suggest a differential effect on outcome: only the nonverbal component of MOTR is related to symptomatic change in patients presenting with MDD and comorbid PD; no such effect was found for patients with MDD alone. These results are discussed in line with the generalization and refinement of the conclusions of previous findings on the MOTR. © 2011 Wiley Periodicals, Inc. J Clin Psychol 67:1-11, 2011.

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PMID:

21520080

[PubMed - as supplied by publisher]

Related citations



5. Psychol Assess. 2011 Apr 25. [Epub ahead of print]

[The achievement of therapeutic objectives scale: Interrater reliability and sensitivity to change in short-term dynamic psychotherapy and cognitive therapy.](#)

Valen J, Ryum T, Svartberg M, Stiles TC, McCullough L.

Abstract

This study examined interrater reliability and sensitivity to change of the Achievement of Therapeutic Objectives Scale (ATOS; McCullough, Larsen, et al., 2003) in short-term dynamic psychotherapy (STDP) and cognitive therapy (CT). The ATOS is a process scale originally developed to assess patients' achievements of treatment objectives in STDP, but further operational definitions have led to a theoretically neutral assessment device, making it applicable to other treatment modalities as well. Videotapes from a randomized controlled trial comparing the effectiveness of STDP and CT for patients with Cluster C personality disorders were rated by independent raters, typically at Sessions 6 and 36. The results indicated good to excellent interrater reliability, as well as adequate sensitivity to change in theoretically expected ways, in both STDP and CT. The results lend further support to the psychometric soundness of the ATOS and show promise for its use when comparing STDP and CT. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21517190

[PubMed - as supplied by publisher]

Related citations

6. J Pers Assess. 2011 May;93(3):257-65.

[Assessment of affect integration: validation of the affect consciousness construct.](#)

Solbakken OA, Hansen RS, Havik OE, Monsen JT.

Source

Department of Psychology, University of Oslo, Norway.

Abstract

Affect integration, or the capacity to utilize the motivational and signal properties of affect for personal adjustment, is assumed to be an important aspect of psychological health and functioning. Affect integration has been operationalized through the affect consciousness (AC) construct as degrees of awareness, tolerance, nonverbal expression, and conceptual expression of nine discrete affects. A semistructured Affect Consciousness Interview (ACI) and separate Affect Consciousness Scales (ACSs) have been developed to specifically assess these aspects of affect integration. This study explored the construct validity of AC in a Norwegian clinical sample including estimates of reliability and assessment of structure by factor analyses. External validity issues were addressed by examining the relationships between scores on the ACSs and self-rated symptom- and interpersonal problem measures as well as independent, observer-based ratings of personality disorder criteria and the Global Assessment of Functioning (GAF) scale from the Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM-IV]; American Psychiatric Association, 1994).

PMID:

21516584

[PubMed - in process]

Related citations

7. Wien Klin Wochenschr. 2011 Apr 26. [Epub ahead of print]
Preparing for DSM 5 - Assessment of personality pathology during psychoanalytic and psychiatric treatments.

Löffler-Stastka H, Bartenstein M, Schlaff G.

Source

Department of Psychoanalysis and Psychotherapy, Medical University of Vienna, Vienna, Austria, henriette.loeffler-stastka@meduniwien.ac.at.

Abstract

BACKGROUND:

Currently, the conceptualization and treatment of personality pathologies are mainly theory driven. The resulting categorical classification of personality disorders leads to inaccurate diagnoses and is therefore being criticized by many researchers and clinicians. A consensus exists that in the upcoming edition of the DSM (DSM 5), the classification of personality disorders should rather adopt a dimensional approach, where patients are assessed depending on their character traits, inner-defense mechanisms, and interpersonal functioning. However,

the basis (theoretical or empirical) of this classification-system is still a topic of dispute. This study presents assessment methods based on both theoretical and empirical assumptions.

OBJECTIVE:

To determine whether psychodynamic instruments employed in psychoanalytic settings are also useful for measuring changes in personality pathology in psychiatric inpatient settings.

METHODS:

Matched pairs between two groups of patients, one receiving outpatient psychoanalytic care ($n = 10$; mean age 36 ± 11), the other inpatient social-psychiatric treatment ($n = 10$; mean age 27 ± 6), were created and subsequently analyzed (mean observation period 20 ± 11 days). Patients were assessed using psychodynamic instruments measuring changes in quality of object relations (QORS) and affect regulation and experience (AREQ). To allow conclusions concerning the respective mechanisms of change, the influence of the therapeutic relationship, measured by using instruments evaluating transference (PRQ) and countertransference (CTQ) patterns, was also assessed.

RESULTS:

The instruments aforementioned were shown to be suited for both psychoanalytic and psychiatric patients. Typical short-term developments of the distinctive therapeutic procedures were evident; however, in both settings a positive working alliance was shown to be crucial for therapeutic progress.

CONCLUSION:

The psychodynamic instruments introduced in this study proved to be effective in measuring personality pathology in psychiatric inpatients and in helping clinicians throughout the indication and recommendation process during transition from inpatient to outpatient treatment. Since components of such assessment methods are being considered for DSM 5, their practical utility is shown in this study.

PMID:

21516329

[PubMed - as supplied by publisher]

Related citations



8. Drug Alcohol Depend. 2011 Apr 21. [Epub ahead of print]

An examination of psychiatric comorbidities as a function of gender and substance type within an inpatient substance use treatment program.

Chen KW, Banducci AN, Guller L, Macatee RJ, Lavelle A, Daughters SB, Lejuez CW.

Source

Center for Addictions, Personality, and Emotion Research, University of Maryland College Park, Department of Psychology, 1147 Biology Psychology Building, College Park, MD 20742, United States; Center for Integrative Medicine, University of Maryland, School of Medicine, 520 W Lombard St. East Hall, Room 101 C, Baltimore, MD 21201, United States.

Abstract

BACKGROUND:

There are elevated rates of comorbid psychiatric disorders among individuals with substance dependence; however, little research examines these rates within inpatient settings, particularly in relation to gender and type of substance. The current study aimed to fill this gap.

METHOD:

465 patients (71.4% male) were recruited from an inpatient substance use treatment facility from 2006 to 2009. These patients were interviewed and diagnosed using the Structure Clinical Interview for DSM-IV and the Diagnostic Interview for Personality Disorders.

RESULTS:

60.6% of patients with substance dependence had a current comorbid psychiatric disorder, and more than 30% had at least two psychiatric disorders. The most common current Axis I diagnosis was major depressive disorder (25.8%), followed by PTSD (14%). Comparable rates were found for Antisocial and Borderline Personality Disorders. Females were significantly more likely to meet diagnostic criteria for a psychiatric disorder than were males (73.7% versus 55.4%). When examining comorbidities across different substance dependences, the highest rates of comorbid psychiatric disorders were found among individuals with alcohol dependence (76.8%) and cannabis dependence (76%), although rates were above 60% for cocaine and opioid dependence. Rates of psychiatric diagnoses were significantly lower (27%) among patients who did not meet diagnostic criteria for substance dependence.

CONCLUSIONS:

There are particularly elevated rates of psychiatric disorders among individuals with substance dependence in inpatient treatment. These rates differ as a function of substance dependence type and gender, making these factors important to consider when researching and treating this type of population.

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PMID:

21514751

[PubMed - as supplied by publisher]

Related citations



9. Drug Alcohol Depend. 2011 Apr 21. [Epub ahead of print]
Predictors of persistent nicotine dependence among adults in the United States.< /a>

Goodwin RD, Pagura J, Spiwak R, Lemeshow AR, Sareen J.

Source

Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 West 168th St, Rm 1505, New York, NY 10032, United States.

Abstract

BACKGROUND:

Evidence suggests that nicotine dependence is the key barrier to successful smoking cessation. No previous study has documented predictors of persistent nicotine dependence among adults in the community. The goal of this study is to prospectively identify predictors of continued nicotine dependence over a 3-year period among adults.

METHODS:

Data were drawn from Waves I and II of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), a nationally representative sample of 34,653 adults in the United States. Logistic regression analyses were used to estimate the odds of persistent nicotine dependence at Wave 2 given the presence of various sociodemographic and psychiatric predictors at Wave 1.

RESULTS:

Mood, anxiety, personality and illicit substance use disorders were associated with significantly increased risk of persistent nicotine dependence. The strength of these relationships was attenuated slightly after adjusting for demographic differences, but remained statistically significant. Persistent nicotine dependence was more common among unmarried, younger females with lower income levels and lower educational attainment.

CONCLUSIONS:

To our knowledge, this study is the first to prospectively identify predictors of persistent nicotine dependence among adults. Our results suggest that the incorporation of mental health treatment into alternative smoking cessation approaches may help to increase the effectiveness of these programs and that a greater focus of these services on vulnerable segments of the

population is needed in order to reduce continued disparities in smoking in the general population.

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PMID:

21514748

[PubMed - as supplied by publisher]

Related citations



10. Psychiatr Genet. 2011 Apr 20. [Epub ahead of print]

Polymorphic variation at the serotonin 1-A receptor gene is associated with comorbid depression and generalized anxiety.

Molina E, Cervilla J, Rivera M, Torres F, Bellón JA, Moreno B, King M, Nazareth I, Gutiérrez B.

Source

aCIBERSAM, University of Granada, Section of Psychiatry, Institute of Neurosciences, Biomedical Research Centre (CIBM) bMental Health Unit, 'San Cecilio' University Hospital, Granada cDepartment of Preventive Medicine, University of Malaga, 'El Palo' Primary Care Centre, Primary Care Research Unit (redIAPP, grupo SAMSERAP) dDepartment of Personality, Assessment and Psychological Treatment, University of Malaga (redIAPP, grupo SAMSERAP), Málaga, Spain eDepartment of Mental Health Sciences, University College London, Royal Free Campus fResearch Department of Primary Care and Population Health, University College London and MRC General Practice Research Framework gMRC SGDP Centre, Institute of Psychiatry, King's College London, London, UK.

Abstract

BACKGROUND:

Serotonin 1-A receptors are key regulators of serotonin activity and their dysregulation might be implicated in the emergence of both major depression (MD) and generalized anxiety disorder (GAD). Previous studies have yielded inconclusive results as to whether the 5-HT1A receptor gene (HTR1A) has a role in the aetiology of MD and no study up to date has analysed this polymorphism on either pure MD or MD comorbid with GAD.

METHODS:

In this study, 1059 patients taking part in the PREDICT-Gene study were ascertained for Diagnostic and Statistical Manual of Mental Disorders-IV MD and GAD diagnoses using the Composite International Diagnostic Interview and the Primary Care Evaluation of Mental

Disorders questionnaire, respectively. They were also genotyped for the C(-1019)G functional polymorphism at the promoter region of HTR1A gene.

RESULTS:

Genetic variability at HTR1A was significantly associated with MD [odds ratio (OR)=1.67; 95% confidence interval (CI)=1.14-2.44; P=0.008], although this effect disappeared after adjusting for GAD (OR=1.43; 95% CI=0.96-2.14; P=0.080). Similarly, a crude association between C(-1019)G polymorphism and GAD was found (OR=2.54; 95% CI=1.28-4.86; P=0.003), but these results became no longer significant after adjusting for MD (OR=1.97; 95% CI=0.99-3.91; P=0.050). However, a main effect of HTR1A G(-1019) allele on comorbid MD-GAD was found (OR=3.41; 95% CI=1.44-8.05; P=0.005) and it remained robust and statistically significant after adjusting by sex, age and family history of psychological problems (OR=2.82; 95% CI=1.18-6.77; P=0.020).

CONCLUSION:

In our study, the HTR1A C(-1019)G polymorphism was found to be associated to the frequent clinical presentation of comorbid MD and GAD, suggesting a common genetic background for mixed depression and anxiety states. These findings should be considered as preliminary. Future replications in independent samples would be needed to confirm or discard such association.

PMID:

21512427

[PubMed - as supplied by publisher]

Related citations

11. Compr Psychiatry. 2011 Apr 19. [Epub ahead of print]
Symptomatic overlap between attention-deficit/hyperactivity disorder and borderline personality disorder in women: the role of temperament and character traits.

van Dijk FE, Lappenschaar M, Kan CC, Verkes RJ, Buitelaar JK.

Source

Department of Psychiatry (961), Nijmegen Centre for Evidence-Based Practice, Radboud University Nijmegen Medical Centre, P.O. Box 9101, 6500 HB Nijmegen, the Netherlands.

Abstract

OBJECTIVE:

There is substantial symptomatic overlap between attention-deficit/hyperactivity disorder (ADHD) and borderline personality disorder (BPD) in adults, but the nature of the relationship between these disorders needs further clarification. The role of temperament and character traits in the differentiation of classes of patients with similar ADHD and BPD

symptom profiles was examined and possible pathways between early temperament and future ADHD and/or BPD were hypothesized.

METHODS:

Structured diagnostic interviews were conducted in 103 female patients to assess current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition symptoms of ADHD and BPD, and parent interviews were used to assess ADHD symptoms in childhood. Classes of subjects with homogeneous symptom profiles were identified using latent class analysis. Temperament and character traits were assessed using the Temperament and Character Inventory of Cloninger et al; scores were then compared across the latent classes.

RESULTS:

Latent class analysis revealed 4 mutually exclusive classes of patients: 1 with only ADHD symptoms; 1 with BPD symptoms and ADHD symptoms of hyperactivity; 1 with BPD symptoms and ADHD symptoms of inattention, hyperactivity, and impulsivity; and 1 with BPD symptoms and ADHD symptoms of inattention and hyperactivity. High Novelty Seeking was found in all classes except for the class with symptoms of BPD and only the hyperactivity aspect of ADHD. The highest Novelty Seeking temperament scores were found in that class of patients with both symptoms of BPD and symptoms in all areas of ADHD. High Harm Avoidance, low Cooperativeness, and low Self-directedness were specifically related to classes containing BPD symptoms.

CONCLUSIONS:

Classes of ADHD and BPD symptoms are associated with specific temperament and character configurations. Novelty Seeking was associated with the inattention symptoms of ADHD. An outspoken Novelty Seeking temperament suggests vulnerability for the development of ADHD and co-occurring BPD. Contrary to patients with combined ADHD and BPD symptoms, patients with only symptoms of ADHD showed normal character development and thus an absence of a personality disorder. Assessment of temperament and character traits can improve our understanding of the complex relationship between ADHD and BPD.

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PMID:

21511251

[PubMed - as supplied by publisher]

Related citations



12. J Psychosom Res. 2011 May;70(5):479-85. Epub 2011 Feb 16.

[Personality traits in multiple sclerosis: Association with mood and anxiety disorders.](#)

Bruce JM, Lynch SG.

Source

University of Missouri-Kansas City, Kansas City, MO, USA.

Abstract

BACKGROUND:

Patients with multiple sclerosis (MS) frequently experience depression and anxiety. Several studies also document personality differences between MS patients and controls. Few studies, however, have examined the relationship between mood/anxiety and core personality traits in MS.

OBJECTIVES:

The purpose of the present investigation was to examine the association between anxiety, mood, and personality disturbances in MS.

METHODS:

A structured psychiatric interview and validated self-report measures of personality, depression, and anxiety were administered to 85 MS patients and 20 normal controls.

RESULTS:

Findings suggested a significant association between psychopathology and core personality dysfunction in MS. Depressed/anxious MS patients exhibited more neuroticism, less extroversion, less agreeableness, and less conscientiousness than mentally healthy MS patients and normal controls. In contrast, nondepressed/nonanxious MS patients' core personality traits did not substantially differ from normal controls.

CONCLUSIONS:

Though longitudinal studies are needed, findings provide hope that the successful treatment of MS patients' mood and anxiety symptoms may also partially ameliorate disordered personality characteristics. Consistent with previous research, an increased understanding of MS patients' personality characteristics may also aid with preventative psychiatric and medical treatment.

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PMID:

21511079

[PubMed - in process]

Related citations

13. Adv Psychosom Med. 2011;30:8-21. Epub 2011 Apr 19.

[A behaviorist perspective.](#)

Treisman GJ, Clark MR.

[Source](#)

Departments of Psychiatry and Behavioral Sciences, The Johns Hopkins Medical Institutions, Baltimore, Md., USA.

[Abstract](#)

Chronic pain is a sensory experience that produces suffering and functional impairment and is the result of both sensory input as well as secondary adaptation of the nervous system. The sensitization of the nervous system to pain is influenced by physical activity (or inactivity) and medication exposure. Medication taking and physical activity are behaviors that are increased or decreased by positive and negative reinforcement. Patients often have comorbid psychiatric conditions at presentation, including addictions, mood disorders, personality vulnerabilities and life circumstances that amplify their disability and impede their recovery. Behavioral conditioning contributes to chronic pain disorders in the form of both classical (Pavlov) and operant (Skinner) conditioning that increases the experience of pain, the liability to ongoing injury, the central amplification of pain, the use of reinforcing medications such as opiates and benzodiazepines, and behaviors associated with disability. The term 'abnormal illness behavior' has been used to describe behaviors that are associated with illness but are not explained physiologically. Behavioral conditioning often amplifies these abnormal behaviors in patients with chronic pain. Addiction can also be seen as a behavior that is reinforced and conditioned. The same factors that amplify abnormal illness behaviors also increase the liability to addiction. Psychiatric comorbidities also complicate and amplify abnormal illness behaviors and addictive behaviors and further contribute to the disability of chronic pain patients. Model interventions that reinforce healthy behaviors and extinguish illness behaviors are effective in patients with addictions and chronic pain. Maladaptive behaviors including addictive behaviors can be used as targets for classical and operant conditioning techniques, and these techniques are demonstrably effective in patients with chronic pain and addictions.

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PMID:

21508624

[PubMed - in process]

[Related citations](#)



14. J Abnorm Psychol. 2011 Apr 18. [Epub ahead of print]

The rejection-rage contingency in borderline personality disorder.

Berenson KR, **Downey G, Rafaeli E, Coifman KG, Leventhal Paquin N.**

Abstract

Though long-standing clinical observation reflected in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.) suggests that the rage characteristic of borderline personality disorder (BPD) often appears in response to perceived rejection, the role of perceived rejection in triggering rage in BPD has never been empirically tested. Extending basic personality research on rejection sensitivity to a clinical sample, a priming-pronunciation experiment and a 21-day experience-sampling diary examined the contingent relationship between perceived rejection and rage in participants diagnosed with BPD compared with healthy controls. Despite the differences in these 2 assessment methods, the indices of rejection-contingent rage that they both produced were elevated in the BPD group and were strongly interrelated. They provide corroborating evidence that reactions to perceived rejection significantly explain the rage seen in BPD. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21500875

[PubMed - as supplied by publisher]

Related citations

15. Compr Psychiatry. 2011 May-Jun;52(3):326-33. Epub 2010 Sep 6.

Posterior cortical atrophy: an exemplar for renovating diagnostic formulation in neuropsychiatry.

Goldstein MA, Ivanov I, Silverman ME.

Abstract

Neurodegenerative dementias represent among the most clinically and pathologically complex syndromes in neuropsychiatry. Phenomenologically protean, and often initially presenting with subtle subsyndromal characteristics, neurodegenerative behavioral syndromes can manifest with an assortment of cognitive, mood, personality, and comportmental changes, often alloyed with elementary neurologic (eg, motor) signs. A range of pathogenic mechanisms (eg, amyloid plaques, Pick bodies, etc) typically underlie corresponding clinical syndromes. However, overlap in both clinical expression and histopathologic comorbidities frequently exist among cortical and subcortical neurodegenerative disorders. Moreover, secondary central nervous system pathologies (eg, cerebrovascular disease) commonly coexist with neurodegenerative processes, further complicating clinical phenomenology-based nosologic categorization. Evolving insight into the etiologic mechanisms of neurodegenerative dementias, and correspondingly improving potential for intervention, require more precise differentiation among dementia subtypes and comprehensive identification of contemporaneous neurodegenerative processes. Increasing appreciation of this diagnostic complexity is prompting the need for renovation of existing diagnostic schemas. We address these issues by reviewing the atypical dementia type known

as posterior cortical atrophy. We then use posterior cortical atrophy as an exemplar for renovating neuropsychiatric diagnostic classification to better account for the layered complexity of clinical and pathologic domains needing to be characterized to accurately and completely diagnose neuropsychiatric disturbances.

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PMID:

21497228

[PubMed - in process]

[Related citations](#)



16. Compr Psychiatry. 2011 May-Jun;52(3):293-300. Epub 2010 Sep 1.

[Schizotypal traits and depressive symptoms in nonclinical adolescents.](#)

Fonseca-Pedrero E, Paino M, Lemos-Giráldez S, Muñiz J.

[Abstract](#)

The main goal of this study was to examine the relationship between schizotypal personality traits and depressive symptoms in a sample of nonclinical adolescents. The Schizotypal Personality Questionnaire-Brief (J Personal Disord 1995;9:346-355) and the Reynolds Depression Adolescent Scale (Reynolds WM. Reynolds Adolescent Depression Scale. Professional Manual. Odessa: Psychological Assessment Resources, Inc; 1987) were administered. The sample was made up of 1384 adolescents (48.6% boys), with a mean (SD) age of 15.7 (1.0) years. The results of the study indicate a high degree of overlap between schizotypal experiences and depressive symptoms at a nonclinical level. Canonical correlation between the Schizotypal Personality Questionnaire-Brief scales and the Reynolds Adolescent Depression Scale scales was 0.63, which represents 39.69% of the associated variance between the 2 sets of variables. Confirmatory factor analysis showed that the 4-dimensional model made up of the Positive, Interpersonal, Disorganized, and Depressive dimensions was that which best fit the data. Moreover, the dimensional structure underlying the schizotypal traits and depressive symptoms was found to be invariant across sex and age. These findings converge with data found in previous studies of both patients with schizophrenia and nonclinical adults and suggest that affective dysregulation is also present at a subclinical level. Future research should continue to make progress in the early detection of participants at risk of developing schizophrenia-spectrum disorders based on the early identification of these types of subclinical traits.

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PMID:

21497224

[PubMed - in process]

[Related citations](#)

17. BMC Psychiatry. 2011 Apr 14;11(1):60. [Epub ahead of print]

Familial liability, obstetric complications and childhood development abnormalities in early onset schizophrenia: a case control study.

Margari F, Petruzzelli MG, Lecce PA, Todarello O, De Giacomo A, Lucarelli E, Martinelli D, Margari L.

Abstract

ABSTRACT: BACKGROUND: Genetic and environmental risk factors and gene-environment interactions are linked to higher likelihood of developing schizophrenia in accordance with the neurodevelopmental model of disease; little is known about risk factors and early development in early-onset schizophrenia (EOS) and very early-onset schizophrenia (VEOS). **Methods:** We present a case-control study of a sample of 21 patients with EOS/VEOS and a control group of 21 patients with migraine, recruited from the Child Neuropsychiatry Unit, Department of Neurological and Psychiatric Science, University of Bari, Italy. The aim was to assess the statistical association between VEOS/EOS and family history for psychiatric disorders, obstetric complications and childhood developmental abnormalities using 2x2 tables and a Chi Squared or Fisher test. **Results:** The results show a statistical association between EOS/VEOS and schizophrenia and related disorders ($P=0.02$) and personality disorders ($P=0.003$) in relatives, and between EOS/VEOS and developmental abnormalities of early relational skills ($P=0.008$) and learning ($P=0.04$); there is not a statistically relevant difference between cases and controls ($P>0.05$) for any obstetric complications (pre, peri and postpartum). **Conclusions:** This study confirms the significant role of familial liability but not of obstetric complications in the pathogenesis of VEOS/EOS; the association between childhood developmental abnormalities and EOS/VEOS supports the neurodevelopmental model of disease.

Free Article

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21492438

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Related citations



18. J Intellect Disabil Res. 2011 Apr 15. doi: 10.1111/j.1365-2788.2011.01418.x. [Epub ahead of print]

Association of aggressive behaviours with psychiatric disorders, age, sex and degree of intellectual disability: a large-scale survey.

Tsiouris JA, Kim SY, Brown WT, Cohen IL.

Source

George A. Jervis Clinic, New York State Institute for Basic Research in Developmental Disabilities, Staten Island, NY, USA Department of Psychology, New York State Institute for Basic Research in Developmental Disabilities, Staten Island, NY, USA Department of Human Genetics, New York State Institute for Basic Research in Developmental Disabilities, Staten Island, NY, USA.

Abstract

Background The link between aggression and mental disorders has been the focus of diverse studies in persons with and without intellectual disabilities (ID). Because of discrepancies in the finding of studies in persons with ID to date, and because of differences in research design, instruments used and the population studied, more research is needed. The purpose of this study was to delineate any significant association between certain psychiatric disorders and specific domains of aggressive behaviours in a large sample of persons with ID controlling for sex, age, autism and degree of ID. **Method** Data from the present study were obtained from 47% of all persons with ID receiving services from New York State agencies, using the Institute for Basic Research - Modified Overt Aggression Scale (IBR-MOAS between 2006 and 2007). The IBR-MOAS was completed by the chief psychologists of 14 agencies based on information from the participants' files. Demographic information obtained included the psychiatric diagnosis made by the treating psychiatrist as well as information on age, sex and degree of ID. Data from 4069 participants were analysed. **Results** Impulse control disorder and bipolar disorder were strongly associated with all five domains of aggressive behaviour in the IBR-MOAS. Psychotic disorder was highly associated with four domains except for physical aggression against self (PASLF), which was of borderline significance. Anxiety was most associated with PASLF and verbal aggression against self (VASLF); depression with VASLF; obsessive compulsive disorder with physical aggression against objects (PAOBJ); personality disorders with verbal aggression against others (VAOTH), VASLF and PASLF; and autism with physical aggression against others (PAOTH), PAOBJ and PASLF. Mild to moderate ID was associated with VAOTH and VASLF and severe to profound ID with PAOBJ and PASLF. Female sex was most associated with VASLF. **Conclusions** Impulse control, mood dysregulation and perceived threat appear to underlie most of the aggressive behaviours reported. Psychosis and depression appeared to have been over-diagnosed in persons with mild to moderate ID and under-diagnosed in persons with severe and profound ID. These findings replicate and extend findings from previous studies. The pattern of associations reported can be used as helpful indicators by professionals involved in the treatment of aggressive behaviours in persons with ID.

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PMID:

21492292

[PubMed - as supplied by publisher]

Related citations

19. Curr Pharm Des. 2011 Apr 15. [Epub ahead of print]
[Food Addiction and Neuroimaging.](#)

Zhang Y, von Deneen KM, Tian J, Gold MS, Liu Y.

Source

Department of Psychiatry, McKnight Brain Institute, University of Florida, 100 Newell Drive, P.O. Box 100256, Gainesville, FL 32610, USA. yijunliu@ufl.edu.

Abstract

Obesity has become a serious epidemic and one of the leading global health problems. However, much of the current debate has been fractious, and etiologies of obesity have been attributed to eating behavior (i.e. fast food consumption), personality, depression, addiction or genetics. One of the interesting new hypotheses for explaining the development of obesity involves a food addiction model, which suggests that food is not eaten as much for survival as pleasure and that hedonic overeating is relevant to both substance-related disorders and eating disorders. Accumulating evidence has shown that there are a number of shared neural and hormonal pathways as well as distinct differences in these pathways that may help researchers discover why certain individuals continue to overeat despite health and other consequences, and becomes more and more obese. Functional neuroimaging studies have further revealed that pleasant smelling, looking, and tasting food has reinforcing characteristics similar to drugs of abuse. Many of the brain changes reported for hedonic eating and obesity are also seen in various types of addictions. Most importantly, overeating and obesity may have an acquired drive similar to drug addiction with respect to motivation and incentive craving. In both cases, the desire and continued satisfaction occur after early and repeated exposure to stimuli. The acquired drive for eating food and relative weakness of the satiety signal would cause an imbalance between the drive and hunger/reward centers in the brain and their regulation. In the current paper, we first provide a summary of literature on food addition from eight different perspectives, and then we proposed a research paradigm that may allow screening of new pharmacological treatment on the basis of functional magnetic resonance imaging (fMRI).

PMID:

21492080

[PubMed - as supplied by publisher]

Related citations

20. Psychol Health Med. 2011 May;16(3):333-45.
[Cardiac morbidity risk and depression and anxiety: A disorder, symptom and trait analysis among cardiac surgery patients.](#)

Tully PJ, Pedersen SS, Winefield HR, Baker RA, Turnbull DA, Denollet J.

Source

Cardiac and Thoracic Surgical Unit, Department of Medicine, Flinders Medical Centre and Flinders University, Adelaide, South Australia, Australia.

Abstract

The aim of this study was to examine depression and anxiety disorders and their characteristic symptoms (anhedonia/low positive affect and anxious arousal, respectively), along with measures of state negative affect (NA) and Type D personality, in relation to cardiac surgery related morbidity. Patients awaiting elective coronary artery bypass graft surgery (n = 158; 20.9% female; 11.4% concomitant valve surgery; age M = 64.7, SD = 10.6) underwent the structured MINI International Neuropsychiatric Interview to determine current affective disorders. Patients also completed the Mood and Anxiety Symptom Questionnaire and a measure of Type D personality traits. Postoperative cardiac morbidity was confirmed after surgery during the index hospitalization and included stroke, renal failure, ventilation >24 h, deep sternal wound infection, reoperation, arrhythmia and 30-day mortality at any location (n = 59, 37.3% of total). After adjustment for age, recent myocardial infarction, heart failure, hypertension, urgency of surgery and time spent on cardiopulmonary bypass generalized anxiety disorder was associated with cardiac morbidity (odds ratio [OR] = 3.26, 95% confidence interval [CI] 1.10-9.67, p = 0.03). Adjusted analysis of personality traits revealed the NA component of Type D personality was associated with cardiac morbidity (OR = 1.07, 95% CI 1.01-1.14, p = 0.03). The Mood and Anxiety Symptom Questionnaire subscales were not associated with increased morbidity risk. Affective disorders, affective phenotypes, and personality traits were differentially associated with post-cardiac surgery morbidity outcomes independent of cardiac surgery morbidity risk factors. Concurrent investigation of depression and anxiety with respect to cardiac outcomes warrants further research.

PMID:

21491341

[PubMed - in process]

Related citations

21. Compr Psychiatry. 2011 Apr 11. [Epub ahead of print]

[Personality and posttraumatic stress disorder among directly exposed survivors of the Oklahoma City bombing.](#)

North CS, Abbacchi A, Cloninger CR.

Source

The North Texas VA Health Care System and the Departments of Psychiatry and Surgery/Division of Emergency Medicine at The University of Texas Southwestern Medical Center, Dallas, TX.

Abstract

BACKGROUND:

Few disaster studies have specifically examined personality in association with exposure to disaster and development of posttraumatic stress disorder (PTSD). A study of survivors of the Oklahoma City bombing examined PTSD and personality measured after the disaster.

METHODS:

In a random sample of 255 survivors from a bombing survivor registry, 151 (59%) completed both full PTSD and personality assessments using the Diagnostic Interview Schedule and the Temperament and Character Inventory, respectively.

RESULTS:

Postbombing PTSD was associated with low self-directedness and low cooperativeness, and also with high self-transcendence and harm avoidance in most configurations. Disorganized (schizotypal) character and explosive (borderline) temperament configurations were associated with PTSD; creative and autocratic character configurations were negatively associated with PTSD.

CONCLUSIONS:

Clinicians should be vigilant for PTSD among individuals with personality disorders and also be aware that personality disorders are likely to be overrepresented among people with PTSD. Treatment of PTSD may need to take into account comorbid personality disorders and personality features.

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PMID:

21489423

[PubMed - as supplied by publisher]

Related citations



22. Psychopharmacology (Berl). 2011 Apr 12. [Epub ahead of print]

Negative mood induction normalizes decision making in male cocaine dependent individuals.

Fernández-Serrano MJ, Moreno-López L, Pérez-García M, Viedma-Del Jesús MI, Sánchez-Barrera MB, Verdejo-García A.

Source

Departamento de Personalidad, Evaluación y Tratamiento Psicológico, Universidad de Granada, Campus de Cartuja, s/n, 18071, Granada, Spain, mjfser@ugr.es.

Abstract

RATIONALE:

Decision making is thought to play a key role in psychostimulant relapse, but very few studies have addressed the issue of how to counteract decision-making deficits in addicted individuals. According to the somatic marker framework, pervasive decision-making problems in addicted individuals may relate to abnormalities in the processing of emotional signals that work to anticipate the prospective outcomes of potential decisions.

OBJECTIVE:

The present study was conducted to test whether the induction of different emotional states (positive, negative, or drug-related) could either normalize or further impair decision-making performance in male cocaine polysubstance-using individuals (CPSI), as indexed by the Iowa gambling task (IGT).

METHODS:

Forty-two CPSI and 65 healthy control individuals (all males) were randomly allocated in four affective conditions using a parallel-group design. Participants in the different conditions performed the IGT during exposure to neutral, positive, negative, or drug-related sets of affective images.

RESULTS:

The results showed that the CPSI exposed to the negative affective context showed a preference for the risk-averse safe choices of the IGT and had a net performance indistinguishable from that of controls. On the other hand, CPSI exposed to positive, drug-related, and neutral contexts showed the typical pattern of disadvantageous performance in the IGT and performed significantly poorer than controls. The impact of the negative mood induction could not be explained in terms of baseline differences in decision-making skills, personality traits related to sensitivity to reward/punishment, or trait positive/negative affect.

CONCLUSIONS:

We conclude that negative mood induction can normalize decision-making performance in male CPSI, which may have important implications for the treatment of cocaine use-related disorders.

PMID:

21484236

[PubMed - as supplied by publisher]

Related citations



23. Mol Psychiatry. 2011 Apr 12. [Epub ahead of print]

Positive emotionality is associated with baseline metabolism in orbitofrontal cortex and in regions of the default network.

Volkow ND, Tomasi D, Wang GJ, Fowler JS, Telang F, Goldstein RZ, Alia-Klein N, Woicik P, Wong C, Logan J, Millard J, Alexoff D.

Source

1] National Institute on Drug Abuse, Bethesda, MD, USA [2] National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD, USA.

Abstract

Positive emotionality (PEM) (personality construct of well-being, achievement/motivation, social and closeness) has been associated with striatal dopamine D2 receptor availability in healthy controls. As striatal D2 receptors modulate activity in orbitofrontal cortex (OFC) and cingulate (brain regions that process natural and drug rewards), we hypothesized that these regions underlie PEM. To test this, we assessed the correlation between baseline brain glucose metabolism (measured with positron emission tomography and [(18)F]fluoro-deoxyglucose) and scores on PEM (obtained from the multidimensional personality questionnaire or MPQ) in healthy controls (n=47). Statistical parametric mapping (SPM) analyses revealed that PEM was positively correlated ($P(c)<0.05$, voxel corrected) with metabolism in various cortical regions that included orbitofrontal (Brodmann area, BA 11, 47) and cingulate (BA 23, 32) and other frontal (BA 10, 9), parietal (precuneus, BA 40) and temporal (BA 20, 21) regions that overlap with the brain's default mode network (DMN). Correlations with the other two main MPQ personality dimensions (negative emotionality and constraint) were not significant (SPM $P(c)<0.05$). Our results corroborate an involvement of orbitofrontal and cingulate regions in PEM, which is considered a trait that protects against substance use disorders. As dysfunction of OFC and cingulate is a hallmark of addiction, these findings support a common neural basis underlying protective personality factors and brain dysfunction underlying substance use disorders. In addition, we also uncovered an association between PEM and baseline metabolism in regions from the DMN, which suggests that PEM may relate to global cortical processes that are active during resting conditions (introspection, mind wandering). Molecular Psychiatry advance online publication, 12 April 2011; doi:10.1038/mp.2011.30.

PMID:

21483434

[PubMed - as supplied by publisher]

Related citations



24. Psychol Med. 2011 Apr 11:1-11. [Epub ahead of print]

[A longitudinal etiologic model for symptoms of anxiety and depression in women.](#)

Kendler KS, Gardner CO.

[Source](#)

Department of Psychiatry, Virginia Commonwealth University School of Medicine,
Richmond, VA, USA.

[Abstract](#)

[BACKGROUND:](#)

Designed as state measures to monitor treatment response, symptoms of anxiety and depression (SxAnxDep) also have trait-like characteristics. No comprehensive etiologic model for SxAnxDep has illuminated the inter-relationship between their state- and trait-like characteristics, while including key predictor variables. **Method** In a prospective three-wave study of 2395 female twins from the Virginia Adult Twin Study of Psychiatric and Substance Use Disorders (VATSPSUD), we examined, using structural equation modeling, how genes, childhood and past-year environmental stressors, personality and episodes of major depression (MD) and generalized anxiety disorder (GAD) influence SxAnxDep.

[RESULTS:](#)

The best-fit model, which explained 68-74% of the variance in SxAnxDep, revealed two etiologic pathways. Stable levels of SxAnxDep resulted largely from neuroticism, which in turn was influenced by genetic and early environment risk factors. Occasion-specific influences resulted from stressful events mediated through episodes of MD or GAD. These two pathways, which had approximately equal influences on levels of SxAnxDep, were substantially correlated because the genetic, early environmental and personality factors that impacted on stable symptom levels also predisposed to event exposure and disorder onset. No significant interaction was seen between the two pathways.

[CONCLUSIONS:](#)

SxAnxDep in women in the general population arise from two inter-related causal pathways. The first, the 'trait-like' pathway, reflects genetic and early environmental risk factors, and is mediated largely through personality. The second pathway is mediated through episodes of MD and GAD, and is the result of both recent environmental adversities and trait-like factors that influence event exposure and the probability of disorder onset.

PMID:

21477417

[PubMed - as supplied by publisher]

Related citations



25. Neuropsychopharmacology. 2011 Apr 6. [Epub ahead of print]
The Association of Schizophrenia Risk D-Amino Acid Oxidase Polymorphisms With Sensorimotor Gating, Working Memory and Personality in Healthy Males.

Roussos P, Giakoumaki SG, Adamaki E, Anastasios G, Nikos RK, Bitsios P.

Source

1] Department of Psychiatry and Behavioral Sciences, Faculty of Medicine, University of Crete, Heraklion, Crete, Greece [2] Department of Psychiatry, Mount Sinai School of Medicine, New York, NY, USA.

Abstract

There is evidence supporting a role for the D-amino acid oxidase (DAO) locus in schizophrenia. This study aimed to determine the relationship of five single-nucleotide polymorphisms (SNPs) within the DAO gene identified as promising schizophrenia risk genes (rs4623951, rs2111902, rs3918346, rs3741775, and rs3825251) to acoustic startle, prepulse inhibition (PPI), working memory, and personality dimensions. A highly homogeneous study entry cohort (n=530) of healthy, young male army conscripts (n=703) originating from the Greek LOGOS project (Learning On Genetics Of Schizophrenia Spectrum) underwent PPI of the acoustic startle reflex, working memory, and personality assessment. The QTPHASE from the UNPHASED package was used for the association analysis of each SNP or haplotype data, with p-values corrected for multiple testing by running 10 000 permutations of the data. The rs4623951_T-rs3741775_G and rs4623951_T-rs2111902_T diplotypes were associated with reduced PPI and worse performance in working memory tasks and a personality pattern characterized by attenuated anxiety. Median stratification analysis of the risk diplotype group (ie, those individuals homozygous for the T and G alleles (TG+)) showed reduced PPI and working memory performance only in TG+ individuals with high trait anxiety. The rs4623951_T allele, which is the DAO polymorphism most strongly associated with schizophrenia, might tag a haplotype that affects PPI, cognition, and personality traits in general population. Our findings suggest an influence of the gene in the neural substrate mediating sensorimotor gating and working memory, especially when combined with high anxiety and further validate DAO as a candidate gene for schizophrenia and spectrum disorders. Neuropsychopharmacology advance online publication, 6 April 2011; doi:10.1038/npp.2011.49.

PMID:

21471957

[PubMed - as supplied by publisher]

Related citations



26. Arch Gen Psychiatry. 2011 Apr 4. [Epub ahead of print]

Ten-Year Course of Borderline Personality Disorder: Psychopathology and Function From the Collaborative Longitudinal Personality Disorders Study.

Gunderson JG, Stout RL, McGlashan TH, Shea MT, Morey LC, Grilo CM, Zanarini MC, Yen S, Markowitz JC, Sanislow C, Ansell E, Pinto A, Skodol AE.

Source

Harvard Medical School, McLean Hospital, Belmont, Massachusetts (Drs Gunderson and Zanarini); Decision Sciences Institute/PIRE, Pawtucket (Dr Stout), and Department of Veterans Affairs (Dr Shea) and Department of Psychiatry and Human Behavior, Brown University (Drs Shea and Yen), Providence, Rhode Island; Yale Psychiatric Research Institute and Yale University, New Haven (Drs McGlashan, Grilo, and Ansell), and Department of Psychology, Wesleyan University, Middletown (Dr Sanislow), Connecticut; Department of Psychology, Texas A&M University, College Station (Dr Morey); Department of Psychiatry, Columbia University (Drs Markowitz and Pinto) and Department of Personality Studies, New York State Psychiatric Institute (Drs Markowitz, Pinto, and Skodol), New York; and Sunbelt Collaborative and Department of Psychiatry, University of Arizona College of Medicine, Tucson (Dr Skodol).

Abstract

CONTEXT:

Borderline personality disorder (BPD) is traditionally considered chronic and intractable.

OBJECTIVE:

To compare the course of BPD's psychopathology and social function with that of other personality disorders and with major depressive disorder (MDD) over 10 years.

DESIGN:

A collaborative study of treatment-seeking, 18- to 45-year-old patients followed up with standardized, reliable, and repeated measures of diagnostic remission and relapse and of both global social functioning and subtypes of social functioning.

SETTING:

Nineteen clinical settings (hospital and outpatient) in 4 northeastern US cities.

PARTICIPANTS:

Three study groups, including 175 patients with BPD, 312 with cluster C personality disorders, and 95 with MDD but no personality disorder.

MAIN OUTCOME MEASURES:

The Diagnostic Interview for DSM-IV Personality Disorders and its follow-along version (the Diagnostic Interview for DSM-IV Personality Disorders-Follow-Along Version) were used to diagnose personality disorders and assess changes in them. The Structured Clinical Interview for DSM-IV Axis I Disorders and the Longitudinal Interval Follow-up Evaluation were used to diagnose MDD and assess changes in MDD and in social function.

RESULTS:

Eighty-five percent of patients with BPD remitted. Remission of BPD was slower than for MDD ($P < .001$) and minimally slower than for other personality disorders ($P < .03$). Twelve percent of patients with BPD relapsed, a rate less frequent and slower than for patients with MDD ($P < .001$) and other personality disorders ($P = .008$). All BPD criteria declined at similar rates. Social function scores showed severe impairment with only modest albeit statistically significant improvement; patients with BPD remained persistently more dysfunctional than the other 2 groups ($P < .001$). Reductions in criteria predicted subsequent improvements in DSM-IV Axis V Global Assessment of Functioning scores ($P < .001$).

CONCLUSIONS:

The 10-year course of BPD is characterized by high rates of remission, low rates of relapse, and severe and persistent impairment in social functioning. These results inform expectations of patients, families, and clinicians and document the severe public health burden of this disorder.

PMID:

21464343

[PubMed - as supplied by publisher]

Related citations



27. J Affect Disord. 2011 Apr 2. [Epub ahead of print]

Prevalence and correlates of lifetime deliberate self-harm and suicidal ideation in naturalistic outpatients: The Leiden Routine Outcome Monitoring study.

de Klerk S, van Noorden MS, van Giezen AE, Spinhoven P, den Hollander-Gijsman ME, Giltay EJ, Speckens AE, Zitman FG.

Source

Department of Psychiatry, Radboud University Nijmegen Medical Center, Nijmegen, The Netherlands.

Abstract

BACKGROUND:

Deliberate self-harm and suicidal ideation (DSHI) are common phenomena in general and mental health populations. Identifying factors associated with DSHI may contribute to the early identification, prevention and treatment of DSHI. Aims of the study are to determine the prevalence and correlates of lifetime DSHI in a naturalistic sample of psychiatric outpatients with mood, anxiety or somatoform (MAS) disorders.

METHODS:

Of 3798 consecutive patients from January 2004 to December 2006, 2844 (74.9%) patients were analyzed (mean age=37.5, SD=12.0; age range: 18-65; 62.7% women). Lifetime DSHI was assessed with routine outcome monitoring (ROM), including demographic parameters, DSM-IV diagnosis, depressive symptoms, symptoms of anxiety, general psychopathology and personality traits.

RESULTS:

Of the 2844 subjects, 55% reported lifetime DSHI. In multivariable logistic regression analysis, the most important factors associated with lifetime DSHI were being unmarried, low education, high number of psychiatric diagnoses, lower anxiety scores, higher depression scores and the personality trait of emotional dysregulation.

LIMITATIONS:

Deliberate self-harm may have been under-reported in self-report questionnaires; The assessment of personality traits may have been influenced by state psychopathology; traumatic events were not assessed.

CONCLUSIONS:

The findings suggest that DSHI is common among psychiatric outpatients with MAS disorders and that current symptoms and underlying personality vulnerabilities were independently involved in DSHI. Whether symptoms of somatic anxiety are protective should be confirmed in subsequent studies. These findings may help clinicians in identifying patients at risk for deliberate self-harm and suicide.

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PMID:

21463900

[PubMed - as supplied by publisher]

Related citations

1. *Neurosci Biobehav Rev.* 2011 Apr 15. [Epub ahead of print]

Psychopathological aspects of dopaminergic gene polymorphisms in adolescence and young adulthood.

Nemoda Z, Szekely A, Sasvari-Szekely M.

Source

Institute of Medical Chemistry, Molecular Biology and Pathobiochemistry, Semmelweis University, Budapest, Hungary.

Abstract

Dopamine hypotheses of several psychiatric disorders are based upon the clinical benefits of drugs affecting dopamine transporter (DAT) or receptors, and have prompted intensive candidate gene research within the dopaminergic system during the last two decades. The aim of this review is to survey the most important findings concerning dopaminergic gene polymorphisms in attention deficit hyperactivity disorder (ADHD), Tourette syndrome (TS), obsessive compulsive disorder, and substance abuse. Also, genetic findings of related phenotypes, such as inattention, impulsivity, aggressive behavior, and novelty seeking personality trait are presented, because recent studies have applied quantitative trait measures using questionnaires, symptom scales, or other objective endophenotypes. Unfortunately, genetic variants with minor effects are problematic to detect in these complex inheritance disorders, often leading to contradictory results. The most consistent association findings relate to ADHD and the dopamine transporter and the dopamine D4 receptor genes. Meta-analyses also support the association between substance abuse and the D2 receptor gene. The dopamine catabolizing enzyme genes, such as monoamine oxidase (MAO) A and catechol-O-methyltransferase (COMT) genes, have been linked to aggressive behaviors.

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PMID:

21527290

[PubMed - as supplied by publisher]

Related citations

2. *J Neurosci.* 2011 Apr 27;31(17):6362-70.

Nucleus Accumbens {micro}-Opioid Receptors Mediate Social Reward.

Trezza V, Damsteegt R, Achterberg EJ, Vanderschuren LJ.

Source

Rudolf Magnus Institute of Neuroscience, Department of Neuroscience and Pharmacology, University Medical Center Utrecht, 3584 CG Utrecht, The Netherlands, Department of Animals in Science and Society, Division of Behavioural Neuroscience, Faculty of Veterinary Medicine, Utrecht University, 3584 CM Utrecht, The Netherlands, and Department of Biology, University "Roma Tre," 00146 Rome, Italy.

Abstract

Positive social interactions are essential for emotional well-being and proper behavioral development of young individuals. Here, we studied the neural underpinnings of social reward by investigating the involvement of opioid neurotransmission in the nucleus accumbens (NAc) in social play behavior, a highly rewarding social interaction in adolescent rats. Intra-NAc infusion of morphine (0.05-0.1 μ g) increased pinning and pouncing, characteristic elements of social play behavior in rats, and blockade of NAc opioid receptors with naloxone (0.5 μ g) prevented the play-enhancing effects of systemic morphine (1 mg/kg, s.c.) administration. Thus, stimulation of opioid receptors in the NAc was necessary and sufficient for morphine to increase social play. Intra-NAc treatment with the selective μ -opioid receptor agonist [d-Ala(2),N-MePhe(4),Gly(5)-ol]enkephalin (DAMGO) (0.1-10 ng) and the μ -opioid receptor antagonist Cys-Tyr-d-Trp-Arg-Thr-Pen-Thr-NH(2) (CTAP) (0.3-3 μ g) increased and decreased social play, respectively. The δ -opioid receptor agonist DPDPE ([d-Pen(2),d-Pen(5)]-enkephalin) (0.3-3 μ g) had no effects, whereas the κ -opioid receptor agonist U69593 (N-methyl-2-phenyl-N-[(5R,7S,8S)-7-(pyrrolidin-1-yl)-1-oxaspiro[4.5]dec-8-yl]acetamide) (0.01-1 μ g) decreased social play. Intra-NAc treatment with β -endorphin (0.01-1 μ g) increased social play, but met-enkephalin (0.1-5 μ g) and the enkephalinase inhibitor thiorphan (0.1-1 μ g) were ineffective. DAMGO (0.1-10 ng) increased social play after infusion into both the shell and core subregions of the NAc. Last, intra-NAc infusion of CTAP (3 μ g) prevented the development of social play-induced conditioned place preference. These findings identify NAc μ -opioid receptor stimulation as an important neural mechanism for the attribution of positive value to social interactions in adolescent rats. Altered NAc μ -opioid receptor function may underlie social impairments in psychiatric disorders such as autism, schizophrenia, or personality disorders.

PMID:

21525276

[PubMed - in process]

Related citations



3. Early Interv Psychiatry. 2011 Apr 26. doi: 10.1111/j.1751-7893.2011.00271.x. [Epub ahead of print]

The relationship between impulsivity and vocational outcome in outpatient youth with borderline personality features.

Sio IT, Chanen AM, Killackey EJ, Gleeson J.

Source

Psychological Sciences, University of Melbourne Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne Orygen Youth Health Clinical Program, Northwestern Mental Health School of Psychology, The Australian Catholic University, Melbourne, Australia.

Abstract

Aim: This study aims to examine the relationship between each Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) borderline personality feature and vocational outcome (i.e. employment and education) in a sample of young people diagnosed with borderline personality pathology. **Methods:** The sample comprised 60 young people registered with a specialist early intervention programme for borderline personality disorder (BPD). Diagnostic data and vocational information were obtained from a standardized semistructured assessment and medical record review for a period of 12 months from entry into the treatment programme. **Results:** DSM-IV criterion 4 'impulsivity' upon entry to the treatment programme was associated with poor vocational outcome 12 months after index assessment. **Conclusions:** Although the results of the present study suggest that impulsivity is an important feature predictive of vocational functioning in BPD, and that specific intervention in impulsivity might be a critical goal for early intervention of BPD to maximize functional recovery for such patients, further studies are required to test the reliability and validity of the role of impulsivity in relation to vocational outcome of these patients.

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PMID:

21521492

[PubMed - as supplied by publisher]

Related citations



4. J Clin Psychol. 2011 Apr 25. doi: 10.1002/jclp.20806. [Epub ahead of print]
Motive-oriented therapeutic relationship in brief psychodynamic intervention for patients with depression and personality disorders.

Kramer U, Rosciano A, Pavlovic M, Berthoud L, Despland JN, de Roten Y, Caspar F.

Source

Institute of Psychotherapy, Department of Psychiatry, CHUV, University of Lausanne.
Ueli.Kramer@chuv.ch.

Abstract

Motive-Oriented Therapeutic Relationship (MOTR, also called Complementary Therapeutic Relationship) has already shown itself to be related to therapeutic outcome in several studies. The present study aims to test MOTR in a 4-session Brief Psychodynamic Intervention for patients presenting with major depressive disorder (MDD) and comorbid personality disorder (PD). In total, N = 20 patients were selected; n = 10 had MDD, n = 10 had MDD with comorbid PD. The first therapy session was videotaped and analyzed by means of Plan Analysis and the MOTR scale. Results suggest a differential effect on outcome: only the nonverbal component of MOTR is related to symptomatic change in patients presenting with MDD and comorbid PD; no such effect was found for patients with MDD alone. These results are discussed in line with the generalization and refinement of the conclusions of previous findings on the MOTR. © 2011 Wiley Periodicals, Inc. J Clin Psychol 67:1-11, 2011.

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PMID:

21520080

[PubMed - as supplied by publisher]

Related citations



5. Psychol Assess. 2011 Apr 25. [Epub ahead of print]

[The achievement of therapeutic objectives scale: Interrater reliability and sensitivity to change in short-term dynamic psychotherapy and cognitive therapy.](#)

Valen J, Ryum T, Svartberg M, Stiles TC, McCullough L.

Abstract

This study examined interrater reliability and sensitivity to change of the Achievement of Therapeutic Objectives Scale (ATOS; McCullough, Larsen, et al., 2003) in short-term dynamic psychotherapy (STDP) and cognitive therapy (CT). The ATOS is a process scale originally developed to assess patients' achievements of treatment objectives in STDP, but further operational definitions have led to a theoretically neutral assessment device, making it applicable to other treatment modalities as well. Videotapes from a randomized controlled trial comparing the effectiveness of STDP and CT for patients with Cluster C personality disorders were rated by independent raters, typically at Sessions 6 and 36. The results indicated good to excellent interrater reliability, as well as adequate sensitivity to change in theoretically expected ways, in both STDP and CT. The results lend further support to the psychometric soundness of the ATOS and show promise for its use when comparing STDP and CT. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21517190

[PubMed - as supplied by publisher]

Related citations

6. J Pers Assess. 2011 May;93(3):257-65.

Assessment of affect integration: validation of the affect consciousness construct.

Solbakken OA, Hansen RS, Havik OE, Monsen JT.

Source

Department of Psychology, University of Oslo, Norway.

Abstract

Affect integration, or the capacity to utilize the motivational and signal properties of affect for personal adjustment, is assumed to be an important aspect of psychological health and functioning. Affect integration has been operationalized through the affect consciousness (AC) construct as degrees of awareness, tolerance, nonverbal expression, and conceptual expression of nine discrete affects. A semistructured Affect Consciousness Interview (ACI) and separate Affect Consciousness Scales (ACSs) have been developed to specifically assess these aspects of affect integration. This study explored the construct validity of AC in a Norwegian clinical sample including estimates of reliability and assessment of structure by factor analyses. External validity issues were addressed by examining the relationships between scores on the ACSs and self-rated symptom- and interpersonal problem measures as well as independent, observer-based ratings of personality disorder criteria and the Global Assessment of Functioning (GAF) scale from the Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM-IV]; American Psychiatric Association, 1994).

PMID:

21516584

[PubMed - in process]

Related citations

7. Wien Klin Wochenschr. 2011 Apr 26. [Epub ahead of print]

Preparing for DSM 5 - Assessment of personality pathology during psychoanalytic and psychiatric treatments.

Löffler-Stastka H, Bartenstein M, Schlaff G.

Source

Department of Psychoanalysis and Psychotherapy, Medical University of Vienna, Vienna, Austria, henriette.loeffler-stastka@meduniwien.ac.at.

Abstract

BACKGROUND:

Currently, the conceptualization and treatment of personality pathologies are mainly theory driven. The resulting categorical classification of personality disorders leads to inaccurate

diagnoses and is therefore being criticized by many researchers and clinicians. A consensus exists that in the upcoming edition of the DSM (DSM 5), the classification of personality disorders should rather adopt a dimensional approach, where patients are assessed depending on their character traits, inner-defense mechanisms, and interpersonal functioning. However, the basis (theoretical or empirical) of this classification-system is still a topic of dispute. This study presents assessment methods based on both theoretical and empirical assumptions.

OBJECTIVE:

To determine whether psychodynamic instruments employed in psychoanalytic settings are also useful for measuring changes in personality pathology in psychiatric inpatient settings.

METHODS:

Matched pairs between two groups of patients, one receiving outpatient psychoanalytic care ($n = 10$; mean age 36 ± 11), the other inpatient social-psychiatric treatment ($n = 10$; mean age 27 ± 6), were created and subsequently analyzed (mean observation period 20 ± 11 days). Patients were assessed using psychodynamic instruments measuring changes in quality of object relations (QORS) and affect regulation and experience (AREQ). To allow conclusions concerning the respective mechanisms of change, the influence of the therapeutic relationship, measured by using instruments evaluating transference (PRQ) and countertransference (CTQ) patterns, was also assessed.

RESULTS:

The instruments aforementioned were shown to be suited for both psychoanalytic and psychiatric patients. Typical short-term developments of the distinctive therapeutic procedures were evident; however, in both settings a positive working alliance was shown to be crucial for therapeutic progress.

CONCLUSION:

The psychodynamic instruments introduced in this study proved to be effective in measuring personality pathology in psychiatric inpatients and in helping clinicians throughout the indication and recommendation process during transition from inpatient to outpatient treatment. Since components of such assessment methods are being considered for DSM 5, their practical utility is shown in this study.

PMID:

21516329

[PubMed - as supplied by publisher]

Related citations



An examination of psychiatric comorbidities as a function of gender and substance type within an inpatient substance use treatment program.

Chen KW, Banducci AN, Guller L, Macatee RJ, Lavelle A, Daughters SB, Lejuez CW.

Source

Center for Addictions, Personality, and Emotion Research, University of Maryland College Park, Department of Psychology, 1147 Biology Psychology Building, College Park, MD 20742, United States; Center for Integrative Medicine, University of Maryland, School of Medicine, 520 W Lombard St. East Hall, Room 101 C, Baltimore, MD 21201, United States.

Abstract

BACKGROUND:

There are elevated rates of comorbid psychiatric disorders among individuals with substance dependence; however, little research examines these rates within inpatient settings, particularly in relation to gender and type of substance. The current study aimed to fill this gap.

METHOD:

465 patients (71.4% male) were recruited from an inpatient substance use treatment facility from 2006 to 2009. These patients were interviewed and diagnosed using the Structure Clinical Interview for DSM-IV and the Diagnostic Interview for Personality Disorders.

RESULTS:

60.6% of patients with substance dependence had a current comorbid psychiatric disorder, and more than 30% had at least two psychiatric disorders. The most common current Axis I diagnosis was major depressive disorder (25.8%), followed by PTSD (14%). Comparable rates were found for Antisocial and Borderline Personality Disorders. Females were significantly more likely to meet diagnostic criteria for a psychiatric disorder than were males (73.7% versus 55.4%). When examining comorbidities across different substance dependences, the highest rates of comorbid psychiatric disorders were found among individuals with alcohol dependence (76.8%) and cannabis dependence (76%), although rates were above 60% for cocaine and opioid dependence. Rates of psychiatric diagnoses were significantly lower (27%) among patients who did not meet diagnostic criteria for substance dependence.

CONCLUSIONS:

There are particularly elevated rates of psychiatric disorders among individuals with substance dependence in inpatient treatment. These rates differ as a function of substance dependence

type and gender, making these factors important to consider when researching and treating this type of population.

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PMID:

21514751

[PubMed - as supplied by publisher]

Related citations



9. Drug Alcohol Depend. 2011 Apr 21. [Epub ahead of print]

[Predictors of persistent nicotine dependence among adults in the United States.](#)

Goodwin RD, Pagura J, Spiwak R, Lemeshow AR, Sareen J.

Source

Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 West 168th St, Rm 1505, New York, NY 10032, United States.

Abstract

BACKGROUND:

Evidence suggests that nicotine dependence is the key barrier to successful smoking cessation. No previous study has documented predictors of persistent nicotine dependence among adults in the community. The goal of this study is to prospectively identify predictors of continued nicotine dependence over a 3-year period among adults.

METHODS:

Data were drawn from Waves I and II of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), a nationally representative sample of 34,653 adults in the United States. Logistic regression analyses were used to estimate the odds of persistent nicotine dependence at Wave 2 given the presence of various sociodemographic and psychiatric predictors at Wave 1.

RESULTS:

Mood, anxiety, personality and illicit substance use disorders were associated with significantly increased risk of persistent nicotine dependence. The strength of these relationships was attenuated slightly after adjusting for demographic differences, but remained statistically significant. Persistent nicotine dependence was more common among unmarried, younger females with lower income levels and lower educational attainment.

CONCLUSIONS:

To our knowledge, this study is the first to prospectively identify predictors of persistent nicotine dependence among adults. Our results suggest that the incorporation of mental health treatment into alternative smoking cessation approaches may help to increase the effectiveness of these programs and that a greater focus of these services on vulnerable segments of the population is needed in order to reduce continued disparities in smoking in the general population.

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PMID:

21514748

[PubMed - as supplied by publisher]

Related citations



10. Psychiatr Genet. 2011 Apr 20. [Epub ahead of print]

[Polymorphic variation at the serotonin 1-A receptor gene is associated with comorbid depression and generalized anxiety.](#)

Molina E, Cervilla J, Rivera M, Torres F, Bellón JA, Moreno B, King M, Nazareth I, Gutiérrez B.

Source

aCIBERSAM, University of Granada, Section of Psychiatry, Institute of Neurosciences, Biomedical Research Centre (CIBM) bMental Health Unit, 'San Cecilio' University Hospital, Granada cDepartment of Preventive Medicine, University of Malaga, 'El Palo' Primary Care Centre, Primary Care Research Unit (redIAPP, grupo SAMSERAP) dDepartment of Personality, Assessment and Psychological Treatment, University of Malaga (redIAPP, grupo SAMSERAP), Málaga, Spain eDepartment of Mental Health Sciences, University College London, Royal Free Campus fResearch Department of Primary Care and Population Health, University College London and MRC General Practice Research Framework gMRC SGDP Centre, Institute of Psychiatry, King's College London, London, UK.

Abstract

BACKGROUND:

Serotonin 1-A receptors are key regulators of serotonin activity and their dysregulation might be implicated in the emergence of both major depression (MD) and generalized anxiety disorder (GAD). Previous studies have yielded inconclusive results as to whether the 5-HT1A receptor gene (HTR1A) has a role in the aetiology of MD and no study up to date has analysed this polymorphism on either pure MD or MD comorbid with GAD.

METHODS:

In this study, 1059 patients taking part in the PREDICT-Gene study were ascertained for Diagnostic and Statistical Manual of Mental Disorders-IV MD and GAD diagnoses using the Composite International Diagnostic Interview and the Primary Care Evaluation of Mental Disorders questionnaire, respectively. They were also genotyped for the C(-1019)G functional polymorphism at the promoter region of HTR1A gene.

RESULTS:

Genetic variability at HTR1A was significantly associated with MD [odds ratio (OR)=1.67; 95% confidence interval (CI)=1.14-2.44; P=0.008], although this effect disappeared after adjusting for GAD (OR=1.43; 95% CI=0.96-2.14; P=0.080). Similarly, a crude association between C(-1019)G polymorphism and GAD was found (OR=2.54; 95% CI=1.28-4.86; P=0.003), but these results became no longer significant after adjusting for MD (OR=1.97; 95% CI=0.99-3.91; P=0.050). However, a main effect of HTR1A G(-1019) allele on comorbid MD-GAD was found (OR=3.41; 95% CI=1.44-8.05; P=0.005) and it remained robust and statistically significant after adjusting by sex, age and family history of psychological problems (OR=2.82; 95% CI=1.18-6.77; P=0.020).

CONCLUSION:

In our study, the HTR1A C(-1019)G polymorphism was found to be associated to the frequent clinical presentation of comorbid MD and GAD, suggesting a common genetic background for mixed depression and anxiety states. These findings should be considered as preliminary. Future replications in independent samples would be needed to confirm or discard such association.

PMID:

21512427

[PubMed - as supplied by publisher]

Related citations

11. Compr Psychiatry. 2011 Apr 19. [Epub ahead of print]
[Symptomatic overlap between attention-deficit/hyperactivity disorder and borderline personality disorder in women: the role of temperament and character traits.](#)
van Dijk FE, Lappenschaar M, Kan CC, Verkes RJ, Buitelaar JK.

Source

Department of Psychiatry (961), Nijmegen Centre for Evidence-Based Practice, Radboud University Nijmegen Medical Centre, P.O. Box 9101, 6500 HB Nijmegen, the Netherlands.

Abstract

OBJECTIVE:

There is substantial symptomatic overlap between attention-deficit/hyperactivity disorder (ADHD) and borderline personality disorder (BPD) in adults, but the nature of the relationship between these disorders needs further clarification. The role of temperament and character traits in the differentiation of classes of patients with similar ADHD and BPD symptom profiles was examined and possible pathways between early temperament and future ADHD and/or BPD were hypothesized.

METHODS:

Structured diagnostic interviews were conducted in 103 female patients to assess current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition symptoms of ADHD and BPD, and parent interviews were used to assess ADHD symptoms in childhood. Classes of subjects with homogeneous symptom profiles were identified using latent class analysis. Temperament and character traits were assessed using the Temperament and Character Inventory of Cloninger et al; scores were then compared across the latent classes.

RESULTS:

Latent class analysis revealed 4 mutually exclusive classes of patients: 1 with only ADHD symptoms; 1 with BPD symptoms and ADHD symptoms of hyperactivity; 1 with BPD symptoms and ADHD symptoms of inattention, hyperactivity, and impulsivity; and 1 with BPD symptoms and ADHD symptoms of inattention and hyperactivity. High Novelty Seeking was found in all classes except for the class with symptoms of BPD and only the hyperactivity aspect of ADHD. The highest Novelty Seeking temperament scores were found in that class of patients with both symptoms of BPD and symptoms in all areas of ADHD. High Harm Avoidance, low Cooperativeness, and low Self-directedness were specifically related to classes containing BPD symptoms.

CONCLUSIONS:

Classes of ADHD and BPD symptoms are associated with specific temperament and character configurations. Novelty Seeking was associated with the inattention symptoms of ADHD. An outspoken Novelty Seeking temperament suggests vulnerability for the development of ADHD and co-occurring BPD. Contrary to patients with combined ADHD and BPD symptoms, patients with only symptoms of ADHD showed normal character development and thus an absence of a personality disorder. Assessment of temperament and character traits can improve our understanding of the complex relationship between ADHD and BPD.

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PMID:

21511251

[PubMed - as supplied by publisher]

Related citations



12. J Psychosom Res. 2011 May;70(5):479-85. Epub 2011 Feb 16.

Personality traits in multiple sclerosis: Association with mood and anxiety disorders.

Bruce JM, Lynch SG.

Source

University of Missouri-Kansas City, Kansas City, MO, USA.

Abstract

BACKGROUND:

Patients with multiple sclerosis (MS) frequently experience depression and anxiety. Several studies also document personality differences between MS patients and controls. Few studies, however, have examined the relationship between mood/anxiety and core personality traits in MS.

OBJECTIVES:

The purpose of the present investigation was to examine the association between anxiety, mood, and personality disturbances in MS.

METHODS:

A structured psychiatric interview and validated self-report measures of personality, depression, and anxiety were administered to 85 MS patients and 20 normal controls.

RESULTS:

Findings suggested a significant association between psychopathology and core personality dysfunction in MS. Depressed/anxious MS patients exhibited more neuroticism, less extroversion, less agreeableness, and less conscientiousness than mentally healthy MS patients and normal controls. In contrast, nondepressed/nonanxious MS patients' core personality traits did not substantially differ from normal controls.

CONCLUSIONS:

Though longitudinal studies are needed, findings provide hope that the successful treatment of MS patients' mood and anxiety symptoms may also partially ameliorate disordered personality characteristics. Consistent with previous research, an increased understanding of

MS patients' personality characteristics may also aid with preventative psychiatric and medical treatment.

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PMID:

21511079

[PubMed - in process]

Related citations



13. Adv Psychosom Med. 2011;30:8-21. Epub 2011 Apr 19.

[A behaviorist perspective.](#)

Treisman GJ, Clark MR.

[Source](#)

Departments of Psychiatry and Behavioral Sciences, The Johns Hopkins Medical Institutions, Baltimore, Md., USA.

[Abstract](#)

Chronic pain is a sensory experience that produces suffering and functional impairment and is the result of both sensory input as well as secondary adaptation of the nervous system. The sensitization of the nervous system to pain is influenced by physical activity (or inactivity) and medication exposure. Medication taking and physical activity are behaviors that are increased or decreased by positive and negative reinforcement. Patients often have comorbid psychiatric conditions at presentation, including addictions, mood disorders, personality vulnerabilities and life circumstances that amplify their disability and impede their recovery. Behavioral conditioning contributes to chronic pain disorders in the form of both classical (Pavlov) and operant (Skinner) conditioning that increases the experience of pain, the liability to ongoing injury, the central amplification of pain, the use of reinforcing medications such as opiates and benzodiazepines, and behaviors associated with disability. The term 'abnormal illness behavior' has been used to describe behaviors that are associated with illness but are not explained physiologically. Behavioral conditioning often amplifies these abnormal behaviors in patients with chronic pain. Addiction can also be seen as a behavior that is reinforced and conditioned. The same factors that amplify abnormal illness behaviors also increase the liability to addiction. Psychiatric comorbidities also complicate and amplify abnormal illness behaviors and addictive behaviors and further contribute to the disability of chronic pain patients. Model interventions that reinforce healthy behaviors and extinguish illness behaviors are effective in patients with addictions and chronic pain. Maladaptive behaviors including addictive behaviors can be used as targets for classical and operant conditioning techniques, and these techniques are demonstrably effective in patients with chronic pain and addictions.

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PMID:

21508624

[PubMed - in process]

[Related citations](#)



14. J Abnorm Psychol. 2011 Apr 18. [Epub ahead of print]

[The rejection-rage contingency in borderline personality disorder.](#)

Berenson KR, **Downey G**, **Rafaeli E**, **Coifman KG**, **Leventhal Paquin N**.

[Abstract](#)

Though long-standing clinical observation reflected in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.) suggests that the rage characteristic of borderline personality disorder (BPD) often appears in response to perceived rejection, the role of perceived rejection in triggering rage in BPD has never been empirically tested. Extending basic personality research on rejection sensitivity to a clinical sample, a priming-pronunciation experiment and a 21-day experience-sampling diary examined the contingent relationship between perceived rejection and rage in participants diagnosed with BPD compared with healthy controls. Despite the differences in these 2 assessment methods, the indices of rejection-contingent rage that they both produced were elevated in the BPD group and were strongly interrelated. They provide corroborating evidence that reactions to perceived rejection significantly explain the rage seen in BPD. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21500875

[PubMed - as supplied by publisher]

[Related citations](#)

15. Compr Psychiatry. 2011 May-Jun;52(3):326-33. Epub 2010 Sep 6.

[Posterior cortical atrophy: an exemplar for renovating diagnostic formulation in neuropsychiatry.](#)

Goldstein MA, **Ivanov I**, **Silverman ME**.

[Abstract](#)

Neurodegenerative dementias represent among the most clinically and pathologically complex syndromes in neuropsychiatry. Phenomenologically protean, and often initially presenting with subtle subsyndromal characteristics, neurodegenerative behavioral syndromes can manifest with an assortment of cognitive, mood, personality, and comportmental changes, often alloyed with elementary neurologic (eg, motor) signs. A range of pathogenic mechanisms (eg, amyloid plaques, Pick bodies, etc) typically underlie corresponding clinical syndromes. However, overlap in both clinical expression and histopathologic comorbidities frequently exist among cortical and subcortical

neurodegenerative disorders. Moreover, secondary central nervous system pathologies (eg, cerebrovascular disease) commonly coexist with neurodegenerative processes, further complicating clinical phenomenology-based nosologic categorization. Evolving insight into the etiologic mechanisms of neurodegenerative dementias, and correspondingly improving potential for intervention, require more precise differentiation among dementia subtypes and comprehensive identification of contemporaneous neurodegenerative processes. Increasing appreciation of this diagnostic complexity is prompting the need for renovation of existing diagnostic schemas. We address these issues by reviewing the atypical dementia type known as posterior cortical atrophy. We then use posterior cortical atrophy as an exemplar for renovating neuropsychiatric diagnostic classification to better account for the layered complexity of clinical and pathologic domains needing to be characterized to accurately and completely diagnose neuropsychiatric disturbances.

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PMID:

21497228

[PubMed - in process]

Related citations



16. Compr Psychiatry. 2011 May-Jun;52(3):293-300. Epub 2010 Sep 1.

[Schizotypal traits and depressive symptoms in nonclinical adolescents.](#)

Fonseca-Pedrero E, Paino M, Lemos-Giráldez S, Muñiz J.

Abstract

The main goal of this study was to examine the relationship between schizotypal personality traits and depressive symptoms in a sample of nonclinical adolescents. The Schizotypal Personality Questionnaire-Brief (J Personal Disord 1995;9:346-355) and the Reynolds Depression Adolescent Scale (Reynolds WM. Reynolds Adolescent Depression Scale. Professional Manual. Odessa: Psychological Assessment Resources, Inc; 1987) were administered. The sample was made up of 1384 adolescents (48.6% boys), with a mean (SD) age of 15.7 (1.0) years. The results of the study indicate a high degree of overlap between schizotypal experiences and depressive symptoms at a nonclinical level. Canonical correlation between the Schizotypal Personality Questionnaire-Brief scales and the Reynolds Adolescent Depression Scale scales was 0.63, which represents 39.69% of the associated variance between the 2 sets of variables. Confirmatory factor analysis showed that the 4-dimensional model made up of the Positive, Interpersonal, Disorganized, and Depressive dimensions was that which best fit the data. Moreover, the dimensional structure underlying the schizotypal traits and depressive symptoms was found to be invariant across sex and age. These findings converge with data found in previous studies of both patients with schizophrenia and nonclinical adults and suggest that affective dysregulation is also present at a subclinical level. Future research should continue to make progress in the early detection

of participants at risk of developing schizophrenia-spectrum disorders based on the early identification of these types of subclinical traits.

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PMID:

21497224

[PubMed - in process]

[Related citations](#)



17. BMC Psychiatry. 2011 Apr 14;11(1):60. [Epub ahead of print]

[Familial liability, obstetric complications and childhood development abnormalities in early onset schizophrenia: a case control study.](#)

Margari F, Petruzzelli MG, Lecce PA, Todarello O, De Giacomo A, Lucarelli E, Martinelli D, Margari L.

[Abstract](#)

ABSTRACT: BACKGROUND: Genetic and environmental risk factors and gene-environment interactions are linked to higher likelihood of developing schizophrenia in accordance with the neurodevelopmental model of disease; little is known about risk factors and early development in early-onset schizophrenia (EOS) and very early-onset schizophrenia (VEOS). **Methods:** We present a case-control study of a sample of 21 patients with EOS/VEOS and a control group of 21 patients with migraine, recruited from the Child Neuropsychiatry Unit, Department of Neurological and Psychiatric Science, University of Bari, Italy. The aim was to assess the statistical association between VEOS/EOS and family history for psychiatric disorders, obstetric complications and childhood developmental abnormalities using 2x2 tables and a Chi Squared or Fisher test. **Results:** The results show a statistical association between EOS/VEOS and schizophrenia and related disorders ($P=0.02$) and personality disorders ($P=0.003$) in relatives, and between EOS/VEOS and developmental abnormalities of early relational skills ($P=0.008$) and learning ($P=0.04$); there is not a statistically relevant difference between cases and controls ($P> 0.05$) for any obstetric complications (pre, peri and postpartum). **Conclusions:** This study confirms the significant role of familial liability but not of obstetric complications in the pathogenesis of VEOS/EOS; the association between childhood developmental abnormalities and EOS/VEOS supports the neurodevelopmental model of disease.

Free Article

PMID:

21492438

[PubMed - as supplied by publisher]

[Related citations](#)



18. J Intellect Disabil Res. 2011 Apr 15. doi: 10.1111/j.1365-2788.2011.01418.x. [Epub ahead of print]

Association of aggressive behaviours with psychiatric disorders, age, sex and degree of intellectual disability: a large-scale survey.

Tsiouris JA, Kim SY, Brown WT, Cohen IL.

Source

George A. Jervis Clinic, New York State Institute for Basic Research in Developmental Disabilities, Staten Island, NY, USA Department of Psychology, New York State Institute for Basic Research in Developmental Disabilities, Staten Island, NY, USA Department of Human Genetics, New York State Institute for Basic Research in Developmental Disabilities, Staten Island, NY, USA.

Abstract

Background The link between aggression and mental disorders has been the focus of diverse studies in persons with and without intellectual disabilities (ID). Because of discrepancies in the finding of studies in persons with ID to date, and because of differences in research design, instruments used and the population studied, more research is needed. The purpose of this study was to delineate any significant association between certain psychiatric disorders and specific domains of aggressive behaviours in a large sample of persons with ID controlling for sex, age, autism and degree of ID. **Method** Data from the present study were obtained from 47% of all persons with ID receiving services from New York State agencies, using the Institute for Basic Research - Modified Overt Aggression Scale (IBR-MOAS between 2006 and 2007). The IBR-MOAS was completed by the chief psychologists of 14 agencies based on information from the participants' files. Demographic information obtained included the psychiatric diagnosis made by the treating psychiatrist as well as information on age, sex and degree of ID. Data from 4069 participants were analysed. **Results** Impulse control disorder and bipolar disorder were strongly associated with all five domains of aggressive behaviour in the IBR-MOAS. Psychotic disorder was highly associated with four domains except for physical aggression against self (PASLF), which was of borderline significance. Anxiety was most associated with PASLF and verbal aggression against self (VASLF); depression with VASLF; obsessive compulsive disorder with physical aggression against objects (PAOBJ); personality disorders with verbal aggression against others (VAOTH), VASLF and PASLF; and autism with physical aggression against others (PAOTH), PAOBJ and PASLF. Mild to moderate ID was associated with VAOTH and VASLF and severe to profound ID with PAOBJ and PASLF. Female sex was most associated with VASLF. **Conclusions** Impulse control, mood dysregulation and perceived threat appear to underlie most of the aggressive behaviours reported. Psychosis and depression appeared to have been over-diagnosed in persons with mild to moderate ID and under-diagnosed in persons with severe and profound ID. These findings replicate and extend findings from previous studies. The pattern of associations reported can be used as helpful indicators by professionals involved in the treatment of aggressive behaviours in persons with ID.

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PMID:

21492292

[PubMed - as supplied by publisher]

[Related citations](#)

19. Curr Pharm Des. 2011 Apr 15. [Epub ahead of print]

[Food Addiction and Neuroimaging.](#)

Zhang Y, von Deneen KM, Tian J, Gold MS, Liu Y.

[Source](#)

Department of Psychiatry, McKnight Brain Institute, University of Florida, 100 Newell Drive, P.O. Box 100256, Gainesville, FL 32610, USA. yijunliu@ufl.edu.

[Abstract](#)

Obesity has become a serious epidemic and one of the leading global health problems. However, much of the current debate has been fractious, and etiologies of obesity have been attributed to eating behavior (i.e. fast food consumption), personality, depression, addiction or genetics. One of the interesting new hypotheses for explaining the development of obesity involves a food addiction model, which suggests that food is not eaten as much for survival as pleasure and that hedonic overeating is relevant to both substance-related disorders and eating disorders. Accumulating evidence has shown that there are a number of shared neural and hormonal pathways as well as distinct differences in these pathways that may help researchers discover why certain individuals continue to overeat despite health and other consequences, and becomes more and more obese. Functional neuroimaging studies have further revealed that pleasant smelling, looking, and tasting food has reinforcing characteristics similar to drugs of abuse. Many of the brain changes reported for hedonic eating and obesity are also seen in various types of addictions. Most importantly, overeating and obesity may have an acquired drive similar to drug addiction with respect to motivation and incentive craving. In both cases, the desire and continued satisfaction occur after early and repeated exposure to stimuli. The acquired drive for eating food and relative weakness of the satiety signal would cause an imbalance between the drive and hunger/reward centers in the brain and their regulation. In the current paper, we first provide a summary of literature on food addiction from eight different perspectives, and then we proposed a research paradigm that may allow screening of new pharmacological treatment on the basis of functional magnetic resonance imaging (fMRI).

PMID:

21492080

[PubMed - as supplied by publisher]

[Related citations](#)

20. Psychol Health Med. 2011 May;16(3):333-45.

Cardiac morbidity risk and depression and anxiety: A disorder, symptom and trait analysis among cardiac surgery patients.

Tully PJ, Pedersen SS, Winefield HR, Baker RA, Turnbull DA, Denollet J.

Source

Cardiac and Thoracic Surgical Unit, Department of Medicine, Flinders Medical Centre and Flinders University, Adelaide, South Australia, Australia.

Abstract

The aim of this study was to examine depression and anxiety disorders and their characteristic symptoms (anhedonia/low positive affect and anxious arousal, respectively), along with measures of state negative affect (NA) and Type D personality, in relation to cardiac surgery related morbidity. Patients awaiting elective coronary artery bypass graft surgery (n = 158; 20.9% female; 11.4% concomitant valve surgery; age M = 64.7, SD = 10.6) underwent the structured MINI International Neuropsychiatric Interview to determine current affective disorders. Patients also completed the Mood and Anxiety Symptom Questionnaire and a measure of Type D personality traits. Postoperative cardiac morbidity was confirmed after surgery during the index hospitalization and included stroke, renal failure, ventilation >24 h, deep sternal wound infection, reoperation, arrhythmia and 30-day mortality at any location (n = 59, 37.3% of total). After adjustment for age, recent myocardial infarction, heart failure, hypertension, urgency of surgery and time spent on cardiopulmonary bypass generalized anxiety disorder was associated with cardiac morbidity (odds ratio [OR] = 3.26, 95% confidence interval [CI] 1.10-9.67, p = 0.03). Adjusted analysis of personality traits revealed the NA component of Type D personality was associated with cardiac morbidity (OR = 1.07, 95% CI 1.01-1.14, p = 0.03). The Mood and Anxiety Symptom Questionnaire subscales were not associated with increased morbidity risk. Affective disorders, affective phenotypes, and personality traits were differentially associated with post-cardiac surgery morbidity outcomes independent of cardiac surgery morbidity risk factors. Concurrent investigation of depression and anxiety with respect to cardiac outcomes warrants further research.

PMID:

21491341

[PubMed - in process]

Related citations

21. Compr Psychiatry. 2011 Apr 11. [Epub ahead of print]

Personality and posttraumatic stress disorder among directly exposed survivors of the Oklahoma City bombing.

North CS, Abbacchi A, Cloninger CR.

Source

The North Texas VA Health Care System and the Departments of Psychiatry and Surgery/Division of Emergency Medicine at The University of Texas Southwestern Medical Center, Dallas, TX.

Abstract

BACKGROUND:

Few disaster studies have specifically examined personality in association with exposure to disaster and development of posttraumatic stress disorder (PTSD). A study of survivors of the Oklahoma City bombing examined PTSD and personality measured after the disaster.

METHODS:

In a random sample of 255 survivors from a bombing survivor registry, 151 (59%) completed both full PTSD and personality assessments using the Diagnostic Interview Schedule and the Temperament and Character Inventory, respectively.

RESULTS:

Postbombing PTSD was associated with low self-directedness and low cooperativeness, and also with high self-transcendence and harm avoidance in most configurations. Disorganized (schizotypal) character and explosive (borderline) temperament configurations were associated with PTSD; creative and autocratic character configurations were negatively associated with PTSD.

CONCLUSIONS:

Clinicians should be vigilant for PTSD among individuals with personality disorders and also be aware that personality disorders are likely to be overrepresented among people with PTSD. Treatment of PTSD may need to take into account comorbid personality disorders and personality features.

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PMID:

21489423

[PubMed - as supplied by publisher]

Related citations



Negative mood induction normalizes decision making in male cocaine dependent individuals.

Fernández-Serrano MJ, Moreno-López L, Pérez-García M, Viedma-Del Jesús MI, Sánchez-Barrera MB, Verdejo-García A.

Source

Departamento de Personalidad, Evaluación y Tratamiento Psicológico, Universidad de Granada, Campus de Cartuja, s/n, 18071, Granada, Spain, mjfser@ugr.es.

Abstract

RATIONALE:

Decision making is thought to play a key role in psychostimulant relapse, but very few studies have addressed the issue of how to counteract decision-making deficits in addicted individuals. According to the somatic marker framework, pervasive decision-making problems in addicted individuals may relate to abnormalities in the processing of emotional signals that work to anticipate the prospective outcomes of potential decisions.

OBJECTIVE:

The present study was conducted to test whether the induction of different emotional states (positive, negative, or drug-related) could either normalize or further impair decision-making performance in male cocaine polysubstance-using individuals (CPSI), as indexed by the Iowa gambling task (IGT).

METHODS:

Forty-two CPSI and 65 healthy control individuals (all males) were randomly allocated in four affective conditions using a parallel-group design. Participants in the different conditions performed the IGT during exposure to neutral, positive, negative, or drug-related sets of affective images.

RESULTS:

The results showed that the CPSI exposed to the negative affective context showed a preference for the risk-averse safe choices of the IGT and had a net performance indistinguishable from that of controls. On the other hand, CPSI exposed to positive, drug-related, and neutral contexts showed the typical pattern of disadvantageous performance in the IGT and performed significantly poorer than controls. The impact of the negative mood induction could not be explained in terms of baseline differences in decision-making skills, personality traits related to sensitivity to reward/punishment, or trait positive/negative affect.

CONCLUSIONS:

We conclude that negative mood induction can normalize decision-making performance in male CPSI, which may have important implications for the treatment of cocaine use-related disorders.

PMID:

21484236

[PubMed - as supplied by publisher]

Related citations



23. Mol Psychiatry. 2011 Apr 12. [Epub ahead of print]

Positive emotionality is associated with baseline metabolism in orbitofrontal cortex and in regions of the default network.

Volkow ND, Tomasi D, Wang GJ, Fowler JS, Telang F, Goldstein RZ, Alia-Klein N, Woicik P, Wong C, Logan J, Millard J, Alexoff D.

Source

1] National Institute on Drug Abuse, Bethesda, MD, USA [2] National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD, USA.

Abstract

Positive emotionality (PEM) (personality construct of well-being, achievement/motivation, social and closeness) has been associated with striatal dopamine D2 receptor availability in healthy controls. As striatal D2 receptors modulate activity in orbitofrontal cortex (OFC) and cingulate (brain regions that process natural and drug rewards), we hypothesized that these regions underlie PEM. To test this, we assessed the correlation between baseline brain glucose metabolism (measured with positron emission tomography and [(18)F]fluoro-deoxyglucose) and scores on PEM (obtained from the multidimensional personality questionnaire or MPQ) in healthy controls (n=47). Statistical parametric mapping (SPM) analyses revealed that PEM was positively correlated ($P(c)<0.05$, voxel corrected) with metabolism in various cortical regions that included orbitofrontal (Brodmann area, BA 11, 47) and cingulate (BA 23, 32) and other frontal (BA 10, 9), parietal (precuneus, BA 40) and temporal (BA 20, 21) regions that overlap with the brain's default mode network (DMN). Correlations with the other two main MPQ personality dimensions (negative emotionality and constraint) were not significant (SPM $P(c)<0.05$). Our results corroborate an involvement of orbitofrontal and cingulate regions in PEM, which is considered a trait that protects against substance use disorders. As dysfunction of OFC and cingulate is a hallmark of addiction, these findings support a common neural basis underlying protective personality factors and brain dysfunction underlying substance use disorders. In addition, we also uncovered an association between PEM and baseline metabolism in regions from the DMN, which suggests that PEM may relate to global cortical processes that are active during

resting conditions (introspection, mind wandering).Molecular Psychiatry advance online publication, 12 April 2011; doi:10.1038/mp.2011.30.

PMID:

21483434

[PubMed - as supplied by publisher]

Related citations



24. Psychol Med. 2011 Apr 11:1-11. [Epub ahead of print]

[A longitudinal etiologic model for symptoms of anxiety and depression in women.](#)

Kendler KS, Gardner CO.

Source

Department of Psychiatry, Virginia Commonwealth University School of Medicine, Richmond, VA, USA.

Abstract

BACKGROUND:

Designed as state measures to monitor treatment response, symptoms of anxiety and depression (SxAnxDep) also have trait-like characteristics. No comprehensive etiologic model for SxAnxDep has illuminated the inter-relationship between their state- and trait-like characteristics, while including key predictor variables. **Method**In a prospective three-wave study of 2395 female twins from the Virginia Adult Twin Study of Psychiatric and Substance Use Disorders (VATSPSUD), we examined, using structural equation modeling, how genes, childhood and past-year environmental stressors, personality and episodes of major depression (MD) and generalized anxiety disorder (GAD) influence SxAnxDep.

RESULTS:

The best-fit model, which explained 68-74% of the variance in SxAnxDep, revealed two etiologic pathways. Stable levels of SxAnxDep resulted largely from neuroticism, which in turn was influenced by genetic and early environment risk factors. Occasion-specific influences resulted from stressful events mediated through episodes of MD or GAD. These two pathways, which had approximately equal influences on levels of SxAnxDep, were substantially correlated because the genetic, early environmental and personality factors that impacted on stable symptom levels also predisposed to event exposure and disorder onset. No significant interaction was seen between the two pathways.

CONCLUSIONS:

SxAnxDep in women in the general population arise from two inter-related causal pathways. The first, the 'trait-like' pathway, reflects genetic and early environmental risk factors, and is

mediated largely through personality. The second pathway is mediated through episodes of MD and GAD, and is the result of both recent environmental adversities and trait-like factors that influence event exposure and the probability of disorder onset.

PMID:

21477417

[PubMed - as supplied by publisher]

Related citations



25. Neuropsychopharmacology. 2011 Apr 6. [Epub ahead of print]

The Association of Schizophrenia Risk D-Amino Acid Oxidase Polymorphisms With Sensorimotor Gating, Working Memory and Personality in Healthy Males.

Roussos P, Giakoumaki SG, Adamaki E, Anastasios G, Nikos RK, Bitsios P.

Source

1] Department of Psychiatry and Behavioral Sciences, Faculty of Medicine, University of Crete, Heraklion, Crete, Greece [2] Department of Psychiatry, Mount Sinai School of Medicine, New York, NY, USA.

Abstract

There is evidence supporting a role for the D-amino acid oxidase (DAO) locus in schizophrenia. This study aimed to determine the relationship of five single-nucleotide polymorphisms (SNPs) within the DAO gene identified as promising schizophrenia risk genes (rs4623951, rs2111902, rs3918346, rs3741775, and rs3825251) to acoustic startle, prepulse inhibition (PPI), working memory, and personality dimensions. A highly homogeneous study entry cohort (n=530) of healthy, young male army conscripts (n=703) originating from the Greek LOGOS project (Learning On Genetics Of Schizophrenia Spectrum) underwent PPI of the acoustic startle reflex, working memory, and personality assessment. The QTPHASE from the UNPHASED package was used for the association analysis of each SNP or haplotype data, with p-values corrected for multiple testing by running 10 000 permutations of the data. The rs4623951_T-rs3741775_G and rs4623951_T-rs2111902_T diplotypes were associated with reduced PPI and worse performance in working memory tasks and a personality pattern characterized by attenuated anxiety. Median stratification analysis of the risk diplotype group (ie, those individuals homozygous for the T and G alleles (TG+)) showed reduced PPI and working memory performance only in TG+ individuals with high trait anxiety. The rs4623951_T allele, which is the DAO polymorphism most strongly associated with schizophrenia, might tag a haplotype that affects PPI, cognition, and personality traits in general population. Our findings suggest an influence of the gene in the neural substrate mediating sensorimotor gating and working memory, especially when combined with high anxiety and further validate DAO as a candidate gene for schizophrenia and spectrum disorders. Neuropsychopharmacology advance online publication, 6 April 2011; doi:10.1038/npp.2011.49.

PMID:

21471957

[PubMed - as supplied by publisher]

Related citations



26. Arch Gen Psychiatry. 2011 Apr 4. [Epub ahead of print]

Ten-Year Course of Borderline Personality Disorder: Psychopathology and Function From the Collaborative Longitudinal Personality Disorders Study.

Gunderson JG, Stout RL, McGlashan TH, Shea MT, Morey LC, Grilo CM, Zanarini MC, Yen S, Markowitz JC, Sanislow C, Ansell E, Pinto A, Skodol AE.

Source

Harvard Medical School, McLean Hospital, Belmont, Massachusetts (Drs Gunderson and Zanarini); Decision Sciences Institute/PIRE, Pawtucket (Dr Stout), and Department of Veterans Affairs (Dr Shea) and Department of Psychiatry and Human Behavior, Brown University (Drs Shea and Yen), Providence, Rhode Island; Yale Psychiatric Research Institute and Yale University, New Haven (Drs McGlashan, Grilo, and Ansell), and Department of Psychology, Wesleyan University, Middletown (Dr Sanislow), Connecticut; Department of Psychology, Texas A&M University, College Station (Dr Morey); Department of Psychiatry, Columbia University (Drs Markowitz and Pinto) and Department of Personality Studies, New York State Psychiatric Institute (Drs Markowitz, Pinto, and Skodol), New York; and Sunbelt Collaborative and Department of Psychiatry, University of Arizona College of Medicine, Tucson (Dr Skodol).

Abstract

CONTEXT:

Borderline personality disorder (BPD) is traditionally considered chronic and intractable.

OBJECTIVE:

To compare the course of BPD's psychopathology and social function with that of other personality disorders and with major depressive disorder (MDD) over 10 years.

DESIGN:

A collaborative study of treatment-seeking, 18- to 45-year-old patients followed up with standardized, reliable, and repeated measures of diagnostic remission and relapse and of both global social functioning and subtypes of social functioning.

SETTING:

Nineteen clinical settings (hospital and outpatient) in 4 northeastern US cities.

PARTICIPANTS:

Three study groups, including 175 patients with BPD, 312 with cluster C personality disorders, and 95 with MDD but no personality disorder.

MAIN OUTCOME MEASURES:

The Diagnostic Interview for DSM-IV Personality Disorders and its follow-along version (the Diagnostic Interview for DSM-IV Personality Disorders-Follow-Along Version) were used to diagnose personality disorders and assess changes in them. The Structured Clinical Interview for DSM-IV Axis I Disorders and the Longitudinal Interval Follow-up Evaluation were used to diagnose MDD and assess changes in MDD and in social function.

RESULTS:

Eighty-five percent of patients with BPD remitted. Remission of BPD was slower than for MDD ($P < .001$) and minimally slower than for other personality disorders ($P < .03$). Twelve percent of patients with BPD relapsed, a rate less frequent and slower than for patients with MDD ($P < .001$) and other personality disorders ($P = .008$). All BPD criteria declined at similar rates. Social function scores showed severe impairment with only modest albeit statistically significant improvement; patients with BPD remained persistently more dysfunctional than the other 2 groups ($P < .001$). Reductions in criteria predicted subsequent improvements in DSM-IV Axis V Global Assessment of Functioning scores ($P < .001$).

CONCLUSIONS:

The 10-year course of BPD is characterized by high rates of remission, low rates of relapse, and severe and persistent impairment in social functioning. These results inform expectations of patients, families, and clinicians and document the severe public health burden of this disorder.

PMID:

21464343

[PubMed - as supplied by publisher]

Related citations



27. J Affect Disord. 2011 Apr 2. [Epub ahead of print]

Prevalence and correlates of lifetime deliberate self-harm and suicidal ideation in naturalistic outpatients: The Leiden Routine Outcome Monitoring study.

de Klerk S, van Noorden MS, van Giezen AE, Spinhoven P, den Hollander-Gijsman ME, Giltay EJ, Speckens AE, Zitman FG.

Source

Department of Psychiatry, Radboud University Nijmegen Medical Center, Nijmegen, The Netherlands.

Abstract

BACKGROUND:

Deliberate self-harm and suicidal ideation (DSHI) are common phenomena in general and mental health populations. Identifying factors associated with DSHI may contribute to the early identification, prevention and treatment of DSHI. Aims of the study are to determine the prevalence and correlates of lifetime DSHI in a naturalistic sample of psychiatric outpatients with mood, anxiety or somatoform (MAS) disorders.

METHODS:

Of 3798 consecutive patients from January 2004 to December 2006, 2844 (74.9%) patients were analyzed (mean age=37.5, SD=12.0; age range: 18-65; 62.7% women). Lifetime DSHI was assessed with routine outcome monitoring (ROM), including demographic parameters, DSM-IV diagnosis, depressive symptoms, symptoms of anxiety, general psychopathology and personality traits.

RESULTS:

Of the 2844 subjects, 55% reported lifetime DSHI. In multivariable logistic regression analysis, the most important factors associated with lifetime DSHI were being unmarried, low education, high number of psychiatric diagnoses, lower anxiety scores, higher depression scores and the personality trait of emotional dysregulation.

LIMITATIONS:

Deliberate self-harm may have been under-reported in self-report questionnaires; The assessment of personality traits may have been influenced by state psychopathology; traumatic events were not assessed.

CONCLUSIONS:

The findings suggest that DSHI is common among psychiatric outpatients with MAS disorders and that current symptoms and underlying personality vulnerabilities were independently involved in DSHI. Whether symptoms of somatic anxiety are protective

should be confirmed in subsequent studies. These findings may help clinicians in identifying patients at risk for deliberate self-harm and suicide.

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PMID:

21463900

[PubMed - as supplied by publisher]

Related citations



1. Nicotine Tob Res. 2011 May 26. [Epub ahead of print]
[Duration of Smoking Abstinence and Suicide Related Outcomes.](#)

Berlin I, Covey LS, Donohue MC, Agostiv V.

[Source](#)

Département de Pharmacologie, Hôpital Pitié-Salpêtrière, 47, bd de l'Hôpital, 75013 Paris, France. ivan.berlin@psl.aphp.fr.

[Abstract](#)

Objective: To investigate the association between suicide-related outcomes (SROs: wish to die, suicidal thoughts, and attempted suicide) and duration of smoking abstinence.

METHODS: The National Epidemiologic Survey on Alcohol and Related Conditions Wave 1 is a face-to-face survey of a representative sample of the U.S. adult population (N = 43,093). Analyses were done for a subsample of individuals (N = 13,691) who reported ever smoking, at least 2 weeks of lifetime depressed mood and SROs. Duration of abstinence was categorized as 1-24 hr (reference), 1 day to 12 months, and longer than 12 months.

RESULTS: Univariate analyses showed significant demographic associations (positive: female gender and being widowed/divorced/separated; negative: age and household income) with SROs. SROs were positively associated with major psychiatric disorders (dysthymia, major depression, generalized anxiety disorders, antisocial personality disorder, nicotine dependence, and alcohol abuse/dependence). Logistic regression showed that nonsmoking for more than a year compared with less than 24 hr (nonabstinence) was significantly associated with reduced risk for wish to die (odds ratio [OR]: 0.56, 95% CI: 0.49-0.65), suicidal thoughts (OR: 0.54, 95% CI: 0.48-0.62), and attempted suicide (OR: 0.32, 95 % CI: 0.26-0.41). With adjustments for lifetime psychiatric disorders, duration of abstinence was no longer significantly associated with the SROs. **Conclusions:** In the sample of ever-smokers with lifetime depressed mood, an apparent protective effect of increased duration of smoking abstinence on susceptibility to suicidal behavior was neutralized by the presence of psychiatric disorders. The causal direction of these relationships is unclear, and these cross-sectional findings need confirmation in future prospective studies.

PMID:

21622494

[PubMed - as supplied by publisher]

Related citations

2. Behav Res Ther. 2011 May 11. [Epub ahead of print]
[Interpretation bias in Cluster-C and borderline personality disorders.](#)

Arntz A, Weertman A, Salet S.

Source

Maastricht University, The Netherlands.

Abstract

Cognitive therapy (CT) assumes that personality disorders (PDs) are characterized by interpretational biases that maintain the disorder. Changing interpretations is therefore a major aim of CT of PDs. This study tested whether Borderline PD (BPD), Avoidant and Dependent PD (AV/DEPD), and Obsessive-Compulsive PD (OCPD) are characterized by specific interpretations. Among the 122 participants there were 55 PD patients (17 BPD, 30 AV/DEPD, 29 OCPD diagnoses), 26 axis-1 patients, and 41 nonpatients. Participants put themselves into 10 scripts of negative events and noted feelings, thoughts and behaviors that came to mind. Next, they chose between hypothesized BPD-specific, AV/DEPD-specific, and OCPD-specific interpretations of each event (forced choice). Lastly, participants rated belief in each interpretation. Regression analyses revealed that forced choices and belief ratings supported the CT-model of BPD and AV/DEPD: interpretations were specific. The alleged OCPD-beliefs were however not specifically related to OCPD, with relatively high popularity in axis-1 patients and nonpatients. The open responses were classified by judges blind for diagnoses, with the following results. BPD was characterized by low levels of solution-focused and healthy-flexible/accepting responses, and higher levels of criticizing others and malevolent interpretations of others. AV/DEPD was characterized by lower levels of solution-focused responses, and higher levels of self-criticism, negative emotions, guilt and fear of judgment, as well as lower levels of other-criticism. OCPD only showed trends for lower healthy responses, and higher compulsiveness and worry. It is concluded that the assumptions of CT are supported for BPD and AV/DEPD, but not - at least not on the explicit interpretational level - for OCPD. CT of OCPD might need a slightly different approach.

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PMID:

21621746

[PubMed - as supplied by publisher]

Related citations



3. J Affect Disord. 2011 May 26. [Epub ahead of print]

Early Maladaptive Schemas in the risk for bipolar spectrum disorders.

Hawke LD, **Provencher MD**, Arntz A.

Source

Université Laval, Quebec City, Canada.

Abstract

BACKGROUND:

The hypomanic personality style is a risk factor for bipolar spectrum disorders and shares many cognitive and affective features with the bipolar spectrum. Schema theory may serve as a unifying theory that would explain many of these features. This study is an exploratory investigation of Early Maladaptive Schemas (EMSs) in association with the hypomanic personality and bipolar spectrum risk.

METHODS:

A sample of 966 participants completed the Young Schema Questionnaire, the Hypomanic Personality Scale and the Patient Health Questionnaire. Associations were investigated using univariate and multivariate analyses. Participants deemed at risk of developing a bipolar disorder (N=107) were compared to low-risk controls (N=681).

RESULTS:

The Entitlement/Grandiosity and Insufficient Self-Control/Self-Discipline positively predicted the risk of developing a bipolar disorder, while Emotional Inhibition negatively predicted risk. High-risk participants demonstrated higher mean scores on all EMSs except Emotional Inhibition. These three EMSs, combined with Vulnerability to Harm or Illness, significantly predicted group membership.

CONCLUSIONS:

A bipolar spectrum EMS profile was identified, consisting of Entitlement/Grandiosity, Insufficient Self-Control/Self-Discipline and the absence of Emotional Inhibition. These EMSs are highly consistent with characteristics of the bipolar spectrum. This study supports the application of schema theory to the hypomanic personality and bipolar spectrum. Future research should explore the possible interaction between EMSs, life events and affective symptoms and the applicability of schema therapy to the bipolar spectrum.

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PMID:

21621272

[PubMed - as supplied by publisher]

Related citations



4. Prog Neuropsychopharmacol Biol Psychiatry. 2011 May 17. [Epub ahead of print]
Aggression and psychopharmacological treatments in major p sychosis and personality disorders during hospitalisation.

Mauri MC, Rovera C, Paletta S, De Gaspari IF, Maffini M, Altamura AC.

Abstract

BACKGROUND:

A number of large-scale studies have shown that there is a relationship between many psychiatric disorders and aggression or violence. As no medication is currently approved for the treatment of aggression, pharmacotherapy (often involving drug combinations) is used on a trial-and-error basis with various degrees of response.

METHOD:

The study involved 244 in-patients aged 19-83years (mean 41.9 ± 11.3 SD). The Modified Overt Aggression Scale (MOAS) was used to assess any aggressive or violent behaviors occurring in the week before admission and upon discharge. Psychopathology was assessed using the Brief Psychiatric Rating Scales (BPRS).

RESULTS:

All of the patients showed a significant improvement ($p < 0.001$) in mean weighted total MOAS scores at the end of the study, with no significant differences between the various drugs or combination therapies. The patients who received combination treatments including antidepressants showed a worsening in the weighted total MOAS score ($18.46\% \pm 114.31\%$ SD); the patients who did not receive antidepressants had an improvement ($13.61\% \pm 257.36\%$ SD) ($p = 0.0069$).

CONCLUSIONS:

Multivariate testing showed that the combined treatments with antidepressants were significantly ($p = 0.015$) more likely to induce violence, thus indicating that the only factor that seemed to have an effect on violence was the inclusion of antidepressants in the therapy.

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PMID:

21620921

[PubMed - as supplied by publisher]

Related citations

5. Expert Opin Drug Saf. 2011 May 28. [Epub ahead of print]
[Psychiatric symptomatology and disorders related to epilepsy and antiepileptic medications.](#)

Hamed SA.

Source

Assiut University Hospital, Department of Neurology and Psychiatry, P.O.Box 71516, Assiut, Egypt +2 088 2374904 ; +2 088 2333327 ; hamed_sherifa@yahoo.com.

Abstract

Introduction: Psychiatric comorbidities (such as depression, anxiety, psychosis, inattention, obsession, personality traits, aggression and suicide) are frequent in patients with epilepsy and have a significant impact on medical management and quality of life. Areas covered: A literature search was performed in MEDLINE for epidemiological, longitudinal, prospective, double-blind clinical trial studies published between 1990 and 2011 using the following words: epilepsy, antiepileptic drugs (AEDs), behavioral/emotional/psychiatric comorbidities, suicide and aggression. In this review, the author discusses: i) the characterization and prevalence of behavioral disturbances associated with epilepsy, ii) variables correlated with behavioral comorbidities which include: psychosocial-, clinical- and treatment-related variables, iii) the complex mechanisms of behavioral comorbidities associated with epilepsy, which include both psychosocial (functional) and organic; the process of epileptogenesis, neuronal plasticity, abnormalities in hypothalamic-pituitary axis and neurotransmitters and pathways are fundamental determinants, iv) the negative psychotropic effects of AEDs and their mechanisms and v) the suggested biopsychosocial model of management (pharmacological and non-pharmacological). **Expert opinion:** The relationship between psychiatric disorders and epilepsy has relevant therapeutic implications which should be directed towards a comprehensive biopsychosocial approach that focuses on the whole person rather than simply on the disease process.

PMID:

21619486

[PubMed - as supplied by publisher]

Related citations



6. J Mol Neurosci. 2011 May 26. [Epub ahead of print]
[Genetic Counseling for Frontotemporal Dementias.](#)

Quaid KA.

Source

Department of Medical and Molecular Genetics, Indiana University School of Medicine, 975 West Walnut Street, Indianapolis, IN, 46202-5251, USA, kquaid@iupui.edu.

Abstract

Frontotemporal dementia (FTD) is an umbrella term for a heterogeneous group of neurodegenerative disorders that are characterized by changes in cognition, language, personality, and social functioning. Approximately 40% of individuals with FTD have a family history of dementia, but less than 10% have a clear autosomal dominant pattern of inheritance. However, establishing a clear mode of inheritance in FTD is complicated by clinical heterogeneity, variable expression, phenocopies, misdiagnosis, early death due to other causes, missing medical records, and lost family histories. Mutations in the microtubule-associated protein tau and progranulin genes have been reported in the majority of hereditary cases, making genetic testing of at-risk individuals possible. The first step in counseling a family with a history of FTD is to take a comprehensive family history with confirmation of any diagnosis in a family member with medical records to the extent possible. If the pedigree analysis suggests an autosomal dominant pattern of inheritance, genetic testing of an affected relative may be offered to the family to determine if a mutation is present. If a mutation is found, relatives interested in pursuing genetic testing should be referred to a genetic counselor familiar with genetic testing for neurodegenerative disorders. Predictive testing of unaffected and at-risk relatives should only be offered in the context of a comprehensive genetic counseling protocol offering pre- and post-test counseling and support. One survey of at-risk individuals in a large family with FTD found that 50% were interested in testing. In one study actually offering genetic testing for FTD, the rate of uptake of testing was only 8.4%. A more recent study estimated the uptake for testing for FTD to be somewhere between 7% and 17% and attributed the low uptake to family resistance to testing. While genetic testing may be appropriate for some families with Alzheimer's disease and FTD, uptake of testing may be expected to be low.

PMID:

21614537

[PubMed - as supplied by publisher]

Related citations



7. Cogn Affect Behav Neurosci. 2011 May 26. [Epub ahead of print]

Brain potentials to emotional pictures are modulated by alexithymia during emotion regulation.

Walker S, O'Connor DB, Schaefer A.

Source

University of Leeds, Leeds, England, UK, s.a.walker88@hotmail.co.uk.

Abstract

Alexithymia is a personality trait associated with the reduced ability to regulate, identify, and communicate feelings or emotions and is often linked to psychosomatic disorders. The present study used event-related potentials (ERPs) to investigate the relationship between individual differences in alexithymia and emotion regulation. Participants classified as scoring either high or low on the revised form of the Toronto Alexithymia Scale (TAS-20; Taylor, Bagby, & Parker Psychother Psychosom 57:34-41, 1992) were asked to view negative and neutral images, adopting three different regulation strategies (expressive suppression, cognitive reappraisal, and attend) while ERPs were recorded. Results revealed an inverse relationship between TAS scores and emotion-related ERP activity during suppression, but not during reappraisal or a control "attend" condition. These results were observed in both early and late ERP latencies. These findings are interpreted according to potential differences between high- and low-TAS individuals regarding the frequency of prior utilization of suppression-based regulation strategies.

PMID:

21614450

[PubMed - as supplied by publisher]

Related citations



8. N Engl J Med. 2011 May 26;364(21):2037-42.
[Clinical practice. Borderline personality disorder.](#)

Gunderson JG.

Source

Psychosocial and Personality Research Program, McLean Hospital, Belmont, MA 02478, USA. jgunderson@mclean.harvard.edu

PMID:

21612472

[PubMed - indexed for MEDLINE]

Related citations



9. Bull Cancer. 2011 May 23. [Epub ahead of print]
[Personality disorders in oncology: characteristic and management.](#)

Soulié O, Vennin P, Reich M.

Source

Centre Oscar-Lambret, équipe de psycho-oncologie, 3, rue Frédéric-Combemale, BP 307, 59020 Lille Cedex, France
Centre Oscar-Lambret, équipe de psycho-oncologie, 3, rue Frédéric-Combemale, BP 307, 59020 Lille Cedex, France.

Abstract

Confronted with a patient with a personality disorder, the oncologist must recognize it and adapt his treatment accordingly. Some pathological character types require interpersonal adjustments to ensure a good understanding of the cancer disease and also to obtain the best compliance with supportive care. Given the fact that specific pharmacological treatment does not exist, collaboration between oncologists and the psycho-oncology team is paramount. The interaction between the somatic disease and the psychiatric disorder demand collaboration among caregivers sharing explanations and recommendations. Clinical examples will illustrate each personality disorder and will focus on the several problems raised by the psychiatric disorder. Treatment principles will be addressed in a second section.

PMID:

21609894

[PubMed - as supplied by publisher]

Related citations



10. Psychiatry Res. 2011 May 21. [Epub ahead of print]

[The effect of severity and personality on the psychotic presentation of Major Depression.](#)

Tonna M, De Panfilis C, Provini C, Marchesi C.

Source

Dipartimento di Salute Mentale, Azienda Sanitaria Locale di Parma, Italy.

Abstract

The aim of the present study was to evaluate whether symptom severity or personality traits may be associated with psychotic symptoms in Major Depression (MD), since it is still debated whether psychotic depression may represent the most severe form of depression or the effect of personality structure. The study included 163 patients affected by MD who were divided into four groups on the basis of the presence/absence of melancholic features and psychotic symptoms. All subjects completed the Structured Clinical Interview for DSM-IV Disorders (SCID-IV), the Structured Clinical Interview for DSM-IV Personality Disorders (SIDP-IV) and the Hamilton Rating Scale for Depression (Ham-D). Personality was assessed after MD remission (absence of DSM-IV criteria and Ham-D score lower than 7 for at least two months). Psychotic symptoms were positively associated with symptom severity (higher Ham-D total score) and with paranoid and schizotypal traits and negatively related to

histrionic traits. Our data support the view that the effect of paranoid-schizotypal traits and symptom severity on the presence of psychotic symptoms in MD occurs separately and they are independent of each other.

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PMID:

21605913

[PubMed - as supplied by publisher]

Related citations



11. BMC Med Genet. 2011 May 24;12(1):74. [Epub ahead of print]

shhAssociation of the MAOA Promoter uVNTR Polymorphism with Suicide Attempts in Patients with Major Depressive Disorder.

Lung FW, Tzeng DS, Huang MF, Lee MB.

Abstract

ABSTRACT:

BACKGROUND:

The MAOA uVNTR polymorphism has been documented to affect the MAOA gene at the transcriptional level and is associated with aggressive impulsive behaviors, depression associated with suicide (depressed suicide), and major depressive disorder (MDD). We hypothesized that the uVNTR polymorphism confers vulnerability to MDD, suicide or both. The aim of this study was to explore the association between the MAOA uVNTR and depressed suicide, using multiple controls.

METHODS:

Four different groups were included: 432 community controls, 385 patients with MDD who had not attempted suicide, 96 community subjects without mental disorders who had attempted suicide, and 109 patients with MDD who had attempted suicide. The MAOA uVNTR polymorphism was genotyped by a PCR technique. The symptom profiles and personal characteristics in each group were also compared.

RESULTS:

The MAOA 4R allele was more frequent in males with MDD than in male community controls ($\chi^2 = 4.182$, $p = 0.041$). Logistic regression analysis showed that, among the depressed subjects, those younger in age, more neurotic or who smoked had an increased risk of suicide ($\beta = -0.04$, $p = 0.002$; $\beta = 0.15$, $p = 0.017$; $\beta = 0.79$, $p = 0.031$, respectively). Moreover, among those who had attempted suicide, those younger in age, with more paternal overprotection, and more somatic symptoms were more likely to be in the

MDD group than in the community group ($\beta = -0.11$, $p < 0.001$; $\beta = 0.15$, $p = 0.026$; $\beta = 1.11$, $p < 0.001$). Structural equation modeling (SEM) showed that nongenetic factors, such as age, paternal overprotection, and somatic symptoms, were associated with MDD, whereas depressed suicide were associated with severity of depression, personality traits, age, marital status, and inversely associated with anxiety symptoms. However, depression did not affect suicidal behavior in the community group.

CONCLUSION:

The MAOA 4R allele is associated with enhanced vulnerability to suicide in depressed males, but not in community subjects. The MAOA 4R allele affects vulnerability to suicide through the mediating factor of depressive symptoms. Further large-scale studies are needed to verify the psychopathology of the relationships among MAOA uVNTR polymorphism, symptom profiles, and suicidal behavior.

Free Article

PMID:

21605465

[PubMed - as supplied by publisher]

Related citations



12. Psychotherapy (Chic). 2011 May 23. [Epub ahead of print]

[The relationship between activating affects, inhibitory affects, and self-compassion in patients with Cluster C personality disorders.](#)

Schanche E, Stiles TC, McCullough L, Svartberg M, Nielsen GH.

Abstract

In the short-term dynamic psychotherapy model termed "Affect Phobia Treatment," it is assumed that increase in patients' defense recognition, decrease in inhibitory affects (e.g., anxiety, shame, guilt), and increase in the experience of activating affects (e.g., sadness, anger, closeness) are related to enhanced self-compassion across therapeutic approaches. The present study aimed to test this assumption on the basis of data from a randomized controlled trial, which compared a 40-session short-term dynamic psychotherapy ($N = 25$) with 40-session cognitive treatment ($N = 25$) for outpatients with Cluster C personality disorders. Patients' defense recognition, inhibitory affects, activating affects, and self-compassion were rated with the Achievement of Therapeutic Objectives Scale (McCullough et al., 2003b) in Sessions 6 and 36. Results showed that increase in self-compassion from early to late in therapy significantly predicted pre- to post-decrease in psychiatric symptoms, interpersonal problems, and personality pathology. Decrease in levels of inhibitory affects and increase in levels of activating affects during therapy were significantly associated with higher self-compassion toward the end of treatment. Increased levels of defense recognition did not predict higher self-compassion when changes in inhibitory and activating affects were statistically controlled for. There were no significant interaction effects with type of

treatment. These findings support self-compassion as an important goal of psychotherapy and indicate that increase in the experience of activating affects and decrease in inhibitory affects seem to be worthwhile therapeutic targets when working to enhance self-compassion in patients with Cluster C personality disorders. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21604900

[PubMed - as supplied by publisher]

Related citations

13. Psychol Addict Behav. 2011 May 23. [Epub ahead of print]

[The role of negative urgency and expectancies in problem drinking and disordered eating: Testing a model of comorbidity in pathological and at-risk samples.](#)

Fischer S, Settles R, Collins B, Gunn R, Smith GT.

Abstract

The aim of this study was to test hypotheses derived from a model that explains both the comorbidity of problem drinking and eating disorder symptoms and the difference in risk process between the two disorders. In Study One, the authors examined four personality constructs typically associated with rash action (sensation seeking, lack of planning, lack of persistence, and negative urgency) and disorder-specific expectancies in samples of women with eating disorders, substance dependence disorders, comorbid conditions, and no symptoms (N = 104). Negative urgency, the tendency to act rashly when distressed, differentiated the disordered groups from the control group. In contrast, learned expectancies differentiated among clinical groups. Women with eating disorders endorsed high levels of eating and dieting expectancies and women with substance use disorders endorsed high levels of alcohol expectancies, while comorbid women endorsed high levels of both. In Study Two, this pattern of findings was replicated in a sample of fifth grade girls (N = 905). Girls who had engaged in binge eating, alcohol use, or both had higher levels of negative urgency than asymptomatic girls, and the pattern of outcome expectancy endorsement was disorder specific. Negative urgency may represent a general, personality influence on both eating disordered behaviors and symptoms of alcohol dependence, which, when combined with learned, behavior-specific expectancies, leads to specific addictive behavior patterns. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21604832

[PubMed - as supplied by publisher]

Related citations

14. J Abnorm Psychol. 2011 May 23. [Epub ahead of print]

[Distinguishing general and specific personality disorder features and implications for substance dependence comorbidity.](#)

Jahng S, Trull TJ, Wood PK, Tragesser SL, Tomko R, Grant JD, Bucholz KK, Sher KJ.

Abstract

Clinical and population-based samples show high comorbidity between Substance Use Disorders (SUDs) and Axis II Personality Disorders (PDs). However, Axis II disorders are frequently comorbid with each other, and existing research has generally failed to distinguish the extent to which SUD/PD comorbidity is general or specific with respect to both specific types of PDs and specific types of SUDs. We sought to determine whether ostensibly specific comorbid substance dependence-Axis II diagnoses (e.g., alcohol use dependence and borderline personality disorder) are reflective of more pervasive or general personality pathology or whether the comorbidity is specific to individual PDs. Face-to-face interview data from Wave 1 and Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions were analyzed. Participants included 34,653 adults living in households in the United States. We used hierarchical factor models to statistically partition general and specific personality disorder dimensions while simultaneously testing for specific PD-substance dependence relations. Results indicated that substance dependence-Axis II comorbidity is characterized by general (pervasive) pathology and by Cluster B PD pathology over and above the relationship to the general PD factor. Further, these relations between PD factors and substance dependence diagnoses appeared to largely account for the comorbidity among substance dependence diagnoses in the younger but not older participants. Our findings suggest that a failure to consider the general PD factor, which we interpret as reflecting interpersonal dysfunction, can lead to potential mischaracterizations of the nature of certain PD and SUD comorbidities. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21604829

[PubMed - as supplied by publisher]

Related citations

15. J Abnorm Psychol. 2011 May 16. [Epub ahead of print]

Personality-based latent classes of Posttraumatic psychopathology: Personality disorders and the Internalizing/Externalizing model.

Wolf EJ, Miller MW, Harrington KM, Reardon A.

Abstract

Prior research using the Brief Form of the Multidimensional Personality Questionnaire (MPQ-BF; Patrick, Curtin, & Tellegen, 2002) has shown evidence of 3 temperament-based subtypes-termed internalizing, externalizing, and simple PTSD-among individuals with symptoms of posttraumatic stress disorder (PTSD; Miller, Greif, & Smith, 2003). This study sought to replicate and extend research in this area by conducting a latent profile analysis of higher order temperament scales from the MPQ-BF using a new sample of 208 veterans with symptoms of PTSD. Results suggest that a 3-class solution reflecting internalizing,

externalizing, and simple subtypes of posttraumatic psychopathology provided the best fit to the data. The externalizing subtype was characterized by features of antisocial, borderline, histrionic, and narcissistic personality disorders on the International Personality Disorder Examination (Loranger, 1999) as well as low levels of constraint and high levels of negative emotionality on the MPQ-BF. In contrast, individuals in the internalizing class exhibited features of schizoid and avoidant personality disorders, low levels of positive emotionality, and high levels of negative emotionality. The simple subtype was defined by low levels of comorbid personality disorder features and relatively normal personality profiles. Findings support the reliability of this typology and support the relevance of the internalizing and externalizing model to the structure of personality disorders. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21574669

[PubMed - as supplied by publisher]

Related citations

16. BMC Psychiatry. 2011 May 12;11(1):81. [Epub ahead of print]

[Poly- substance use and antisocial personality traits at admission predict cumulative retention in a buprenorphine programme with mandatory work and high compliance profile.](#)

Ohlin L, Hesse M, Fridell M, Tatting P.

Abstract

ABSTRACT:

BACKGROUND:

Continuous abstinence and retention in treatment for alcohol and drug use disorders are central challenges for the treatment providers. The literature has failed to show consistent, strong predictors of retention. Predictors and treatment structure may differ across treatment modalities. In this study the structure was reinforced by the addition of supervised urine samples three times a week and mandatory daily work/structured education activities as a prerequisite of inclusion in the program.

METHODS:

Of 128 patients consecutively admitted to buprenorphine maintenance treatment five patients dropped out within the first week. Of the remaining 123 demographic data and psychiatric assessment were used to predict involuntary discharge from treatment and corresponding cumulative abstinence probability. All subjects were administered the Structured Clinical Interview for DSM-IV-TR, and the Symptoms Checklist 90 (SCL-90), the Alcohol Use Disorder Identification Test (AUDIT), the Swedish universities Scales of Personality (SSP) and the Sense of Coherence Scale (SOC), all self-report measures. Some measures were repeated every third month in addition to interviews.

RESULTS:

Of 123 patients admitted, 86 (70%) remained in treatment after six months and 61 (50%) remained in treatment after 12 months. Of those discharged involuntarily, 34/62 individuals were readmitted after a suspension period of three months. Younger age at intake, poly-substance abuse at intake (number of drugs in urine), and number of conduct disorder criteria on the SCID Screen were independently associated with an increased risk of involuntary discharge. There were no significant differences between dropouts and completers on SCL-90, SSP, SOC or AUDIT.

CONCLUSION:

Of the patients admitted to the programme 50% stayed for the first 12 months with continuous abstinence and daily work. Poly-substance use before intake into treatment, high levels of conduct disorder on SCID screen and younger age at intake had a negative impact on retention and abstinence.

Free Article

PMID:

21569440

[PubMed - as supplied by publisher]

Related citations



17. J Child Psychol Psychiatry. 2011 May 12. doi: 10.1111/j.1469-7610.2011.02405.x. [Epub ahead of print]

Young people's risk of suicide attempts after contact with a psychiatric department - a nested case-control design using Danish register data.

Christiansen E, Larsen KJ.

Source

Clinic of Suicide Prevention and Treatment for Children and Adolescents, Department of Child and Adolescent Psychiatry, Odense University Hospital, Denmark.

Abstract

Background: There seems to be an increased risk of children and adolescents committing or attempting suicide after contact with a psychiatric department. Children and adolescents living in families with low socio-economic status (SES) might have an especially increased suicide attempt risk. **Methods:** A complete extraction of Danish register data for every individual born in the period 1983-1989 was made. Of these 403,431 individuals, 3,465 had attempted suicide. In order to control for confounder effects from gender, age and calendar-time, a nested case-control study was designed. A total population of 72,765 individuals was used to analyze the risk of suicide attempts after contact with a psychiatric department. The

case-control data were analyzed using conditional logistic regression. Results: This study shows that a child/adolescent's risk of suicide attempt peaks immediately after discharge from last contact with a psychiatric department. The risk of suicide attempt is highest for children and adolescents suffering from personality disorders, depression and substance use disorders. Children and adolescents with previous contact with a psychiatric department and parental income in the lowest third have a significantly higher risk of suicide attempt. Suicide attempters were more likely to have been given several different diagnoses and several different psychopharmacological drugs prior to their attempted suicide. Conclusions: The findings in this study highlight the need for psychopathology assessment in every case of attempted suicide. This study also shows that well-known risk factors such as contact with a psychiatric department do not affect all individuals in the same way. Individuals from families with low SES had the highest risk. This suggests that the presence of factors influencing both vulnerability and resiliency, e.g., family level of SES, needs to be included in the assessment.

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PMID:

21564096

[PubMed - as supplied by publisher]

Related citations



18. Psychopharmacology (Berl). 2011 May 11. [Epub ahead of print]

[Effects of smoking abstinence on impulsive behavior among smokers high and low in ADHD-like symptoms.](#)

Ashare RL, Hawk LW Jr.

Source

Department of Psychology, University at Buffalo, SUNY, 206 Park Hall, Buffalo, NY, 14260, USA, rlashare@buffalo.edu.

Abstract

RATIONALE:

Impulsivity, a multifaceted construct that includes inhibitory control and heightened preference for immediate reward, is central to models of drug use and abuse. Within a self-medication framework, abstinence from smoking may lead to an increase in impulsive behavior and the likelihood of relapse, particularly among persons with disorders (e.g., attention-deficit/hyperactivity disorder, ADHD) and personality traits (e.g., impulsivity) linked to impulsive behavior.

OBJECTIVES:

This study aimed to examine the effects of smoking abstinence on multiple measures of impulsivity among a non-clinical sample of adult smokers selected for high and low levels of ADHD symptoms.

METHODS:

In a within-subjects design, participants selected for high or low levels of self-reported ADHD symptoms (N = 56) completed sessions following overnight abstinence and when smoking as usual (order counterbalanced). Measures of impulsive behavior included response inhibition (i.e., stop signal task), interference control (i.e., attentional modification of prepulse inhibition (PPI) of startle), and impulsive choice (i.e., hypothetical delay discounting).

RESULTS:

As hypothesized, abstinence decreased response inhibition and PPI. Although ADHD symptoms moderated abstinence effects on impulsive choice and response inhibition, the pattern was opposite to our predictions: the low-ADHD group responded more impulsively when abstinent, whereas the high-ADHD group was relatively unaffected by abstinence.

CONCLUSIONS:

These findings highlight the importance of utilizing multiple laboratory measures to examine a multifactorial construct such as impulsive behavior and raise questions about how best to assess symptoms of ADHD and impulsivity among non-abstinent smokers.

PMID:

21559802

[PubMed - as supplied by publisher]

Related citations



19. Psychopathology. 2011;44(4):261-71. Epub 2011 May 6.
[Does a More Specified Version of the HoNOS \(Health of the Nation Outcome Scales\) Increase Psychometric Properties of the Inventory?](#)

Andreas S, Rabung S, Mestel R, Koch U, Hausberg M, Schulz H.

Source

Department of Medical Psychology, Center for Psychosocial Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany.

Abstract

Background: The Health of the Nation Outcome Scales (HoNOS) is a clinician-rated instrument for the differentiated measurement of severity in patients with mental disorder. Item 8 of the instrument, assessing 'Other mental and behavioral problems', is particularly relevant for patients with affective disorders, anxiety disorders, and eating and personality disorders. However, some studies have shown that the scale possesses unsatisfactory psychometric properties. The objective of the present study was therefore to validate the psychometric properties of a more specified version of the HoNOS-D item 8. **Methods:** The instrument's reliability and validity were tested using a large, representative, clinical sample of patients with mental disorders (study 1: n = 1,918 and n = 1,357). Additional tests of reliability and criterion validity were performed using a further clinical sample of patients with mental disorders (study 2: N = 55). **Results:** The extended version of the HoNOS provides a differentiated picture of additional problem areas for the patient. Although inter-rater reliability indicates a need for more detailed instructions, the problem areas of item 8 proved on the whole to be suitable for measuring the extent and severity of mental problems that are present in addition to the primary problem. **Conclusion:** In order to make the extended assessment of the HoNOS useful for clinical routine practice, a supplemental glossary is needed.

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PMID:

21546787

[PubMed - in process]

Related citations



20. Psychopathology. 2011;44(4):253-60. Epub 2011 May 6.

Emotion dysregulation as a core feature of borderline personality disorder: comparison of the discriminatory ability of two self-rating measures.

Kröger C, Vonau M, Kliem S, Kosfelder J.

Source

Technical University of Brunswick, Brunswick, Germany.

Abstract

Background/Aims: There is growing evidence that emotion dysregulation (ED) is a core feature of borderline personality disorder (BPD). The present study examines whether a self-rating measure, the ED Scale, lets us distinguish between individuals with BPD and those diagnosed with other mental disorders in a way similar to that of a borderline-related screening measure, the German version of the McLean Screening Instrument for Borderline Personality Disorders (MSI-BPD). **Method:** Based on the signal detection theory, receiver operating characteristics as well as reliability and validity indicators are determined in a

heterogeneous outpatient sample (n = 168). Results: The values of internal consistency and the validity indicators turned out to be in the expected range. The area under the curve (AUC) for the ED Scale was 0.86, and therefore emerged on a par with the AUC = 0.90 of the MSI-BPD. As required, analyses for both measures revealed equal and high values for sensitivity, as well as corresponding low negative predictive values. There was, however, a lower degree of specificity on the ED Scale as compared to the MSI-BPD. Conclusion: The results support the assumption that ED is a core feature of BPD, but should also be taken into account in the assessment and treatment of other mental disorders.

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PMID:

21546786

[PubMed - in process]

[Related citations](#)



21. Brain Struct Funct. 2011 May 4. [Epub ahead of print]

[Impulse control disorders in Parkinson's disease: seeking a roadmap toward a better understanding.](#)

Cilia R, van Eimeren T.

[Source](#)

Parkinson Institute, Istituti Clinici di Perfezionamento, via Bignami 1, 20126, Milan, Italy, roberto.cilia@gmail.com.

[Abstract](#)

The development of an impulse control disorder (ICD) is now recognized as a potential nonmotor adverse effect of dopamine replacement therapy in Parkinson's disease (PD). Here, recent epidemiological, neurophysiological and genetic advances are summarized to outline potential mechanisms involved. It is safe to say that dopaminergic drugs, particularly dopamine agonists, are able to induce ICDs only in a minority of patients, while the majority are somehow protected from this adverse effect. While it seems clear that men with early-onset PD are more vulnerable, other predisposing factors, such as various current or pre-PD personality traits, are a matter of debate. In terms of neurophysiological advances, one may find striking analogies to the addiction literature suggesting a causal chain beginning with certain predisposing conditions of striatal dopamine synapses, an "unnatural" increase of dopamine stimulation and a characteristic pattern of resulting functional changes in remote networks of appetitive drive and impulse control. Future prospects include potential add-on medications and the possible identification of genetic predispositions at a genome-wide scale. Functional imaging of pharmacogenetic interactions (imaging pharmacogenomics) may be an important tool on that road.

PMID:

21541715

[PubMed - as supplied by publisher]

Related citations



22. J Psychiatr Ment Health Nurs. 2011 Jun;18(5):394-402. doi: 10.1111/j.1365-2850.2010.01679.x. Epub 2011 Jan 4.

Prevalence and correlates of seclusion with or without restraint in a Canadian psychiatric hospital: a 2-year retrospective audit.

Dumais A, Larue C, Drapeau A, Ménard G, Giguère Allard M.

Source

Resident in Psychiatry and PhD Student, Montreal University, Fernand-Seguin Research Center, Philippe-Pinel Institute of Montreal Professor and Researcher, Faculty of Nursing Science, Montreal University Professor and Researcher, Fernand-Seguin Research Center, Department of Psychiatry, Montreal University Head of Nursing Care, Louis-H. Lafontaine Hospital Occupational Therapist Student, Montreal University, Montreal, QC, Canada.

Abstract

ACCESSIBLE SUMMARY: • This paper assesses the prevalence and associated clinical factors of seclusion and restraint in a Canadian psychiatric hospital. • The prevalence of seclusion with or without restraint is high, and patients with bipolar and personality disorders are more likely than those with other psychiatric disorders to be secluded with and without restraint during their stay in this hospital. • Implementing a comprehensive record-keeping system that tracks patient risk factors and seclusion and restraint episodes would enhance the capacity to identify complex cases that present risks. **ABSTRACT:** Seclusion with or without restraint is a measure used to manage patients with challenging behaviours. Although controversial, the intervention remains poorly documented, especially in Canadian psychiatric hospitals. The purpose of this study is to assess the prevalence of the measure and identify any correlated demographic characteristics and psychiatric disorders. Episodes of seclusion with or without restraint were extracted from a computerized, hospital-based system introduced specifically to track such interventions. Of 2721 patients hospitalized during that time, 23.2% (n = 632) were secluded with or without restraint, and 17.5% (n = 476) were secluded with restraint. Younger age, schizophrenia or other psychosis, bipolar and personality disorder, and longer stay in hospital are predictors of an episode of seclusion with or without restraint. Younger age, bipolar and personality disorders and a longer stay in hospital are predictors of an episode of seclusion with restraint. For patients who spent longer in seclusion and under restraint, there is a positive association with longer stay in hospital. In this inpatient psychiatric facility, seclusion with or without restraint thus appears to be common. More research is warranted to better identify the principal factors associated with seclusion and restraint and help reduce resort to these measures.

© 2011 Blackwell Publishing.

PMID:

21539684

[PubMed - in process]

[Related citations](#)



23. Curr Psychiatry Rep. 2011 May 3. [Epub ahead of print]

[Late-life Anxiety Disorders: A Review.](#)

Schuurmans J, van Balkom A.

[Source](#)

Department for Older Adults, GGZinGeest, Osdorpplein 880, 1068 TD, Amsterdam, The Netherlands, j.schuurmans@ggzingeest.nl.

[Abstract](#)

Anxiety disorders are a major clinical problem in late life; estimated prevalence rates vary from 6% to 10%, and the disease impact is considerable and equal to that of depression. However, anxiety disorders often remain undetected and untreated in older adults. This discrepancy may be accounted for by a combination of patient variables (eg, a lack of help-seeking behavior and long duration of illness) and variables related to current clinical practice (eg, a lack of knowledge regarding late-life anxiety and ageism). Because anxiety disorders usually have an age at onset earlier in life, patients and mental health professionals may be inclined to attribute the anxiety and avoidance symptoms to personality factors instead of a treatable syndrome. Comorbidity with other psychiatric disorders, such as depressive disorder, may complicate the appropriate diagnosis. Identification may be further obscured because the phenomenology of anxiety disorders in older adults tends to differ from the phenomenology in younger adults. Randomized controlled trials have yielded support for the effectiveness of cognitive-behavioral therapy and serotonergic antidepressants. However, both treatments seem hampered by relatively high dropout rates, and the available data are based primarily on a relatively healthy, well-educated, and "young" older population. The dissemination of knowledge regarding late-life anxiety disorders is vital, as evidence-based treatments are available but are still rarely implemented.

PMID:

21538031

[PubMed - as supplied by publisher]

[Related citations](#)



24. Psychiatr Clin North Am. 2011 Jun;34(2):377-401.

[Psychosocial Interventions for Late-life Major Depression: Evidence-Based Treatments, Predictors of Treatment Outcomes, and Moderators of Treatment Effects.](#)

Kiosses DN, Leon AC, Areán PA.

Source

Department of Psychiatry, Weill-Cornell Medical College, 21 Bloomingdale Road, White Plains, NY 10605, USA.

Abstract

This systematic review evaluates the efficacy of psychosocial interventions for the acute treatment of late-life depression and identifies predictors of treatment outcomes and moderators of treatment effects. Problem-solving therapy, cognitive behavioral therapy, and treatment initiation and participation program have supportive evidence of efficacy, pending replication. Although the data on predictors of treatment outcomes and moderators of treatment effects are preliminary, it appears that baseline anxiety and stress level, personality disorders, endogenous depression, and reduced self-rated health predict worse depression outcomes. Future research may examine the moderating effects of baseline depression severity and identify other clinical or demographic moderators.

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PMCID: PMC3099466

[Available on 2012/6/1]

PMID:

21536164

[PubMed - in process]

Related citations



Items 1 - 30 of 30

1. Psychosom Med. 2011 Jun 28. [Epub ahead of print]

Posttraumatic Stress Disorder in Anorexia Nervosa.

Reyes-Rodríguez ML, Von Holle A, Ulman TF, Thornton LM, Klump KL, Brandt H, Crawford S, Fichter MM, Halmi KA, Huber T, Johnson C, Jones I, Kaplan AS, Mitchell JE, Strober M, Treasure J, Woodside DB, Berrettini WH, Kaye WH, Bulik CM.

Source

Department of Psychiatry (M.L.R.-R., A.V.H., T.F.U., L.M.T., C.M.B.), University of North Carolina, Chapel Hill, North Carolina; Department of Psychology (K.L.K.), Michigan State University, East Lansing, Michigan; Department of Psychiatry (H.B., S.C.), University of Maryland School of Medicine, Baltimore, Maryland; Klinik Roseneck, Hospital for Behavioral Medicine (M.M.F.), Prien; and University of Munich (LMU), Munich, Germany; New York Presbyterian Hospital-Westchester Division (K.A.H.), Weill Medical College of

Cornell University, White Plains, New York; Klinik am Korso (T.H.), Bad Oeynhausen, Germany; Eating Recovery Center (C.J.), Denver, Colorado; Medical Research Council Center for Neuropsychiatric Genetics and Genomics (I.J.), Chardiff, United Kingdom; Center of Addiction and Mental Health (A.S.K.), Toronto, Canada; Department of Psychiatry, (A.S.K., D.B.W.) University of Toronto; and Department of Psychiatry (D.B.W.), Toronto General Hospital, University Health Network, Toronto, Canada; Neuropsychiatric Research Institute and Department of Clinical Neuroscience (J.E.M.), University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota; Department of Psychiatry and Biobehavioral Sciences (M.S.), David Geffen School of Medicine, University of California at Los Angeles, Los Angeles, California; Department of Academic Psychiatry (J.T.), Kings College London, London, United Kingdom; Department of Psychiatry (W.H.B.), University of Pennsylvania, Philadelphia, Pennsylvania; Department of Psychiatry (W.H.K.), University of California at San Diego, San Diego, California; and Department of Nutrition (C.M.B.), University of North Carolina, Chapel Hill, North Carolina.

Abstract

Objectives Comorbidity among eating disorders, traumatic events, and posttraumatic stress disorder (PTSD) has been reported in several studies. The main objectives of this study were to describe the nature of traumatic events experienced and to explore the relationship between PTSD and anorexia nervosa (AN) in a sample of women. **Methods** Eight hundred twenty-four participants from the National Institutes of Health-funded Genetics of Anorexia Nervosa Collaborative Study were assessed for eating disorders, PTSD, and personality characteristics. **Results** From a final sample of 753 women with AN, 13.7% ($n = 103$) met Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, criteria for PTSD. The sample mean age was 29.5 (standard deviation = 11.1) years. In pairwise comparisons across AN subtypes, the odds of having a PTSD diagnosis were significantly lower in individuals with restricting AN than individuals with purging AN without binge eating (odds ratio = 0.49, 95% confidence interval = 0.30-0.80). Most participants with PTSD reported the first traumatic event before the onset of AN (64.1%, $n = 66$). The most common traumatic events reported by those with a PTSD diagnosis were sexually related traumas during childhood (40.8%) and during adulthood (35.0%). **Conclusions** AN and PTSD do co-occur, and traumatic events tend to occur before the onset of AN. Clinically, these results underscore the importance of assessing trauma history and PTSD in individuals with AN and raise the question of whether specific modifications or augmentations to standard treatment for AN should be considered in a subgroup to address PTSD-related psychopathology.

PMID:

21715295

[PubMed - as supplied by publisher]

Related citations

2. Mov Disord. 2011 Jun 28. doi: 10.1002/mds.23830. [Epub ahead of print]
[Psychopathology and psychogenic movement disorders.](#)

Kranick S, Ekanayake V, Martinez V, Ameli R, Hallett M, Voon V.

Source

Human Motor Control Section, Medical Neurology Branch, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, Maryland, USA.

Abstract

Psychogenic movement disorder is defined as abnormal movements unrelated to a medical cause and presumed related to underlying psychological factors. Although psychological factors are of both clinical and pathophysiological relevance, very few studies to date have systematically assessed their role in psychogenic movement disorder. We sought to assess the role of previous life stress using validated quantitative measures in patients with psychogenic movement disorder compared with age- and sex-matched healthy volunteers as well as a convenience sample of patients with focal hand dystonia. Sixty-four patients with psychogenic movement disorder (72% female; mean age, 45.2 years [standard deviation, 15.2 years]), 38 healthy volunteers (74% female; mean age, 49 years [standard deviation, 13.7 years]), and 39 patients with focal hand dystonia (37% female; mean age, 48.7 years [standard deviation, 11.7 years]) were evaluated using a standardized psychological interview as well as validated quantitative scales to assess trauma and previous stressors, depression, anxiety, and personality traits. Patients with psychogenic movement disorder reported higher rates of childhood trauma, specifically greater emotional abuse and physical neglect, greater fear associated with traumatic events, and a greater number of traumatic episodes compared with healthy volunteers and patients with focal hand dystonia controlled for depressive symptoms and sex (Bonferroni corrected $P < .005$). There were no differences in categorical psychiatric diagnoses or scores on childhood physical or sexual abuse subscales, personality traits, or the dissociative experience scale. Our findings highlight a biopsychosocial approach toward the pathophysiology of psychogenic movement disorder, although the association with psychological issues is much less prominent than expected compared with the nonepileptic seizure population. A careful psychological assessment is indicated to optimize therapeutic modalities. © 2011 Movement Disorder Society.

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PMID:

21714007

[PubMed - as supplied by publisher]

Related citations



3. BMC Psychiatry. 2011 Jun 28;11(1):105. [Epub ahead of print]

[A cross-sectional testing of The Iowa Personality Disorder Screen in a psychiatric outpatient setting.](#)

Olsson I, Sorebo O, Dahl AA.

Abstract

ABSTRACT:

BACKGROUND:

Patients suspected of personality disorders (PDs) by general practitioners are frequently referred to psychiatric outpatient clinics (POCs). In that setting an effective screening instrument for PDs would be helpful due to resource constraints. This study evaluates the properties of The Iowa Personality Disorder Screen (IPDS) as a screening instrument for PDs at a POC.

METHODS:

In a cross-sectional design 145 patients filled in the IPDS and were examined with the SCID-II interview as reference. Various case-finding properties were tested, interference of socio-demographic and other psychopathology were investigated by logistic regression and relationships of the IPDS and the concept of PDs were studied by a latent variable path analysis.

RESULTS:

We found that socio-demographic and psychopathological factors hardly disturbed the IPDS as screening instrument. With a cut-off greater than or equal to 4 the 11 items IPDS version had sensitivity 0.77 and specificity 0.71. A brief 5 items version showed sensitivity 0.82 and specificity 0.74 with cut-off greater than or equal to 2. With exception for one item, the IPDS variables loaded adequately on their respective first order variables, and the five first order variables loaded in general adequately on their second order variable.

CONCLUSION:

Our results support the IPDS as a useful screening instrument for PDs present or absent in the POC setting.

Free Article

PMID:

21711506

[PubMed - as supplied by publisher]

Related citations



4. Eur Eat Disord Rev. 2011 Jun 28. doi: 10.1002/erv.1136. [Epub ahead of print]
The Relationship Among Compulsive Buying, Compulsive Internet Use and Temperament in a Sample of Female Patients with Eating Disorders.

[No authors listed]

Abstract

The aim of the present study was to investigate the association among compulsive buying (CB), compulsive internet use (CIU) and reactive/regulative temperament in a sample of 60 female patients with eating disorders. All patients were assessed by means of the Compulsive Buying Scale, the CIU scale, the Eating Disorder Inventory-2, the Behavioral Inhibition System/Behavioral Activation System scales, the Dimensional Assessment of Personality Pathology and the effortful control scale of the Adult Temperament Questionnaire. The results showed a positive association between CB and CIU, both categorized as impulse control disorders, not otherwise specified. Both CB and CIU showed significantly positive correlations with emotional lability, excitement seeking and lack of effortful control (more specifically lack of inhibitory and lack of activation control). The implication of these findings for the treatment of both disorders will be discussed. Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

PMID:

21710571

[PubMed - as supplied by publisher]

Related citations



5. Acta Psychiatr Scand. 2011 Jun 27. doi: 10.1111/j.1600-0447.2011.01728.x. [Epub ahead of print]

Medication prescribed to people with personality disorder: the influence of patient factors and treatment setting.

Crawford MJ, Kakad S, Rendel C, Mansour NA, Crugel M, Liu KW, Paton C, Barnes TR.

Source

Centre for Mental Health, Imperial College London Central and North West London NHS Foundation Trust London Oxleas NHS Foundation Trust, London, UK.

Abstract

Crawford MJ, Kakad S, Rendel C, Mansour NA, Crugel M, Liu KW, Paton C, Barnes TRE. Medication prescribed to people with personality disorder: the influence of patient factors and treatment setting. Objective: , To examine the extent of use and clinical rationale for the prescribing of psychotropic drugs for people with personality disorder (PD) who are in contact with mental health services. Method: , Clinical records of 278 patients with a primary diagnosis of PD were examined. Results: , Just over 80% (N = 225) of patients were being prescribed psychotropic medication. One in five was prescribed three or more

drugs. People with comorbid mental disorders were more likely to receive psychotropic medication. Half those prescribed antidepressants had no record of depression in their records. While drug treatments were mostly prescribed for depressive and psychotic symptoms, they were also used to try to manage behavioural problems such as self-harm or given in response to patient requests for treatment. People receiving specialist PD services (OR = 0.35, 95% CI = 0.13-0.95) or other specialist services (OR = 0.24, 95% CI = 0.10-0.60) were less likely to be prescribed drug treatments. Conclusion: , Drug treatments are widely used for people with PD despite the relatively weak evidence base. Both the type of personality problem and the context in which treatment is delivered appear to have an impact on whether drug treatments are prescribed.

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PMID:

21707555

[PubMed - as supplied by publisher]

Related citations

6. Crim Behav Ment Health. 2011 Jun 26. doi: 10.1002/cbm.815. [Epub ahead of print]
The prevalence of mental disorders in Spanish prisons.

Vicens E, Tort V, Dueñas RM, Muro A, Pérez-Arnau F, Arroyo JM, Acán E, De Vicente A, Guerrero R, Lluch J, Planella R, Sarda P.

Source

Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Barcelona, Spain; Research Network on Preventative Activities and Health Promotion (REDIAPP, RD06/0018/0017), Barcelona, Spain. evicens@pssjd.org.

Abstract

BACKGROUND:

The prevalence of mental disorders among prisoners has been researched in a few countries worldwide but never previously in Spain.

AIM:

Our aim was to estimate the lifetime and last month prevalence of mental disorders in a Spanish prison population.

METHODS:

This is a descriptive, cross-sectional, epidemiological study of 707 male prisoners. Sociodemographic, clinical and offending data were collected by interviewers. Offending data were confirmed using penitentiary records. Mental disorders were assessed with the clinical

version of the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition Axis I Disorders, and personality disorders were assessed through the Spanish version of the International Personality Disorders Examination.

RESULTS:

The lifetime prevalence of mental disorder was 84.4%. Substance use disorder (abuse and dependence) was the most frequent disorder (76.2%) followed by anxiety disorder (45.3%), mood disorder (41%) and psychotic disorder (10.7%). The period (last month) prevalence of any mental disorder was 41.2%. Anxiety disorder was the most prevalent (23.3%) followed by substance use disorder (abuse and dependence; 17.5%), mood disorder (14.9%) and psychotic disorder (4.2%).

CONCLUSION:

Although period prevalence figures, which are those generally provided in research into rates of mental disorder among prisoners, are useful for planning improvements to services within prisons, the fact that almost all of these men had a lifetime prevalence of at least one mental disorder suggests a much wider need for improving services, including community services, for this group. Copyright © 2011 John Wiley & Sons, Ltd.

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PMID:

21706528

[PubMed - as supplied by publisher]

Related citations



7.J Affect Disord. 2011 Jun 25. [Epub ahead of print]

Is risk for mania associated with increased daydreaming as a form of mental imagery?

Meyer TD, Finucane L, Jordan G.

Source

Institute of Neuroscience, Newcastle University, Newcastle Upon Tyne, NE1 7RU, UK.

Abstract

BACKGROUND:

Bipolar disorder and risk for mania are associated with setting high goals and dysregulated goal pursuit. One mechanism mediating between setting high goals and manic symptoms could be daydreaming or more generally, mental imagery. 'Daydreams' (as one form of mental imagery) are characterized by the fact that the content is produced deliberately. Akiskal et al. (1995) reported that daydreaming prospectively predicted a switch from unipolar depression

to bipolar disorder. We here hypothesized that risk for mania should also be associated with increased daydreaming after controlling for depression.

METHOD:

N=249 participants from a non-clinical, community sample completed several self-report measures including the Hypomanic Personality scale and Daydreaming scale.

RESULTS:

Hierarchical regression revealed that risk for mania predicted daydreaming after controlling for current and former depression.

LIMITATIONS:

Only self-report measures were used. The sample was a non-clinical, primarily White British sample, which has implications for generalizability.

CONCLUSIONS:

Despite limitations our results support the hypothesis that vulnerability for mania is associated with daydreaming. Daydreaming was related to mania and depression which highlights that it might be relevant for the etiology or maintenance of mood disorders.

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PMID:

21705091

[PubMed - as supplied by publisher]

Related citations



8. Neuropsychologia. 2011 Jun 15. [Epub ahead of print]

[Abnormal neural oscillations in schizotypy during a visual working memory task: Support for a deficient top-down network?](#)

Koychev I, Deakin JF, Haenschel C, El-Deredy W.

[Source](#)

The University of Manchester, Neuroscience and Psychiatry Unit, G.800, Stopford Building, Oxford Road, Manchester M13 9PT, United Kingdom.

[Abstract](#)

Neural oscillatory deficits have been proposed to be a core feature of schizophrenia spectrum disorders. In this study we aimed to confirm this by examining early evoked oscillatory

patterns in the EEG theta, beta and gamma bands in individuals with high schizotypal personality trait scores. We carried out an event-related experiment using a computerised delayed matching to sample working memory (WM) task on a sample of volunteers scoring high or low on the Schizotypal Personality Questionnaire (SPQ). Phase-locking factor (PLF), a measure of network synchronisation, was reduced in the beta and gamma bands in two distinct topographical regions (fronto-central and centraloccipital). In addition, signal power in the beta band was decreased in the high schizotypy group in the same fronto-occipital network. These findings suggest that abnormalities in functional connectivity, already described in schizophrenia, extend to schizotypy. Further, the pattern and latency of the altered neural oscillations in the high schizotypy group suggests a deficient modulation of the sensory processing by higher-order structures. Such top-down deficits have been reported in schizophrenia and this data supports the idea that top-down dysfunction is a vulnerability trait that is independent of disease course, medication or symptom severity.

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PMID:

21703284

[PubMed - as supplied by publisher]

Related citations



9. BMC Psychiatry. 2011 Jun 24;11(1):102. [Epub ahead of print]

[Collaborative Care for patients with severe borderline and NOS personality disorders: A comparative multiple case study on processes and outcomes.](#)

Stringer B, van Meijel B, Koekkoek B, Kerkhof A, Beekman A.

Abstract

ABSTRACT: BACKGROUND: Structured psychotherapy is recommended as the preferred treatment of personality disorders. A substantial group of patients, however, has no access to these therapies or does not benefit. For those patients who have no (longer) access to psychotherapy a Collaborative Care Program (CCP) is developed. Collaborative Care originated in somatic health care to increase shared decision making and to enhance self management skills of chronic patients. Nurses have a prominent position in CCP's as they are responsible for optimal continuity and coordination of care. The aim of the CCP is to improve quality of life and self management skills, and reduce destructive behaviour and other manifestations of the personality disorder. **Methods/design** Quantitative and qualitative data are combined in a comparative multiple case study. This makes it possible to test the feasibility of the CCP, and also provides insight into the preliminary outcomes of CCP. Two treatment conditions will be compared, one in which the CCP is provided, the other in which Care as Usual is offered. In both conditions 16 patients will be included. The perspectives of patients, their informal carers and nurses are integrated in this study. Data (questionnaires, documents, and interviews) will be collected among these three groups of participants. The process of treatment and care within both research conditions is described with qualitative research methods. Additional quantitative data provide insight in the preliminary results of the

CCP compared to CAU. With a stepped analysis plan the 'black box' of the application of the program will be revealed in order to understand which characteristics and influencing factors are indicative for positive or negative outcomes. **DISCUSSION:** The present study is, as to the best of our knowledge, the first to examine Collaborative Care for patients with severe personality disorders receiving outpatient mental health care. With the chosen design we want to examine how and which elements of the CC Program could contribute to a better quality of life for the patients. Trial registration: Dutch Trial Register NTR2763.

Free Article

PMID:

21699740

[PubMed - as supplied by publisher]

Related citations



10. J Am Acad Psychoanal Dyn Psychiatry. 2011 Summer;39(2):229-41.

[FRONTLINE-Teaching Affect Recognition to Medical Students: Evaluation and Reflections.](#)

Forrest DV.

Source

Clinical Professor of Psychiatry, Consultant to Neurology (Movement Disorders) and Faculty, Psychoanalytic Center, Columbia University College of Physicians & Surgeons.

Abstract

Abstract Techniques developed for teaching more empathic affect recognition and reflection to medical students during their introduction to psychiatric interviewing begin with a concrete grounding in facial muscular movements and facial affect recognition, and proceed to the use of countertransferential affective experience to aid in ascertaining personality types. Observations about the temper of today's medical students by psychoanalysts may be of help in avoiding increasing their already substantial characterological resistance to affective learning and empathy that has recently been reported in the medical education literature.

PMID:

21699350

[PubMed - in process]

Related citations



11. J Clin Psychopharmacol. 2011 Jun 18. [Epub ahead of print]

Differential Effectiveness of Antipsychotics in Borderline Personality Disorder: Meta-Analyses of Placebo-Controlled, Randomized Clinical Trials on Symptomatic Outcome Domains.

Ingenhoven TJ, Duivenvoorden HJ.

Source

From the *Center for Psychotherapy, Pro Persona, Centers for Mental Health Care, Lunteren; and † Department of Psychology and Psychotherapy, Netherlands Institute for Health Sciences, Erasmus MC, Rotterdam, The Netherlands.

Abstract

OBJECTIVE:

In clinical practice, antipsychotic drugs are widely used in borderline personality disorder (BPD). To evaluate current pharmacological treatment algorithms and guidelines for BPD, the authors reviewed and meta-analyzed studies on the effectiveness of antipsychotics on specific symptom domains in BPD.

METHODS:

The literature was searched for placebo-controlled, randomized clinical trials (PC-RCTs) on the effectiveness of antipsychotics regarding cognitive perceptual symptoms, impulsive behavioral dyscontrol, and affective dysregulation (with subdomains depressed mood, anxiety, anger, and mood lability) in BPD. Studies whose primary emphasis was on the treatment of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition schizotypal personality disorder or Axis I disorders were excluded.

RESULTS:

Meta-analyses were conducted using 11 retrieved studies including 1152 borderline patients. Antipsychotics have a significant effect on cognitive perceptual symptoms (9 PC-RCTs; standardized mean difference [SMD], 0.23) and mood lability (5 PC-RCTs; SMD, 0.20) as well as on global functioning (8 PC-RCTs; SMD, 0.25), but these effects have to be qualified as small. Antipsychotics have a more pronounced effect on anger (9 PC-RCTs; SMD, 0.39). Antipsychotics did not have a significant effect on impulsive behavioral dyscontrol, depressed mood, and anxiety in BPD.

CONCLUSION:

Drug therapy tailored to well-defined symptom domains can have beneficial effects in BPD. At short term, antipsychotics can have significant effects on cognitive-perceptual symptoms, anger, and mood lability, but the wide and long-term use of antipsychotics in these patients remains controversial. The findings from this study raise questions on current pharmacological algorithms and clinical guidelines.

PMID:

21694626

[PubMed - as supplied by publisher]

[Related citations](#)

12. Psychiatry Res. 2011 Jun 17. [Epub ahead of print]

[Gender differences in firesetting: Results from the national epidemiologic survey on alcohol and related conditions \(NESARC\).](#)

[Hoertel N, Le Strat Y, Schuster JP, Limosin F.](#)

[Source](#)

AP-HP, Service de psychiatrie, Hôpital Corentin Celton, Issy-les-Moulineaux, France.

[Abstract](#)

This study presents gender differences in sociodemographics and in psychiatric correlates of firesetting in the United States. Data were derived from the national epidemiologic survey on alcohol and related conditions (NESARC), a representative sample of U.S. adults. Face-to-face interviews of more than 43,000 adults were conducted in the 2001-2002 period. This study focused on the 407 subjects with a lifetime history of firesetting. The prevalence of lifetime firesetting in the U.S. was 1.7% in men and 0.4% in women. Firesetting was significantly associated with a wide range of antisocial behaviors that differed by gender. Multivariate logistic regression analyses indicated associations in both genders with psychiatric and addictive disorders. Men with a lifetime history of firesetting were significantly more likely than men without such history to have lifetime generalized anxiety disorder as well as a diagnosis of conduct disorder, antisocial personality disorder, alcohol or cannabis use disorder and obsessive compulsive personality disorder. Women with a lifetime history of firesetting were significantly more likely than women without such history to have lifetime alcohol or cannabis use disorder, conduct disorder, antisocial or obsessive compulsive personality disorder, as well as psychotic disorder, bipolar disorder or schizoid personality disorder. Women with a lifetime history of firesetting were significantly more likely than men with such history to have a lifetime diagnosis of alcohol abuse and antisocial personality disorder as well as a diagnosis of schizoid personality disorder. Our findings indicate that firesetting in women could represent a behavioral manifestation of a broader spectrum than firesetting in men.

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PMID:

21684614

[PubMed - as supplied by publisher]

[Related citations](#)



13. J Psychiatr Res. 2011 Jun 16. [Epub ahead of print]

Trajectory and predictors of depression in a 12-month prospective study after the Madrid March 11 terrorist attacks.

Salguero JM, Cano-Vindel A, Iruarrizaga I, Fernández-Berrocal P, Galea S.

Source

Faculty of Psychology, University of Malaga, Campus de Teatinos S/N, 29071 Malaga, Spain.

Abstract

BACKGROUND:

Few longitudinal studies have examined the trajectory of and the risk factors for depression in a representative sample of the population exposed to terrorism. A 12 month prospective study was conducted among a sample of Madrid city residents after the March 11, 2004 terrorist attacks. We aimed to document the trajectories of depressive symptoms and determine the risk factors associated with these trajectories.

METHODS:

We conducted telephone surveys among a representative sample of Madrid citizens ($N = 1589$) to recruit baseline respondents approximately 1 month after the March 11 terrorist attacks. Participants were re-contacted at 6 and 12 months after baseline for further telephone interviews.

RESULTS:

Findings reveal heterogeneity in the longitudinal trajectories of depression ranging from the absence of depressive symptoms over time, to transient or chronic depression. Life and recent stressors, experiencing direct exposure to the attacks, personality traits, poor physical health and other psychological disorders were principally associated with a worse trajectory of depression after this event.

CONCLUSIONS:

Consistent with a stress diathesis model, ongoing stressors and intense event exposure are key drivers of a chronic depression trajectory after a mass traumatic event.

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PMID:

21683961

[PubMed - as supplied by publisher]

Related citations

14. *Epilepsy Behav.* 2011 Jun 15. [Epub ahead of print]
Personality traits in patients with juvenile myoclonic epilepsy.

Moschetta S, Fiore LA, Fuentes D, Gois J, Valente KD.

Source

Laboratory of Clinical Neurophysiology, Institute of Psychiatry, University of São Paulo Medical School, São Paulo, Brazil.

Abstract

There is evidence of personality disorders in patients with juvenile myoclonic epilepsy (JME). To date, there have been no published quantitative studies on personality traits in JME. The aim of the work described here was to study a group of patients with JME and quantitatively measure personality traits. We evaluated 42 patients (mean age: 26.57 years, SD: 8.38) and 42 controls (mean age: 26.96, SD: 8.48) using a validated personality inventory, the Temperament and Character Inventory (TCI). We applied two scores, one for the Beck Depression Inventory and one for the State-Trait-Anxiety Inventory, as depression and anxiety may impact the performance of these patients on the TCI. We compared both groups on TCI scales using analysis of covariance with Beck Depression Inventory and State-Trait-Anxiety Inventory scores as covariates. Patients with JME obtained significantly higher scores on Novelty Seeking ($P=0.001$) and Harm Avoidance ($P=0.002$) and significantly lower scores on Self-Directedness ($P=0.001$). Patients with JME have a higher expression of impulsive personality traits that demand early recognition to avoid further consequences and facilitate social insertion, consequently avoiding future stigma.

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PMID:

21683658

[PubMed - as supplied by publisher]

Related citations

15. *Compr Psychiatry.* 2011 Jul-Aug;52(4):413-9. Epub 2010 Nov 5.
Depersonalization and personality in panic disorder.

Mendoza L, NavinÃ©s R, Crippa JA, Fagundo AB, Gutierrez F, Nardi AE, Bulbena A, ValdÃ©s M, MartÃ©n-Santos R.

Source

Institute of Neuroscience, Hospital Cl  nic, Institut d'Investigacions Biom  diques August Pi i Sunyer (IDIBAPS), Centro de Investigaci  n Biom  dica en Red de Salud Mental (CIBERSAM), University of Barcelona, 08036 Barcelona, Spain.

Abstract

BACKGROUND:

Prevalence and clinical correlates of depersonalization symptoms have been associated with panic disorder. Personality traits might increase the likelihood of experiencing depersonalization symptoms or depersonalization disorder in panic patients.

AIMS:

The objectives of this study are to establish the prevalence of depersonalization symptoms during the panic attack and in depersonalization disorder and to examine the personality factors associated with the presence of depersonalization in patients with panic disorder.

METHODS:

The sample comprised 104 consecutive adult outpatients with panic disorder, diagnosed according to the Semistructured Clinical Interview for DSM-IV (Axis I/II disorders). Participants were assessed with the Cambridge Depersonalization Scales, the Temperament and Character Inventory, and the Panic and Agoraphobia Scale.

RESULTS:

Forty-eight percent of the sample had depersonalization symptoms during the panic attack, whereas 20% of patients had a depersonalization disorder. Women presented more depersonalization disorders than did men ($P = .036$). Patients with panic disorder with depersonalization disorder had a more severe panic disorder ($P = .002$). Logistic regression analysis showed that self-transcendence trait (odds ratio, 1.089; 95% confidence interval, 1.021-1.162; $P = .010$) and severity of panic (odds ratio, 1.056; 95% confidence interval, 1.005-1.110; $P = .032$) were independently associated with depersonalization disorder.

CONCLUSIONS:

A high prevalence of depersonalization symptoms and depersonalization disorder was confirmed in patients with panic disorder, supporting a dosage effect model for understanding depersonalization pathology. Self-transcendence trait and severity of panic disorder were reported as risk factors for depersonalization disorder.

PMID:

21683177

[PubMed - in process]

[Related citations](#)



16. Psychiatry Clin Neurosci. 2011 Jun 16. doi: 10.1111/j.1440-1819.2011.02227.x. [Epub ahead of print]

[Effect of temperaments on quality of life and social adaptation in depressive patients with mood disorder.](#)

Takai Y, Terao T, Goto S, Hoaki N, Wang Y, Araki Y.

[Source](#)

Department of Neuropsychiatry, Oita University Faculty of Medicine, Oita, Japan.

[Abstract](#)

Aims: , The aim of this study was to investigate the effects of temperament on quality of life and social adaptation in depressive patients with mood disorder. **Methods:** , Forty-six consecutive depressive outpatients were investigated by using the Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Autoquestionnaire version, the Munich Personality Test, the World Health Organization Quality of Life 26 (WHO QOL 26), and the Social Adaptation Self-evaluation Scale (SASS). The unpaired t-test, Pearson's r and multiple regression analysis were used to assess three variables (age, the number of temperaments and/or personality types, and Hamilton Depression Rating Scale scores) as independent variables with the scores of WHO QOL 26 and SASS as the dependent variables.

Results: , The number of temperaments and/or personalities and Hamilton Depression Rating Scale scores were significantly and negatively associated with WHO QOL 26 scores while only the number of temperaments and/or personalities was significantly and negatively associated with SASS scores. **Conclusions:** , The findings suggest that the combination of temperaments and/or personality types assessed with the Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Autoquestionnaire version and the Munich Personality Test may worsen both quality of life and social adaptation and that some temperaments and/or personality types in combination may be subclinical manifestations of mood disorders.

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PMID:

21679276

[PubMed - as supplied by publisher]

[Related citations](#)

17. Am J Addict. 2011 Jul;20(4):312-8. doi: 10.1111/j.1521-0391.2011.00139.x. Epub 2011 May 31.

Psychiatric and Substance Use Disorders among Methadone Maintenance Patients with Chronic Hepatitis C Infection: Effects on Eligibility for Hepatitis C Treatment.

Batki SL, Canfield KM, Ploutz-Snyder R.

Source

Department of Psychiatry, University of California, San Francisco and San Francisco VA Medical Center, San Francisco, California Department of Psychiatry, SUNY Upstate Medical University, Syracuse, New York Universities Space Research Associations, Houston, Texas.

Abstract

We set out to describe the prevalence and severity of psychiatric and substance use disorders (SUDs) in methadone maintenance treatment (MMT) patients with chronic hepatitis C virus (HCV) infection and to measure the impact on HCV-treatment eligibility. Psychiatric disorders, SUDs, and HCV-treatment eligibility were assessed in 111 MMT patients prior to a controlled trial of HCV treatment. Lifetime and current diagnosis rates, respectively, were: any non-SUD Axis I disorder: 82% and 57%, any mood disorder: 67% and 35%, any anxiety disorder: 63% and 22%, any psychotic disorder: 11% and 9%. Antisocial personality disorder was present in 40%. A total of 56% met criteria for current SUDs. A total of 66% received psychiatric medications prior to HCV treatment; over half were receiving antidepressants. Despite psychiatric and substance use comorbidity, only 15% of patients were ineligible for HCV treatment: 10% due to failure to complete the evaluation, and 5% due to psychiatric severity. Substance use did not lead to ineligibility in any participant. Multiple logistic regression showed the Beck Depression Inventory contributed significantly to predicting HCV treatment eligibility. Most MMT patients were ineligible for HCV treatment despite current SUD and non-SUD diagnoses. Depression severity may be a more significant predictor of HCV treatment eligibility than is substance use. (Am J Addict 2011;00:1-7).

© American Academy of Addiction Psychiatry.

PMID:

21679262

[PubMed - in process]

Related citations

18. Psychoneuroendocrinology. 2011 Jun 13. [Epub ahead of print]

Alterations in the neuroendocrinological stress response to acute psychosocial stress in adolescents engaging in nonsuicidal self-injury.

Kaess M, Hille M, Parzer P, Maser-Gluth C, Resch F, Brunner R.

Source

Section for Disorders of Personality Development, Department of Child and Adolescent Psychiatry, Centre of Psychosocial Medicine, University of Heidelberg, Blumenstrasse 8, 69115 Heidelberg, Germany.

Abstract

OBJECTIVE:

To investigate the neuroendocrinological stress response to acute psychosocial stress in a clinical sample of female adolescents engaging in nonsuicidal self-injury (NSSI).

METHODS:

The Trier Social Stress Test (TSST), a standardized psychosocial stress protocol, was performed in 14 female patients who engaged in NSSI and 14 healthy control subjects. NSSI was assessed by the Functional Assessment of Self-Mutilation (FASM). Salivary cortisol, heart rate, and affective states, assessed by the Positive and Negative Affect Schedule (PANAS), were measured during the TSST.

RESULTS:

We found an attenuated cortisol response to acute psychosocial stress in female adolescents with NSSI, whereas no group differences were observed in heart rate and emotional response to the TSST.

CONCLUSIONS:

These findings indicate that the HPA axis is hyporesponsive in adolescents with NSSI. Therefore, reduced secretion of cortisol could play a role in promoting vulnerability of these individuals to acute stress and maladaptive stress responses.

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PMID:

21676550

[PubMed - as supplied by publisher]

Related citations



19. Psychol Med. 2011 Jun 15;1-12. [Epub ahead of print]

Risk factors prospectively associated with adult obsessive-compulsive symptom dimensions and obsessive-compulsive disorder.

Grisham JR, Fullana MA, Mataix-Cols D, Moffitt TE, Caspi A, Poulton R.

Source

School of Psychology, University of New South Wales, Sydney, NSW, Australia.

Abstract

BACKGROUND:

Very few longitudinal studies have evaluated prospective neurodevelopmental and psychosocial risk factors for obsessive-compulsive disorder (OCD). Furthermore, despite the heterogeneous nature of OCD, no research has examined risk factors for its primary symptom dimensions, such as contamination/washing. **Method** Potential risk factors for symptoms or diagnosis of OCD in adulthood and for specific adult obsessive-compulsive (OC) symptom dimensions were examined in the Dunedin Study birth cohort. The presence of obsessions and compulsions and psychological disorders was assessed using the Diagnostic Interview Schedule (DIS) at ages 26 and 32 years. Individuals with a diagnosis of OCD at either age (n=36) were compared to both a healthy control group (n=613) and an anxious control group (n=310) to determine whether associations between a risk factor and an OCD diagnosis were specific.

RESULTS:

Childhood neurodevelopmental, behavioral, personality and environmental risk factors were associated with a diagnosis of OCD and with OC symptoms at ages 26 and 32. Social isolation, retrospectively reported physical abuse and negative emotionality were specific predictors of an adult OCD diagnosis. Of note, most risk factors were associated with OC symptoms in adulthood and several risk factors predicted specific OCD dimensions. Perinatal insults were linked to increased risk for symmetry/ordering and shameful thoughts dimensions, whereas poor childhood motor skills predicted the harm/checking dimension. Difficult temperament, internalizing symptoms and conduct problems in childhood also predicted specific symptom dimensions and lower IQ non-specifically predicted increased risk for most dimensions.

CONCLUSIONS:

The current findings underscore the need for a dimensional approach in evaluating childhood risk factors for obsessions and compulsions.

PMID:

21672296

[PubMed - as supplied by publisher]

Related citations



Redefining phenotypes in eating disorders based on personality: A latent profile analysis.

Krug I, Root T, Bulik C, Granero R, Penelo E, Jiménez-Murcia S, Fernández-Aranda F.

Source

Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain and CIBER, Fisiopatología de la Obesidad y Nutrición (CIBEROBN), Instituto Carlos III, Spain; Social, Genetic and Developmental Psychiatry Centre (SGDP) & Eating Disorder Unit, Psychological Medicine, Institute of Psychiatry, King's College London, UK.

Abstract

To conduct a latent profile analysis (LPA) in eating disorder (ED) patients using temperament and character (TCI-R) measures as indicators. 1312 ED patients including those with anorexia nervosa (AN), bulimia nervosa (BN) and EDNOS were assessed. The final LPA solution was validated using demographics, clinical variables, ED symptomatology (EDI-2) and impulsive behaviors. The best-fitting model consisted of a six-profile solution using the seven subscales of the TCI-R. These profiles were labeled: "self-focused", "inhibited", "average", "impulsive", "adaptive" and "maladaptive". Validation analyses indicated that the "inhibited" and "maladaptive" profiles generally presented with the highest values for ED symptomatology and impulsive behaviors. Whereas high levels of Harm Avoidance and low levels of Novelty Seeking and Persistence characterized the "inhibited" profile, the "maladaptive" profile presented with low levels of Reward Dependence, Self-Directedness and Cooperativeness. The most favorable results on the other hand were exhibited by the "adaptive" profile, characterized by high scores on Reward Dependence, Self-Directedness, Cooperativeness and low levels on Novelty Seeking. Finally, when our six-profile solution was compared with the DSM-IV ED diagnoses, significant differences among profiles and ED diagnoses were observed. Our study shows that ED patients can be meaningfully grouped according to temperament and character.

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PMID:

21664698

[PubMed - as supplied by publisher]

Related citations



21. Psychiatry Res. 2011 Jun 8. [Epub ahead of print]

Measurement invariance of the Schizotypal Personality Questionnaire-Brief across gender and age.

Fonseca-Pedrero E, Paino M, Lemos-Giráldez S, Sierra-Baigrie S, Muñoz J.

Abstract

The purpose of this study was to examine the dimensional structure and measurement invariance of the Schizotypal Personality Questionnaire-Brief (SPQ-B) (Raine and Benishay, 1995) across sex and age in a representative sample of nonclinical adolescents and young adults. The sample consisted of 1789 adolescents and young adults (42.1% males), with a mean age of 17.1 years (S.D.=2.9). The results indicated that the Likert version of the SPQ-B showed adequate psychometric properties ($\hat{\alpha}$ total score .89). The schizotypal personality models that presented the best fit indices were Raine et al.'s (1994) three-factor model and Stefanis et al.'s (2004) four-factor model. In addition, the results support the measurement invariance of the SPQ-B across sex and age. When the latent means of the schizotypal dimensions were compared across sex and age, statistically significant differences were found. Consistent with previous literature, schizotypal personality is a multidimensional construct whose structure appears invariant across sex and age. Future studies should examine the invariance of schizotypal personality across cultures, as well as using the SPQ-B as a screening method in the general population to detect individuals at risk for schizophrenia-spectrum disorders, given its rapid and easy administration.

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PMID:

21663975

[PubMed - as supplied by publisher]

Related citations



22. J Affect Disord. 2011 Jun 8. [Epub ahead of print]

Type D personality is independently associated with major psychosocial stressors and increased health care utilization in the general population.

Michal M, Wiltink J, Grande G, Beutel ME, Brähler E.

Source

Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Mainz, Germany.

Abstract

BACKGROUND:

Type D is considered as a non pathological personality trait and propensity for mental distress. Its relationship with mental distress has been mainly studied in cardiovascular patients and with respect to depression. The knowledge about the relationship of Type D with mental disorders, psychosocial stressors and health care utilization in the general population is insufficient. Therefore the present study sought to determine the associations of

Type D with mental distress, major psychosocial stressors, health status, and health care utilization in the general population.

METHODS:

Cross-sectional analysis in a representative population based sample of n=2495 subjects (mean age 49years, range 14-92years) of whom 33.1% had Type D personality.

RESULTS:

Individuals with Type D had an increased risk for clinically significant depression, panic disorder, somatization and alcohol abuse. After adjustment for these mental disorders Type D was still robustly associated with all major psychosocial stressors. The strongest associations emerged for feelings of social isolation and for traumatic events. After comprehensive adjustment Type D still remained associated with increased help seeking behavior and utilization of health care, especially of mental health care.

LIMITATIONS:

The main limitation is the reliance on self-report measures and the lack of information about the medical history and clinical diagnosis of the participants.

CONCLUSION:

Type D identifies persons with severely increased risk for mental distress, major psychosocial stressors and increased health care utilization. As a frequent disposition, Type D is assumed to be of high relevance for health care.

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PMID:

21663973

[PubMed - as supplied by publisher]

Related citations



23. Neuropsychol Rev. 2011 Jun 10. [Epub ahead of print]
[Specifying the Neuropsychology of Affective Disorders: Clinical, Demographic and Neurobiological Factors.](#)

Beblo T, Sinnamon G, Baune BT.

Source

Department of Research, Evaluation and Documentation, Clinic of Psychiatry and Psychotherapy Bethel, Ev. Hospital Bielefeld, Remterweg 69-71, 33617, Bielefeld, Germany, thomas.beblo@evkb.de.

Abstract

Neuropsychological research in patients with affective disorders shows heterogeneous results with regard to the severity and profile of cognitive impairments. In this paper we hypothesize that the investigation of clinical (subtypes, comorbidity, traumatization, personality, severity, diurnal swings, course, duration, age of onset, biased processing, rumination, motivation, experience of failure, sleep, suicidal tendencies, computer attitudes), demographic (age, education, gender) and neurobiological factors (structural and functional brain changes, glucocorticoids, medication, ECT) that are related to cognitive performance has specified the understanding of severity and profile of neuropsychological impairments. We reviewed the literature pertaining to clinical, demographic and neurobiological factors following Pubmed and PsychInfo databases using different combinations of general key-terms including "Affective Disorder," "Depression," "Mania," "Neuropsychological," "Neurobiological," "Moderator," and "Review" as well as more specific demographic, clinical and neurobiological search terms. Findings from the literature show that the consideration of these factors has improved knowledge about the severity of neuropsychological impairments in patients with affective disorders whereas the neuropsychological profile is still poorly understood. Despite limited understanding, however, the existent results provide promising suggestions for the development of treatment programs.

PMID:

21660503

[PubMed - as supplied by publisher]

Related citations



24. Psychopathology. 2011 Jun 9;44(5):314-318. [Epub ahead of print]

Art Therapy May Reduce Psychopathology in Schizophrenia by Strengthening the Patients' Sense of Self: A Qualitative Extended Case Report.

Teglbjaerg HS.

Source

Centre for Psychiatric Research and Psychiatric Department Syd, Aarhus University Hospital, Risskov, Denmark.

Abstract

Background: Many forms of artistic expression and art therapy are widely used in psychiatric treatment, but we lack an understanding of how artistic expression may interfere with psychopathology. **Method:** Art therapy inspired by the Expressive Arts was offered for 1 year to two groups of outpatients. One group consisted of patients with severe schizophrenia and the other group of 5 nonpsychotic psychiatric patients with depression and/or personality disorders. The course of therapy was described systematically, and the experience of each patient was examined using interviews and written evaluations before and after therapy and at a 1-year follow-up. A qualitative analysis was done to determine how art therapy affects the psychopathology of the patients. **Results:** The patients used the art therapy in many different ways. The most important benefit of the art therapy was a strengthening of the patients' sense of self. This was accomplished by engagement in the artistic process and by aesthetic reflections on the painted images. The stronger sense of self diminished the tension arising from interpersonal contact, boosting their self-esteem and thereby improving their social competences. **Conclusion:** All patients reported a very good outcome, and the qualitative analysis showed that the positive effect of art therapy is mainly due to a strengthening of the patients' minimal sense of self.

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PMID:

21659793

[PubMed - as supplied by publisher]

Related citations



25. Psychopathology. 2011 Jun 9;44(5):303-313. [Epub ahead of print]
[Combining Self-Defeating and Depressive Personality Symptoms into One Construct.](#)
Huprich SK, Schmitt T, Zimmerman M, Chelminski I.

Source

Department of Psychology, Eastern Michigan University, Ypsilanti, Mich., USA.

Abstract

In the history of the DSM, two disorders have been proposed for consideration that shared much in common - self-defeating personality disorder (SDPD) and depressive personality disorder (DPD). In a previous paper, it was reported that SDPD (n = 34) and DPD (n = 240) shared a diagnostic overlap of 70%. It was concluded that SDPD could not be empirically supported as a diagnostic category. In this paper, the overlap of the two disorders was explored further in this same sample (n = 1,200) of psychiatric outpatients. We found that symptoms of the two disorders were positively correlated. Confirmatory factor analysis (CFA) provided strong support for a model with two distinct, but very highly correlated constructs. Based on the hypothesis that SDPD and DPD are separate but related, a second-

order CFA factor was fit to the data to further examine the strong association between the two disorders. Taken collectively, it is concluded that DPD and SDPD are components of the same construct, and that the current DPD and SDPD diagnoses as proposed in the DSM are actually subtypes of a common personality pathology (i.e. a second-order factor).

Copyright © 2011 S. Karger AG, Basel.

PMID:

21659792

[PubMed - as supplied by publisher]

Related citations



26. Psychopathology. 2011 Jun 9;44(5):283-288. [Epub ahead of print]

[Magical Thinking in Somatoform Disorders: An Exploratory Study among Patients with Suspected Allergies.](#)

Hausteiner-Wiehle C, Sokollu F.

[Source](#)

Department of Psychosomatic Medicine and Psychotherapy, Technische Universität München (TUM), Munich, Germany.

[Abstract](#)

Background: In order to reconceptualize somatoform disorders (SFDs), the psychological characteristics of SFD patients are increasingly investigated. The cognitive style of magical thinking (MT) has not been studied so far in patients with SFDs. **Sampling and Methods:** In a cross-sectional study, 201 allergy workup patients were interviewed using the Structured Clinical Interview for DSM-IV; they answered a set of self-report questionnaires including the Schizotypal Personality Questionnaire subscale for MT and the Patient Health Questionnaire (PHQ). The expression of MT was explored in 61 patients with SFDs compared to 140 patients without SFDs. **Results:** Patients with SFDs reached higher scores of MT, also when controlled for gender, depression, and anxiety. In particular, they stated more frequently that they were believers in telepathy (64 vs. 44%) and clairvoyance (43 vs. 16%). MT correlated only weakly with somatization/somatic symptom severity, depression, and anxiety. **Conclusions:** Among allergy workup patients with SFDs we found considerable MT. This indicates that SFD patients may tend to mistake correlation for causality in a more general way, and not just in an illness-related context. The relation to indicators of illness severity (somatic symptom severity/somatization, depression, and anxiety) was relatively weak. Possible implications for research, diagnostics, and therapy are discussed.

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PMID:

21659789

[PubMed - as supplied by publisher]

Related citations

KARGER Full Text

27. Psychiatry Res. 2011 Jun 7. [Epub ahead of print]

Psychobiology of borderline personality traits related to subtypes of eating disorders: A study of platelet MAO activity.

Díaz-Marsá M, Carrasco JL, de Anta L, Molina R, Sáiz J, Cesar J, López-Ibor JJ.

Source

Instituto de Psiquiatría y Salud Mental, Instituto de Investigación Hospital Clínico San Carlos, Madrid, Spain; CIBERSAM (Research Network on Mental Health), Spain.

Abstract

Increased and decreased platelet monoamineoxidase (MAO) activity have been reported in patients with eating disorders indicating abnormalities of the serotonin turnover. However, whether these findings are related to eating disorders or are rather reflecting the pathophysiology of borderline personality traits in these patients is still unknown. Platelet monoamineoxidase (MAO) activity and comorbid personality disorders were investigated in 72 patients with different subtypes of eating disorders (ED) and in a group of 28 healthy controls. ED patients were 25 anorexia nervosa (AN) restrictive, 14 AN binge eating-purging (AN b-p), 3 anorexia nervosa not otherwise specified (AN NOS) and 30 Bulimia Nervosa (BN). Personality disorders and traits were assessed with the semi-structured interview Structured clinical interview for DSM-IV Axis I disorders (SCID-I), the Zuckerman BPD scale and the Barrat's Impulsiveness scale. Platelet MAO activity was significantly lower in eating disorder patients with comorbid borderline personality disorder than in eating disorders without Borderline personality disorder (BPD). Platelet MAO activity was significantly and inversely correlated with the number and severity of BPD clinical features. In the subsample of patients with binge eating-purging symptoms (AN b-p, AN NOS and BN), platelet MAO activity was significantly lower in binge-purge patients with comorbid BPD than in binge-purge patients without BPD. The whole group of eating disorders had a significantly reduced platelet MAO activity compared with the control group. The results suggest that low platelet MAO activity might characterize eating disorders with comorbid borderline personality traits, reflecting greater serotonin dysfunction in these patients. The role of decreased platelet MAO as an endophenotype with specific clinical manifestations should be explored in future studies.

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PMID:

21658781

[PubMed - as supplied by publisher]

Related citations

28. Int J Eat Disord. 2011 Jun 7. doi: 10.1002/eat.20943. [Epub ahead of print]
Objective and subjective binge eating in underweight eating disorders: Associated features and treatment outcome.

Dalle Grave R, Calugi S, Marchesini G.

Source

Department of Eating Disorder and Obesity, Villa Garda Hospital. Garda (Vr), Italy.

Abstract

OBJECTIVE:

To define the utility of the DSM-IV-TR definition of binge eating, as it applies to anorexia nervosa (AN) and underweight eating disorder not otherwise specified (ED-NOS).

METHOD:

We investigated the psychopathological features associated with bulimic episodes in 105 underweight individuals with eating disorders who reported regular objective bulimic episodes with or without subjective bulimic episodes (OBE group, $n = 33$), regular subjective bulimic episodes only (SBE group, $n = 36$) and neither objective nor subjective bulimic episodes ($n = 36$, no-RBE group). The Eating Disorder Examination (EDE), anxiety, depression, and personality tests were administered before and upon completion of inpatient cognitive behavior therapy (CBT) treatment 6 months later.

RESULTS:

Compared with the SBE group, OBE subjects had higher body mass index, and more frequent self-induced vomiting, while both OBE and SBE groups had more severe eating disorder psychopathology and lower self-directness than the no-RBE group. Dropout rates and outcomes in response to inpatient CBT were similar in the three groups.

DISCUSSION:

Despite a few significant differences at baseline, the similar outcome in response to CBT indicates that categorizing patients with underweight eating disorder on the basis of the type or frequency of bulimic episodes is of limited clinical utility. © 2011 by Wiley Periodicals, Inc. (Int J Eat Disord 2011;).

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PMID:

21656542

[PubMed - as supplied by publisher]

Related citations



29. Psychiatry Res. 2011 Jun 6. [Epub ahead of print]
[Approach and avoidance motivation in eating disorders.](#)

Harrison A, Treasure J, Smillie LD.

Source

Kings College London, Institute of Psychiatry, Section of Eating Disorders, London, UK.

Abstract

It has been proposed that approach and avoidance processes may be critically involved in the development and maintenance of eating disorders (EDs), including anorexia nervosa (AN) and bulimia nervosa (BN). The Behavioural Inhibition System and Behavioural Activation System Scales (BIS/BAS) and Appetitive Motivation Scale (AMS) questionnaires were administered to 286 participants: 91 healthy controls (HCs), 121 participants with a current ED, either AN (restrictive and binge purge subtypes), or BN and 74 participants recovered from an ED. Individuals with EDs had higher levels of sensitivity to punishment and lower levels of reward reactivity than controls. Individuals in recovery from an ED scored the same as those in the acute group, with the exception of BAS fun seeking, for which they scored significantly higher than those with restricting AN. Discriminant analysis revealed that HCs were maximally separated from those in the acute and recovered ED groups along a dimension reflecting high punishment sensitivity and low reward sensitivity. Classification analysis demonstrated that ED and HC group membership was predicted from reward and punishment sensitivity measures; however recovered participants tended to be misclassified as ED. This study suggests high punishment sensitivity and low reward reactivity/sensitivity might form a personality cluster associated with the risk of developing an ED.

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PMID:

21645929

[PubMed - as supplied by publisher]

Related citations



30. Acta Psychiatr Scand. 2011 Jun 3. doi: 10.1111/j.1600-0447.2011.01718.x. [Epub ahead of print]
[Cognitive regulation of emotion in bipolar I disorder and unaffected biological relatives.](#)

Green MJ, Lino BJ, Hwang EJ, Sparks A, James C, Mitchell PB.

Source

School of Psychiatry, University of New South Wales, Sydney Black Dog Institute, Prince of Wales Hospital, Randwick, Australia.

Abstract

Green MJ, Lino BJ, Hwang E-J, Sparks A, James C, Mitchell PB. Cognitive regulation of emotion in bipolar I disorder and unaffected biological relatives. Objective: We examined the use of particular cognitive strategies for regulating negative emotion in relation to mood and temperament in BD-I, unaffected relatives of bipolar patients (UR), and healthy controls (HC). Method: Participants were 105 patients with BD-I, 124 UR, and 63 HC; all participants completed the Cognitive Emotion Regulation Questionnaire (CERQ), the Depression Anxiety Stress Scales (DASS), and the Hypomanic Personality Scale (HPS). Results: The BD-I group reported more frequent use of rumination, catastrophizing and self-blame, and less frequent use of putting into perspective, in response to negative life events, relative to the UR and HC groups. In BD-I, more frequent use of rumination was associated with increased DASS and HPS scores. By contrast, within the UR group, more frequent use of catastrophizing and self-blame were associated with increased DASS and HPS scores. In all participants, less frequent use of adaptive cognitive reframing strategies (e.g. putting into perspective) were associated with increased DASS scores. Conclusion: Both BD-I and UR groups reported more frequent use of maladaptive regulatory strategies previously associated with depression. Emotion regulation strategies of catastrophizing, self-blame, and cognitive reframing techniques may be associated with vulnerability for mood disorders, with the latter active within the general population regardless of biological vulnerability to disorder.

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PMID:

21644938

[PubMed - as supplied by publisher]

Related citations

PubMed Results

Items 1 - 28 of 28

1. PLoS One. 2011;6(7):e21842. Epub 2011 Jul 25.

[Influence of Early Stress on Social Abilities and Serotonergic Functions across Generations in Mice.](#)

[Franklin TB, Linder N, Russig H, ThÄ¶ny B, Mansuy IM.](#)

Source

Brain Research Institute, Medical Faculty of the University of Zürich and Department of Biology, Swiss Federal Institute of Technology, Zürich, Switzerland.

Abstract

Exposure to adverse environments during early development is a known risk factor for several psychiatric conditions including antisocial behavior and personality disorders. Here, we induced social anxiety and altered social recognition memory in adult mice using unpredictable maternal separation and maternal stress during early postnatal life. We show that these social defects are not only pronounced in the animals directly subjected to stress, but are also transmitted to their offspring across two generations. The defects are associated with impaired serotonergic signaling, in particular, reduced 5HT1A receptor expression in the dorsal raphe nucleus, and increased serotonin level in a dorsal raphe projection area. These findings underscore the susceptibility of social behaviors and serotonergic pathways to early stress, and the persistence of their perturbation across generations.

Free Article

PMID:

21799751

[PubMed - in process]

Related citations



2. Schizophr Bull. 2011 Jul 27. [Epub ahead of print]

Peer Victimization Partially Mediates the Schizotypy-Aggression Relationship in Children and Adolescents .

Raine A, Fung AL, Lam BY.

Source

1Departments of Criminology, Psychiatry, and Psychology, University of Pennsylvania.

Abstract

While persuasive evidence has accumulated over the past 15 years documenting an association between schizophrenia and violence, there are 3 unresolved issues. First, does a downward extension of this relationship exist at the nonclinical level with respect to schizotypal personality and aggression in children? Second, is aggression more associated with impulsive reactive aggression or with more planned proactive aggression. Third and importantly, does peer victimization mediate the relationship between schizotypy and aggression? A further aim of this cross-sectional study was to examine the utility of a new child self-report measure of schizotypal personality. These issues were examined in a sample

of 3804 schoolchildren assessed on schizotypy using the Schizotypal Personality Questionnaire-Child (SPQ-C), reactive-proactive aggression, and peer victimization. A confirmatory factor analysis confirmed the 3-factor structure (cognitive-perceptual, interpersonal, and disorganized) of the SPQ-C. Schizotypy was positively associated with total aggression and reactive aggression but not with proactive aggression. Peer victimization was found to significantly mediate the schizotypy-aggression relationship, accounting for 58.9% of the association. Results are broadly consistent with the hypothesis that schizotypal features elicit victimization from other children, which in turn predisposes to reactive retaliatory aggression. Findings are to the authors' knowledge the first to document any mediator of the schizotypy-aggression relationship and have potential treatment implications for violence reduction in schizophrenia-spectrum disorders. This study also provides initial evidence for the factorial and discriminant validity of a brief and simple measure of schizotypal personality in children as young as 8 years.

PMID:

21795613

[PubMed - as supplied by publisher]

Related citations



3. Seizure. 2011 Jul 25. [Epub ahead of print]

[Patients with epilepsy and patients with psychogenic non-epileptic seizures: Video-EEG, clinical and neuropsychological evaluation.](#)

Turner K, Piazzini A, Chiesa V, Barbieri V, Vignoli A, Gardella E, Tisi G, Scarone S, Canevini MP, Gambini O.

Source

UO Neurologia 2, Centro Epilessia, A.O. San Paolo, Dipartimento Medicina Chirurgia e Odontoiatria, Università degli Studi di Milano, Via A. Di RudinÅ¬, 8, 20142, Milan, Italy.

Abstract

PURPOSE:

The incidence of psychogenic non-epileptic seizures (PNES) is 4.9/100,000/year and it is estimated that about 20-30% of patients referred to tertiary care epilepsy centers for refractory seizures have both epilepsy and PNES. The purpose of our study is to evaluate psychiatric disorders and neuropsychological functions among patients with PNES, patients with epilepsy associated with PNES and patients with epilepsy.

METHODS:

We evaluated 66 consecutive in-patients with video-EEG recordings: 21 patients with epilepsy, 22 patients with PNES and 10 patients with epilepsy associated with PNES; 13

patients were excluded (8 because of mental retardation and 5 because they did not present seizures or PNES during the recording period).

RESULTS:

All patients with PNES had a psychiatric diagnosis (100%) vs. 52% of patients with epilepsy. Cluster B personality disorders were more common in patients with PNES. We observed fewer mood and anxiety disorders in patients with PNES compared with those with epilepsy. We did not find statistically significant differences in neuropsychological profiles among the 3 patient groups.

CONCLUSION:

This study can help to contribute to a better understanding of the impact of PNES manifestations, in addition to the occurrence of seizures, in order to provide patients with more appropriate clinical, psychological and social care.

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PMID:

21795068

[PubMed - as supplied by publisher]

Related citations



4. Psychiatry Res. 2011 Jul 25. [Epub ahead of print]

[Lifespan attention deficit/hyperactivity disorder and borderline personality disorder symptoms in female patients: A latent class approach.](#)

van Dijk F, Lappenschaar M, Kan C, Verkes RJ, Buitelaar J.

Source

Radboud University Nijmegen Medical Centre, Nijmegen Centre for Evidence-Based Practice, Department of Psychiatry (961), P.O. Box 9101, 6500 HB Nijmegen, The Netherlands.

Abstract

Attention-deficit/hyperactivity disorder (ADHD) and borderline personality disorder (BPD) are frequently comorbid. To contribute to a better understanding of the associations regularly found between ADHD and BPD, on the one hand, and the developmental pathways for these disorders, on the other hand, latent class analyses (LCA) were undertaken to identify classes differing in profiles of childhood symptoms of ADHD and adult symptoms of ADHD and BPD. Diagnostic interviews with 103 female outpatients meeting the criteria for ADHD and/or BPD were used to assess current DSM-IV symptoms; childhood symptoms of ADHD were assessed in parent interviews. The latent classes were examined in relation to the DSM-

IV conceptualizations of ADHD and BPD. And relations between childhood and adult classes were examined to hypothesize about developmental trajectories. LCA revealed an optimal solution with four distinct symptom profiles: only ADHD symptoms; BPD symptoms and only ADHD symptoms of hyperactivity; BPD symptoms and ADHD symptoms of inattention and hyperactivity; BPD symptoms and ADHD symptoms of inattention, hyperactivity and impulsivity. All patients with BPD had some ADHD symptoms in both adulthood and childhood. Hyperactivity was least discriminative of adult classes. Adult hyperactivity was not always preceded by childhood hyperactivity; some cases of comorbid ADHD and BPD symptoms were not preceded by significant childhood ADHD symptoms; and some cases of predominantly BPD symptoms could be traced back to combined symptoms of ADHD in childhood. The results underline the importance of taking ADHD diagnoses into account with BPD. ADHD classification subtypes may not be permanent over time, and different developmental pathways to adult ADHD and BPD should therefore be investigated.

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PMID:

21794926

[PubMed - as supplied by publisher]

Related citations



5. Int J Offender Ther Comp Criminol. 2011 Jul 26. [Epub ahead of print]

[Under the Surface: The Dynamic Interpersonal and Affective World of Psychopathic High-Security and Detention Prisoners.](#)

Gullhaugen AS, N  ttestad JA.

[Source](#)

St. Olavs University Hospital, Trondheim, Norway & The Norwegian University of Science and Technology, Trondheim, Norway.

Abstract

The present study yields an in-depth examination of the interpersonal and affective world of high-security and detention prisoners with possible (Psychopathy Checklist: Screening Version [PCL:SV] ≥ 13) and strong (PCL:SV ≥ 18) indications of psychopathy. A group of male inmates ($n = 16$) was compared with noncriminal and non-personality disordered controls ($n = 35$) on measures of self and other (Young Schema Questionnaire-Short Form [YSQ-SF], Inventory of Interpersonal Problems-Circumplex Scales [IIP-C]), and the experience and regulation of affect (Positive and Negative Affect Schedule [PANAS], Emotion Control Questionnaire 2 [ECQ2]). Results confirm the established grandiose, dominant, and callous characteristics of the psychopath (PCL:SV, Structured Clinical Interview for DSM-IV Axis II Disorders [SCID-II], DSM-IV and ICD-10 Personality Questionnaire [DIP-Q], IIP-C), while demonstrating personal distress and important nuances and variations in psychopathic offenders' interpersonal and affective functioning (YSQ-SF,

PANAS, ECQ2, SCID-II, DIP-Q). These preliminary findings support, expand, and challenge the ordinary portrayal of the psychopath and, if replicated in larger samples, point to a need for an expansion or reformulation of the concept, measurement, and treatment of psychopathy.

PMID:

21791461

[PubMed - as supplied by publisher]

[Related citations](#)



6. Int J Offender Ther Comp Criminol. 2011 Jul 26. [Epub ahead of print]
[Conceptualization and Measurement of Criminal Thinking: Initial Validation of the Criminogenic Thinking Profile.](#)

Mitchell D, Tafrate RC.

[Source](#)

Central Connecticut State University, New Britain, USA.

[Abstract](#)

This article describes two studies concerning the development of a new measure of criminal thinking, the Criminogenic Thinking Profile (CTP), influenced by the construct of psychopathy, and traditional models of cognitive-behavioral therapy (CBT). An experimental item pool based on verbalizations from offenders served as the pilot version of the instrument. Principal components analysis of the items resulted in a 62-item, eight-factor scale that was internally consistent. In terms of content, six of the resulting factors were conceptually related to psychopathy, one to CBT, and one to neutralization theory. The factor structure and internal reliability was supported by a subsequent confirmatory factor analysis. Initial support for the CTP's convergent validity was indicated by its positive correlations with psychopathy and personality disorders associated with criminal, aggressive, and impulsive behaviors. The CTP's divergent validity was supported by its inverse correlations with indices of healthy personality functioning. The CTP offers a somewhat different constellation of thinking patterns than those found on previously published criminal thinking instruments. The utility of the CTP to identify relevant cognitive targets for offender treatment is a recommended area of future research.

PMID:

21791460

[PubMed - as supplied by publisher]

[Related citations](#)



7. Depress Res Treat. 2011;2011:529638. Epub 2011 Jul 18.

Bipolar Disorder and the TCI: Higher Self-Transcendence in Bipolar Disorder Compared to Major Depression.

Harley JA, Wells JE, Frampton CM, Joyce PR.

Source

Department of Psychological Medicine, University of Otago Christchurch, P.O. Box 4345, Christchurch Mail Centre, Christchurch 8140, New Zealand.

Abstract

Personality traits are potential endophenotypes for genetic studies of psychiatric disorders. One personality theory which demonstrates strong heritability is Cloninger's psychobiological model measured using the temperament and character inventory (TCI). 277 individuals who completed the TCI questionnaire as part of the South Island Bipolar Study were also interviewed to assess for lifetime psychiatric diagnoses. Four groups were compared, bipolar disorder (BP), type 1 and 2, MDD (major depressive disorder), and nonaffected relatives of a proband with BP. With correction for mood state, total harm avoidance (HA) was higher than unaffected in both MDD and BP groups, but the mood disorder groups did not differ from each other. However, BP1 individuals had higher self-transcendence (ST) than those with MDD and unaffected relatives. HA may reflect a trait marker of mood disorders whereas high ST may be specific to BP. As ST is heritable, genes that affect ST may be of relevance for vulnerability to BP.

PMCID: PMC3140026

PMID:

21789279

[PubMed - in process]

Related citations

8. J Affect Disord. 2011 Jul 23. [Epub ahead of print]
Affective intensity and lability: Heritability in adult male twins.

Coccaro EF, Ong AD, Seroczynski D, Bergeman CS.

Source

Clinical Neuroscience & Psychopharmacology Research Unit, Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL, USA.

Abstract

BACKGROUND:

Inability to monitor and self-regulate heightened levels of affect lability and affect intensity is associated with a range of mood, anxiety, and personality disorders, psychosomatic symptoms

and socially maladaptive behaviors. Despite the importance of these aspects of affective regulation, there are no twin study data to shed light on the genetic and environmental components of these constructs.

METHODS:

Affective Lability Scale (ALS) and Affect Intensity Measure (AIM) questionnaires were administered to 796 male twins in the Vietnam Era Twin Registry and subjected to twin and model-fitting analyses. Complete data were available from 182 monozygotic and 119 dizygotic twin pairs.

RESULTS:

Biometrical genetic model-fitting estimates indicated that additive genetic influence accounted for 40% of the variance in affect intensity and 25% of the variance in the ALS subscale assessing anxiety-depression mood shifts. Nonadditive genetic influence was indicated for ALS subscales measuring shifts between normal mood and depression (29%) and anger (27%), respectively. There was negligible evidence of shared environmental influence on affect measures. In contrast, estimates of nonshared environmental influences ranged from 52% to 74%.

LIMITATIONS:

Female were not included in this study due to the nature of the twin cohort. Data from subjects in a population cohort may not generalize to clinical populations. Measures of environment were not included.

CONCLUSIONS:

These results provide evidence for moderate heritability of affect intensity and specific measures of affect lability. Individual differences in mood regulation may represent phenotypic variation in a core psychobiologic vulnerability (e.g., neurotransmitter systems).

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PMID:

21788082

[PubMed - as supplied by publisher]

Related citations



9. Addict Behav. 2011 Jul 5. [Epub ahead of print]

[Pathological personality traits among patients with absent, current, and remitted substance use disorders.](#)

Hopwood CJ, Morey LC, Skodol AE, Sanislow CA, Grilo CM, Ansell EB, McGlashan TH, Markowitz JC, Pinto A, Yen S, Shea MT, Gunderson JG, Zanarini MC, Stout RL.

Source

Michigan State University, United States.

Abstract

Personality traits may provide underlying risk factors for and/or sequelae to substance use disorders (SUDs). In this study Schedule for Nonadaptive and Adaptive Personality (SNAP) traits were compared in a clinical sample (N=704, age 18-45) with current, past, or no historical alcohol or non-alcohol substance use disorders (AUD and NASUD) as assessed by DSM-IV semi-structured interview. Results corroborated previous research in showing associations of negative temperament and disinhibition to SUD, highlighting the importance of these traits for indicating substance use proclivity or the chronic effects of substance use. Certain traits (manipulativeness, self-harm, disinhibition, and impulsivity for AUD, and disinhibition and exhibitionism for NASUD) were higher among individuals with current relative to past diagnoses, perhaps indicating concurrent effects of substance abuse on personality. The positive temperament characteristics detachment and entitlement distinguished AUDs and NASUDs, respectively, perhaps clarifying why this higher order trait tends to show limited relations to SUD generally. These findings suggest the importance of systematically integrating pathological and normative traits in reference to substance-related diagnosis.

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PMID:

21782347

[PubMed - as supplied by publisher]

Related citations



10. Clin Psychol Psychother. 2011 Jul 19. doi: 10.1002/cpp.766. [Epub ahead of print]
[Personality Diagnostic Questionnaire 4+ is not Useful as a Screener in Clinical Practice.](#)

Reus RJ, Berg JF, Emmelkamp PM.

Source

PsyQ Beverwijk, PsyQ, Den Haag, The Netherlands. r.dereus@psyq.nl.

Abstract

In clinical practice, the combination of brief, cost effective, valid and reliable assessment of personality disorders (PDs) is highly important. Substantial budget cuts require optimal use of the clinician's time. PDs are related with high axis I comorbidity, poorer therapy outcome

and increased health service costs. In an effort to find a screening questionnaire that meets both the demands of cost-effectiveness and methodological soundness, we investigated the use of the Personality Diagnostic Questionnaire 4+ (PDQ-4+) as a first step in a two-step diagnostic procedure. As the second step, we used the Structured Clinical Interview of DSM-IV Axis II Personality Disorders (SCID-II) as criterion measure. Our results show that the positive predictive power of the PDQ-4+ is rather low, resulting in a large number of false positives. Therefore, its added value is poor in comparison with administering the SCID-II in the first place. Also, the value of the two validity scales of the PDQ-4+ is highly questionable. We therefore conclude that the PDQ-4+ should not be used in clinical practice as a screening instrument for PD assessment. Copyright © 2011 John Wiley & Sons, Ltd. **KEY PRACTITIONER MESSAGE:** Personality disorders are related with high axis I comorbidity, poorer therapy outcome and increased health service costs. Valid, reliable and cost effective PD assessment is highly relevant for clinical practice. Diagnostic two-step procedure was tested using the PDQ-4+ as a screener. Positive predictive power of the PDQ-4+ was generally low, making it not useful as a screener in clinical practice.

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PMID:

21774036

[PubMed - as supplied by publisher]

Related citations



11. Depress Anxiety. 2011 Jul 18. doi: 10.1002/da.20859. [Epub ahead of print]

Etiology of obsessive-compulsive symptoms and obsessive-compulsive personality traits: common genes, mostly different environments.

Taylor S, Asmundson GJ, Jang KL.

Source

Department of Psychiatry, University of British Columbia, Vancouver, British Columbia, Canada. taylor@unixg.ubc.ca.

Abstract

Background: Little is known about the etiologic relationship between obsessive-compulsive (OC) symptoms and traits of OC personality disorder. The traits include perfectionism and rigidity. Some theorists have proposed that OC personality disorder is one of several disorders falling within an OC spectrum. This implies that OC personality traits and symptoms should have etiologic factors in common, and this should not be simply because symptoms and traits are both shaped by nonspecific etiological influences, such as those shaping negative emotionality (neuroticism). **Methods:** To investigate these issues, a community sample of 307 pairs of monozygotic and dizygotic adult twins provided scores on six types of OC-related symptoms, two markers of negative emotionality, and a measure of OC personality traits. **Results:** Analyses indicated that symptoms and traits arose from a

combination of genetic and nonshared environmental factors. A matrix of genetic correlations was computed among the variables, which represented the correlations between the genetic components of pairs of variables. A matrix of environmental correlations was similarly computed. Each matrix was factor analyzed. One genetic factor was obtained, indicating that all variables were influenced by a common genetic factor. Three environmental factors were obtained, with salient loadings on either (a) all six OC symptoms, (b) negative emotionality and obsessing, or (c) OC personality traits and ordering. Conclusions: OC symptoms and traits were etiologically related primarily because they are shaped by the same nonspecific genetic factor that influenced negative emotionality. Implications for the concept of the OC spectrum are discussed. *Depression and Anxiety* 0:1-7, 2011. © 2011 Wiley-Liss, Inc.

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PMID:

21769999

[PubMed - as supplied by publisher]

Related citations



12. *Am J Psychiatry*. 2011 Jul 18. [Epub ahead of print]

[Dopamine Synthesis Capacity Before Onset of Psychosis: A Prospective \[18 F\]-DOPA PET Imaging Study.](#)

Howes OD, Bose SK, Turkheimer F, Valli I, Egerton A, Valmaggia LR, Murray RM, McGuire P.

Source

From Hammersmith Hospital, London; and the Institute of Psychiatry, King's College London.

Abstract

Objective: While there is robust evidence of elevated dopamine synthesis capacity once a psychotic disorder has developed, little is known about whether it is altered prior to the first episode of frank illness. The authors addressed this issue by measuring dopamine synthesis capacity in individuals at ultra-high risk of psychosis and then following them to determine their clinical outcome. **Method:** This prospective study included 30 patients who met standard criteria for being at ultra-high risk of psychosis and 29 healthy volunteers. Participants were scanned using [(18)F]6-fluoro-l-dopa positron emission tomography. The ultra-high-risk patients were scanned at presentation and followed up for at least 3 years to determine their clinical outcome. Six patients had comorbid schizotypal personality disorder and were excluded from the analysis (data are provided for comparison). Of the remaining patients, nine developed a psychotic disorder (psychotic transition group) and 15 did not (nontransition group). **Results:** There was a significant effect of group on striatal dopamine synthesis capacity. The psychotic transition group had greater dopamine synthesis capacity

in the striatum (effect size=1.18) and its associative subdivision (effect size=1.24) than did the healthy comparison subjects and showed a positive correlation between dopamine synthesis capacity and symptom severity. Dopamine synthesis capacity was also significantly greater in the psychotic transition group than in the nontransition group. Conclusions: These findings provide evidence that the onset of frank psychosis is preceded by presynaptic dopaminergic dysfunction. Further research is needed to determine the specificity of elevated dopamine synthesis capacity to particular psychotic disorders.

PMID:

21768612

[PubMed - as supplied by publisher]

Related citations



13. Health Care Women Int. 2011 Aug;32(8):746-61.

[Psychological factors and chronic pelvic pain in women: a comparative study with women with chronic migraine headaches.](#)

Roth RS, Punch MR, Bachman JE.

Source

a Department of Physical Medicine & Rehabilitation , University of Michigan Health System , Ann Arbor , Michigan , USA.

Abstract

Chronic pelvic pain (CPP) is often attributed to psychogenic causation. To determine if women with CPP possess a unique psychological profile, this study examined the comparative pain experience, psychological functioning, and marital/sexual satisfaction of women with either CPP or chronic migraine headache (CH). Patients with CPP reported greater dissatisfaction with their marriage and greater sexual dysfunction. No differences were obtained for ratings of depression, anxiety, mood factors, or additional personality traits. These data suggest that, in general, when psychological disorders are observed in CPP patients, they most likely reflect the effects of chronic pain rather than be causative to it.

PMID:

21767098

[PubMed - in process]

Related citations



14. Psychiatry Res. 2011 Jul 14. [Epub ahead of print]

[Psychosocial and neurocognitive profiles in depressed patients with major depressive disorder and bipolar disorder.](#)

Godard J, Grondin S, Baruch P, Lafleur MF.

Source

Institut universitaire en sant  mentale de Qu bec, Qu bec, Canada;  cole de Psychologie, Universit  Laval, Qu bec, Canada; Centre de r adaptation en d ficience physique Le Bouclier, Joliette, Canada.

Abstract

Previous studies have revealed psychosocial and cognitive impairments in patients during depression. The primary aim of this study was to investigate whether patients with major depression (MDD) and bipolar disorder (BD) differ in psychosocial and neurocognitive profiles. A second aim was to examine whether cognitive impairments are homogeneous among depressed patients. Patients with MDD (n=16) and BD (n=14) were enrolled during a major depressive episode. About half of them had comorbidities, including personality, substance use, and anxiety disorders. Information was collected about symptomatology and psychosocial functioning, whereas an exhaustive neuropsychological battery was administered to assess cognition. During a depressive episode, MDD and BD patients had global psychosocial dysfunction, characterized by occupational and relational impairments. A cognitive slowing was also observed, as well as deficits related to alertness, spontaneous flexibility, sustained and divided attention. Moreover, severity of depression and cognitive functions were significantly associated with psychosocial functioning. In the case of severe mood disorders, psychosocial and neurocognitive functioning seem similar among MDD and BD patients during a depressive episode. In addition to an altered daily functioning, the neurocognitive profile was heterogeneous with regard to the nature and extent of cognitive deficits. Executive functions, as well as verbal learning and memory, were preserved better than attentional processes.

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PMID:

21764461

[PubMed - as supplied by publisher]

Related citations



15. Med Hypotheses. 2011 Jul 13. [Epub ahead of print]

[Sensitivity to aversive stimulation, posttraumatic symptoms and migraines: What do they have in common?](#)

Corchs F, Mercante JP, Guendler VZ, Masruha MR, Vieira DS, Bernik MA, Zukerman E, Peres JF, Peres MF.

Source

Institute and Department of Psychiatry, University of São Paulo, School of Medicine, São Paulo, Brazil.

Abstract

Studies have suggested that the high comorbidity observed between chronic migraine and anxiety disorders can be mediated through a third factor namely increased sensitivity to aversive stimulation. This trait may predispose for both chronic migraines, through medication overuse as an avoidance response, and anxiety disorders. Additional studies have shown that hyper sensitivity to aversive stimulation, migraine chronification and anxiety disorders share other characteristics such as serotonergic mediation and personality traits. Preliminary analysis of empirical data comparing the frequency the impact of traumatic events over chronic [CM] and episodic migraine [EM] patients gives further support to this hypothesis. In spite of CM and EM did not differ in terms of the occurrence of traumatic events, CM patients that had experienced at least one traumatic event during their lives had higher scores in re-experiencing and avoidance (but not in hyperarousal) symptoms than CM patients. These observations suggest that traumatic events have greater impact over CM than over EM patients.

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PMID:

21763077

[PubMed - as supplied by publisher]

Related citations



16. Biol Psychiatry. 2011 Jul 13. [Epub ahead of print]
[A Multivariate Twin Study of the DSM-IV Criteria for Antisocial Personality Disorder.](#)
Kendler KS, Aggen SH, Patrick CJ.

Source

Virginia Institute of Psychiatric and Behavioral Genetics, Medical College of Virginia/Virginia Commonwealth University, Richmond, Virginia; Department of Psychiatry, Medical College of Virginia/Virginia Commonwealth University, Richmond, Virginia; Department of Human and Molecular Genetics, Medical College of Virginia/Virginia Commonwealth University, Richmond, Virginia.

Abstract

BACKGROUND:

Many assessment instruments for psychopathy are multidimensional, suggesting that distinguishable factors are needed to effectively capture variation in this personality domain. However, no prior study has examined the factor structure of the DSM-IV criteria for antisocial personality disorder (ASPD).

METHODS:

Self-report questionnaire items reflecting all A criteria for DSM-IV ASPD were available from 4291 twins (including both members of 1647 pairs) from the Virginia Adult Study of Psychiatric and Substance Use Disorders. Exploratory factor analysis and twin model fitting were performed using, respectively, Mplus and Mx.

RESULTS:

Phenotypic factor analysis produced evidence for two correlated factors: aggressive-disregard and disinhibition. The best-fitting multivariate twin model included two genetic and one unique environmental common factor, along with criteria-specific genetic and environmental effects. The two genetic factors closely resembled the phenotypic factors and varied in their prediction of a range of relevant criterion variables. Scores on the genetic aggressive-disregard factor score were more strongly associated with risk for conduct disorder, early and heavy alcohol use, and low educational status, whereas scores on the genetic disinhibition factor score were more strongly associated with younger age, novelty seeking, and major depression.

CONCLUSIONS:

From a genetic perspective, the DSM-IV criteria for ASPD do not reflect a single dimension of liability but rather are influenced by two dimensions of genetic risk reflecting aggressive-disregard and disinhibition. The phenotypic structure of the ASPD criteria results largely from genetic and not from environmental influences.

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PMID:

21762879

[PubMed - as supplied by publisher]

Related citations



Dorsolateral Prefrontal \hat{I}^3 -Aminobutyric Acid in Men Predicts Individual Differences in Rash Impulsivity.

Boy F, Evans CJ, Edden RA, Lawrence AD, Singh KD, Husain M, Sumner P.

Source

Cardiff University Brain Research Imaging Centre, School of Psychology, Cardiff University, Cardiff, United Kingdom.

Abstract

BACKGROUND:

Impulsivity is a multifaceted personality construct associated with numerous psychiatric disorders. Recent research has characterized four facets of impulsivity: "urgency" (the tendency to act rashly especially in the context of distress or cravings); "lack of premeditation" (not envisaging the consequences of actions); "lack of perseverance" (not staying focused on a task); and "sensation seeking" (engaging in exciting activities). Urgency is particularly associated with clinical populations and problematic disinhibited behavior.

METHODS:

We used magnetic resonance spectroscopy to measure concentration of the inhibitory neurotransmitter \hat{I}^3 -aminobutyric acid (GABA) in the dorsolateral prefrontal cortex (DLPFC) in two cohorts of 12 and 13 participants.

RESULTS:

We find that variation in trait urgency in healthy men correlates with GABA concentration in the DLPFC. The result was replicated in an independent cohort. More GABA predicted lower urgency scores, consistent with a role in self-control for GABA-mediated inhibitory mechanisms in DLPFC.

CONCLUSIONS:

These findings help account for individual differences in self-control and thus clarify the relationship between GABA and a wide range of psychiatric disorders associated with impaired self-control.

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PMID:

21757187

[PubMed - as supplied by publisher]

Related citations

18. Crim Behav Ment Health. 2011 Jul 13. doi: 10.1002/cbm.819. [Epub ahead of print]

The relationship between mental disorders and different types of crime.

Vinkers DJ, Beurs E, Barendregt M, Rinne T, Hoek HW.

Source

Netherlands Institute for Forensic Psychiatry and Psychology, Noordsingel 113, 3035, EM, Rotterdam, the Netherlands. d.vinkers@dji.minjus.nl.

Abstract

BACKGROUND:

Previous studies of relationships between mental disorder and crime have tended to group the mental disorders, the crimes or both, leaving uncertainty about a more specific mental disorder: crime relationships.

OBJECTIVE:

To examine the relationship between types of mental disorder and types of crime in pre-trial defendants.

METHOD:

Data were extracted from 21,424 pre-trial forensic psychiatric reports made between 2000 and 2006 in the Netherlands. We compared the prevalence of axis I disorders, personality disorders, intellectual functioning and substance abuse in defendants charged with a range of crimes (homicide, attempted/threatened homicide, assault, battery, rape, sexual crimes, arson and/or property crimes) using chi-square tests. Relationships with diminished accountability, reflecting a direct relationship with underlying mental disorder, were calculated using multivariate regression models, adjusted for age, gender, ethnicity and history of judicial contact.

RESULTS:

Arson had the strongest relationship with mental disorders in our sample, then assaults, then homicidal attempts or threats. Sexual and property crimes had the weakest relationship with diminished or absent accountability. Diminished accountability had the strongest relationship with psychotic disorders, followed by organic psychosyndromes and developmental disorders, whereas other axis I disorders, personality disorders or an IQ score of <85 points were only moderately related. These relationships varied little according to the type of crime,

although tended to be weaker for defendants in property crimes. Cannabis and hard drugs were significantly associated with decreased accountability only in respect of arson.

DISCUSSION:

Mental disorders are related to all types of crimes but especially to arson, battery and homicidal attempts or threats, with a court finding of diminished accountability providing some validation for perceived links between the disorder and crime in this study.

IMPLICATIONS FOR PRACTICE:

Psychiatric assessment is likely to be the most useful for defendants under charges of arson, assault or attempted homicide, as these groups are most likely to suffer from a psychiatric disorder related to the alleged offence. Psychotic, organic and some developmental disorders appear to have the strongest relationship with diminished accountability. Findings with respect to illicit drug use are likely to have more varied implications between jurisdictions but, in the Netherlands, may sometimes be accepted as diminishing accountability in defendants of arson. Copyright © 2011 John Wiley & Sons, Ltd.

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PMID:

21755554

[PubMed - as supplied by publisher]

Related citations



19. Mov Disord. 2011 Jul 13. doi: 10.1002/mds.23359. [Epub ahead of print]

[Postural instability, frontotemporal dementia, and ophthalmoplegia: Clinicopathological case.](#)

Cardoso F, Hodges J, Evans AH, Revesz T, Williams DR.

Source

Movement Disorders Unit, Neurology Service, Federal University of Minas Gerais, Belo Horizonte, Brazil.

Abstract

A 56-year-old man presented with gait disturbance, personality change, and behavioral disturbances. He subsequently developed falls, postural instability, and axial rigidity. The cognitive problems progressed and he developed aphasia and later eye movement abnormalities. He died after 9 years of disease. Experts discuss the syndromal diagnosis and predict the underlying pathology. The pathological diagnosis is given and clinical learning points are considered. © 2011 Movement Disorder Society.

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PMID:

21755535

[PubMed - as supplied by publisher]

[Related citations](#)



20. Br J Psychol. 2011 Aug;102(3):662-75. doi: 10.1111/j.2044-8295.2011.02036.x. Epub 2011 Apr 26.

[Examining mental health literacy and its correlates using the overclaiming technique.](#)

Swami V, Papanicolaou A, Furnham A.

[Source](#)

Department of Psychology, University of Westminster, London, UK Department of Psychology, HELP University College, Kuala Lumpur, Malaysia Department of Clinical, Educational, and Health Psychology, University College London, London, UK.

[Abstract](#)

The present study examined mental health literacy among the British general public using the overclaiming technique, where participants rate for familiarity a series of items, some of which are foils resembling real items. In total, 344 Britons rated for familiarity 30 mental health disorders, of which six were foils, and also completed measures of the Big Five personality factors, self-rated intelligence, self-reported knowledge of psychiatry, psychiatric skepticism, and their personal details. Using signal detection analysis, responses on the overclaiming measure were used to compute an accuracy index (accuracy in distinguishing real mental health disorders from foils) and a response bias (the tendency to respond affirmatively to both real disorders and foils). Preliminary analysis showed that there were no significant sex differences on either the accuracy or response bias indices. Further analyses showed that greater accuracy was significantly predicted by higher self-rated intelligence, greater knowledge of psychiatry, and lower psychiatric skepticism. These results are discussed in terms of the benefits of using the overclaiming technique and signal detection analysis in the study of mental health literacy.

©2011 The British Psychological Society.

PMID:

21752013

[PubMed - in process]

[Related citations](#)

21. Neuropsychopharmacology. 2011 Jul 13. doi: 10.1038/npp.2011.120. [Epub ahead of print] [DIRAS2 is Associated with Adult ADHD, Related Traits, and Co-Morbid Disorders.](#)

Reif A, Nguyen TT, WeiÃ¶flog L, Jacob CP, Romanos M, Renner TJ, Buttenshon HN, Kittel-Schneider S, Gessner A, Weber H, Neuner M, Gross-Lesch S, Zamzow K, Kreiker S, Walitza S, Meyer J, Freitag CM, Bosch R, Casas M, GÃ³mez N, RibasÃ³s M, BayÃ³s M, Buitelaar JK, Kiemeneij LA, Kooij JJ, Kan CC, Hoogman M, Johansson S, Jacobsen KK, Knappskog PM, Fasmer OB, Asherson P, Warnke A, Grabe HJ, Mahler J, Teumer A, VÃ¶lzke H, Mors ON, SchÃ¶fer H, Ramos-Quiroga JA, Cormand B, Haavik J, Franke B, Lesch KP.

Source

Department of Psychiatry, Psychiatric Neurobiology and Bipolar Disorder Program, Psychosomatics and Psychotherapy, University of WÃ¼rzburg, WÃ¼rzburg, Germany.

Abstract

Several linkage analyses implicated the chromosome 9q22 region in attention deficit/hyperactivity disorder (ADHD), a neurodevelopmental disease with remarkable persistence into adulthood. This locus contains the brain-expressed GTP-binding RAS-like 2 gene (DIRAS2) thought to regulate neurogenesis. As DIRAS2 is a positional and functional ADHD candidate gene, we conducted an association study in 600 patients suffering from adult ADHD (aADHD) and 420 controls. Replication samples consisted of 1035 aADHD patients and 1381 controls, as well as 166 families with a child affected from childhood ADHD. Given the high degree of co-morbidity with ADHD, we also investigated patients suffering from bipolar disorder (BD) (n=336) or personality disorders (PDs) (n=622). Twelve single-nucleotide polymorphisms (SNPs) covering the structural gene and the transcriptional control region of DIRAS2 were analyzed. Four SNPs and two haplotype blocks showed evidence of association with ADHD, with nominal p-values ranging from p=0.006 to p=0.05. In the adult replication samples, we obtained a consistent effect of rs1412005 and of a risk haplotype containing the promoter region (p=0.026). Meta-analysis resulted in a significant common OR of 1.12 (p=0.04) for rs1412005 and confirmed association with the promoter risk haplotype (OR=1.45, p=0.0003). Subsequent analysis in nuclear families with childhood ADHD again showed an association of the promoter haplotype block (p=0.02). rs1412005 also increased risk toward BD (p=0.026) and cluster B PD (p=0.031). Additional SNPs showed association with personality scores (p=0.008-0.048). Converging lines of evidence implicate genetic variance in the promoter region of DIRAS2 in the etiology of ADHD and co-morbid impulsive disorders. Neuropsychopharmacology advance online publication, 13 July 2011; doi:10.1038/npp.2011.120.

PMID:

21750579

[PubMed - as supplied by publisher]

Related citations



Psychiatric, Behavioural and Social Risk Factors for HIV Infection Among Female Drug Users.

Gilchrist G, Blazquez A, Torrens M.

Source

Substance Use Disorders Research Group, IMIM-Hospital del Mar, Parc de Salut Mar de Barcelona, Barcelona, Spain, G.Gilchrist@greenwich.ac.uk.

Abstract

Female drug users report greater psychopathology and risk behaviours than male drug users, putting them at greater risk for HIV. This mixed-methods study determined psychiatric, behavioural and social risk factors for HIV among 118 female drug users (27% (32/118) were HIV seropositive) in Barcelona. DSM-IV disorders were assessed using the Spanish Psychiatric Research Interview for Substance and Mental Disorders. 30 participants were interviewed in-depth. In stepwise multiple backward logistic regression, ever injected with a used syringe, antisocial personality disorder, had an HIV seropositive sexual partner and substance-induced major depressive disorder were associated with HIV seropositivity. Qualitative findings illustrate the complex ways in which psychiatric disorders and male drug-using partners interact with these risk factors. Interventions should address all aspects of female drug users' lives to reduce HIV.

PMID:

21748277

[PubMed - as supplied by publisher]

Related citations



23. J Psychiatr Res. 2011 Jul 8. [Epub ahead of print]

Substance use disorders and comorbid Axis I and II psychiatric disorders among young psychiatric patients: Findings from a large electronic health records database.

Wu LT, Gersing K, Burchett B, Woody GE, Blazer DG.

Source

Department of Psychiatry and Behavioral Sciences, School of Medicine, Duke University Medical Center, Box 3419, Durham, NC 27710, USA.

Abstract

This study examined the prevalence of substance use disorders (SUDs) among psychiatric patients aged 12-17 years in an electronic health records database (N=11,457) and determined patterns of comorbid diagnoses among patients with a SUD to inform emerging comparative effectiveness research (CER) efforts. DSM-IV diagnoses of all inpatients and

outpatients at a large university-based hospital and its associated psychiatric clinics were systematically captured between 2000 and 2010: SUD, anxiety (AD), mood (MD), conduct (CD), attention deficit/hyperactivity (ADHD), personality (PD), adjustment, eating, impulse-control, psychotic, learning, mental retardation, and relational disorders. The prevalence of SUD in the 2-12-year age group (n=6210) was 1.6% and increased to 25% in the 13-17-year age group (n=5247). Cannabis diagnosis was the most prevalent SUD, accounting for more than 80% of all SUD cases. Among patients with a SUD (n=1423), children aged 2-12 years (95%) and females (75-100%) showed high rates of comorbidities; blacks were more likely than whites to be diagnosed with CD, impulse-control, and psychotic diagnoses, while whites had elevated odds of having AD, ADHD, MD, PD, relational, and eating diagnoses. Patients with a SUD used more inpatient treatment than patients without a SUD (43% vs. 21%); children, females, and blacks had elevated odds of inpatient psychiatric treatment. Collectively, results add clinical evidence on treatment needs and diagnostic patterns for understudied diagnoses.

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PMID:

21742345

[PubMed - as supplied by publisher]

[Related citations](#)



24. Compr Psychiatry. 2011 Jul 7. [Epub ahead of print]

[Some suggestions for the DSM-5 schizotypal personality disorder construct.](#)

Hummelen B, Pedersen G, Karterud S.

[Source](#)

Department for Research and Education, Division of Mental Health and Addiction, Oslo University Hospital, 0424 Oslo, Norway; Department for Personality Psychiatry, Division of Mental Health and Addiction, Oslo University Hospital, 0424 Oslo, Norway.

[Abstract](#)

This study relates to the schizotypal personality disorder (SPD) proposal of the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by investigating the construct validity of SPD as defined by DSM-IV in a large sample of patients from the Norwegian Network of Personality-Focused Treatment Programs (N = 2619), assessed by structured diagnostic interviews and the Longitudinal, Expert All Data standard. We investigated factor structure and psychometric properties of the SPD criteria, as well as co-occurrence patterns between SPD and other PDs. Thirty-six patients were diagnosed with SPD and 513 patients (21%) endorsed at least 2 schizotypal criteria. We found that 2 factors were specific for SPD, a cognitive-perceptual factor (ideas of reference, magical thinking, and unusual perceptual experiences) and an oddness factor (odd thinking and speech, constricted affect, and odd appearance or behavior). The criteria belonging to

these factors had appropriate psychometric properties. The criteria of the cognitive-perceptual factor were more strongly associated with borderline personality disorder (PD) than with the other PDs. We did not find support for a consistent factor that reflected interpersonal problems. The criteria that used to be part of this factor (suspiciousness, lack of friends or confidants, and excessive social anxiety) performed poorly as specific SPD criteria. SPD was more strongly associated with antisocial PD and paranoid PD than with the other PDs. We suggest that ideas of reference should be included explicitly under the schizotypal facet of cognitive dysregulation in DSM-5, with less emphasis on the social phobic aspects of this feature. Furthermore, there should be more emphasis on the cognitive aspects of suspiciousness in SPD, and it should be considered to split up the affectivity criterion into constricted affect and inappropriate affect, with the latter type of affect being the expression of problems with intersubjective regulation. Finally, it is suggested that interpersonal dysfunction is secondary to the 2 primary SPD factors. Therefore, the SPD narrative should start by describing eccentricity and cognitive-perceptual aberrations rather than interpersonal difficulties.

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PMID:

21741634

[PubMed - as supplied by publisher]

Related citations



25. J Psychopharmacol. 2011 Jul 5. [Epub ahead of print]

[Chronic tiagabine administration and aggressive responding in individuals with a history of substance abuse and antisocial behavior.](#)

Gowin JL, Green CE, Alcorn JL, Swann AC, Moeller FG, Lane SD.

[Source](#)

Program in Neuroscience, Graduate School of Biomedical Sciences, University of Texas Health Science Center, Houston, USA.

[Abstract](#)

Anticonvulsants, notably those which modulate GABA activity, have shown efficacy in reducing aggressive behavior. Previously, we found dose-related decreases in human aggressive responding following acute tiagabine administration. Here, we examined the effects of chronic tiagabine over a 5-week period. Twelve individuals at increased risk for aggressive and violent behavior (currently on parole/probation with personality and/or substance use disorders) were randomly assigned to placebo (n = 6) or an escalating dose sequence of placebo, 4 mg, 8 mg, 12 mg, placebo (n = 6). Data were analyzed using both frequentist and Bayesian mixed models, evaluating aggressive behavior as a function of time, dose condition, and their interaction. For aggressive responding, there was a significant interaction of drug condition and time. Aggression in the tiagabine condition decreased for

each additional week in the study, while participants in the placebo condition failed to demonstrate similar change over time. For monetary-reinforced responding, no drug or drug by time interactions were observed, suggesting specificity of drug effects on aggression. The small number of subjects limits the generality of the findings, and previous studies with tiagabine are limited to acute dosing and case report investigations. However, the present data provide an indication that tiagabine merits further examination as an agent for management of impulsive aggression.

PMID:

21730016

[PubMed - as supplied by publisher]

Related citations



26. Curr Med Chem. 2011 Jul 4. [Epub ahead of print]

[Recent Advances in the Treatment of Borderline Personality Disorder.](#)

Bellino S, Rinaldi C, Bozzatello P, Bogetto F.

Source

Centre for Personality Disorders, Unit of Psychiatry 1, Department of Neurosciences, University of Turin, via Cherasco 11, 10126 Turin, Italy. silvio.bellino@unito.it.

Abstract

Borderline Personality Disorder (BPD) is a common disorder in psychiatric practice and drugs are widely used in its treatment, targeting symptom clusters, such as affective dysregulation, impulsive-behavioural dyscontrol, and cognitive-perceptual symptoms. In last period, a growing number of studies on pharmacological treatment of BPD have been performed, but different proposals of treatment guidelines are not completely in accordance on drug indications for BPD patients. This article reviews double-blind randomized controlled trials comparing active drugs versus placebo and drugs versus drugs, published between 1990 and 2010 and focused on the treatment of borderline personality disorder. Different classes of psychoactive agents, such as antipsychotics, mood stabilizers, antidepressants, and dietary supplementation were tested in BPD patients. More recent evidences suggest that mood stabilizers (topiramate, valproate and lamotrigine), second generation antipsychotics (olanzapine and aripiprazole) and omega-3 fatty acids can be useful to treat affective symptoms and impulsive-behavioural dyscontrol in BPD patients. Moreover, antipsychotics significantly improve cognitive symptoms in patients with BPD. SSRIs were found effective in decreasing severity of depressed mood, anxiety and anger, mainly in subjects with a concomitant affective disorder. Effects of antidepressants on impulsive behaviours are uncertain. Further studies are needed to improve methods of trials and confirm these findings.

PMID:

21728970

[PubMed - as supplied by publisher]

Related citations

27. Psychol Aging. 2011 Jul 4. [Epub ahead of print]

Aging and the structure and long-term stability of the internalizing spectrum of personality and psychopathology.

Eaton NR, Krueger RF, Oltmanns TF.

Abstract

Structural psychopathology research has identified two broad factors-internalizing and externalizing-that account for comorbidity among many common mental disorders. Evaluating the utility of these factors for nosology, research, and treatment entails expanding beyond a cross-sectional understanding to how these factors evolve over time. We tested factorial invariance of internalizing in three age cohort groups-35 years and under (n = 1,729), 36-50 years (n = 2,719), and over 50 years (n = 2,601)-as well as the long-term stability of internalizing within individuals. Internalizing showed a notable degree of invariance between cohorts and within cohorts over time; long-term internalizing stability was equivalently moderate-to-high in each cohort. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21728443

[PubMed - as supplied by publisher]

Related citations

28. J Neuroimmune Pharmacol. 2011 Jul 5. [Epub ahead of print]

Methamphetamine-Associated Psychosis.

Grant KM, Levan TD, Wells SM, Li M, Stoltenberg SF, Gendelman HE, Carlo G, Bevens RA.

Source

Department of Internal Medicine, VA Nebraska-Western Iowa Health Care System, University of Nebraska Medical Center, Omaha, NE, 68198-5300, USA, kathleen.grant2@va.gov.

Abstract

Methamphetamine (METH) is a frequent drug of abuse in U.S. populations and commonly associated with psychosis. This may be a factor in frequent criminal justice referrals and lengthy treatment required by METH users. Persecutory delusions and auditory hallucinations are the most consistent symptoms of METH-associated psychosis (MAP). MAP has largely been studied in Asian populations and risk factors have varied across studies. Duration, frequency and amount of use as well as sexual abuse, family history, other substance use, and co-occurring personality and mood disorders are risk factors for MAP.

MAP may be unique with its long duration of psychosis and recurrence without relapse to METH. Seven candidate genes have been identified that may be associated with MAP. Six of these genes are also associated with susceptibility, symptoms, or treatment of schizophrenia and most are linked to glutamatergic neurotransmission. Animal studies of pre-pulse inhibition, attenuation of social interaction, and stereotypy and alterations in locomotion are used to study MAP in rodents. Employing various models, rodent studies have identified neuroanatomical and neurochemical changes associated with METH use. Throughout this review, we identify key gaps in our understanding of MAP and suggest potential directions for future research.

PMID:

21728034

[PubMed - as supplied by publisher]

[Related citations](#)



PubMed Results

Items 1 - 28 of 28

1. PLoS One. 2011;6(7):e21842. Epub 2011 Jul 25.

[Influence of Early Stress on Social Abilities and Serotonergic Functions across Generations in Mice.](#)

[Franklin TB](#), [Linder N](#), [Russig H](#), [ThÄ¶ny B](#), [Mansuy IM](#).

[Source](#)

Brain Research Institute, Medical Faculty of the University of ZÃ¼rich and Department of Biology, Swiss Federal Institute of Technology, ZÃ¼rich, Switzerland.

[Abstract](#)

Exposure to adverse environments during early development is a known risk factor for several psychiatric conditions including antisocial behavior and personality disorders. Here, we induced social anxiety and altered social recognition memory in adult mice using unpredictable maternal separation and maternal stress during early postnatal life. We show that these social defects are not only pronounced in the animals directly subjected to stress, but are also transmitted to their offspring across two generations. The defects are associated with impaired serotonergic signaling, in particular, reduced 5HT1A receptor expression in the dorsal raphe nucleus, and increased serotonin level in a dorsal raphe projection area. These findings underscore the susceptibility of social behaviors and serotonergic pathways to early stress, and the persistence of their perturbation across generations.

[Free Article](#)

PMID:

21799751

[PubMed - in process]

Related citations



2. Schizophr Bull. 2011 Jul 27. [Epub ahead of print]

Peer Victimization Partially Mediates the Schizotypy-Aggression Relationship in Children and Adolescents .

Raine A, Fung AL, Lam BY.

Source

¹Departments of Criminology, Psychiatry, and Psychology, University of Pennsylvania.

Abstract

While persuasive evidence has accumulated over the past 15 years documenting an association between schizophrenia and violence, there are 3 unresolved issues. First, does a downward extension of this relationship exist at the nonclinical level with respect to schizotypal personality and aggression in children? Second, is aggression more associated with impulsive reactive aggression or with more planned proactive aggression. Third and importantly, does peer victimization mediate the relationship between schizotypy and aggression? A further aim of this cross-sectional study was to examine the utility of a new child self-report measure of schizotypal personality. These issues were examined in a sample of 3804 schoolchildren assessed on schizotypy using the Schizotypal Personality Questionnaire-Child (SPQ-C), reactive-proactive aggression, and peer victimization. A confirmatory factor analysis confirmed the 3-factor structure (cognitive-perceptual, interpersonal, and disorganized) of the SPQ-C. Schizotypy was positively associated with total aggression and reactive aggression but not with proactive aggression. Peer victimization was found to significantly mediate the schizotypy-aggression relationship, accounting for 58.9% of the association. Results are broadly consistent with the hypothesis that schizotypal features elicit victimization from other children, which in turn predisposes to reactive retaliatory aggression. Findings are to the authors' knowledge the first to document any mediator of the schizotypy-aggression relationship and have potential treatment implications for violence reduction in schizophrenia-spectrum disorders. This study also provides initial evidence for the factorial and discriminant validity of a brief and simple measure of schizotypal personality in children as young as 8 years.

PMID:

21795613

[PubMed - as supplied by publisher]

Related citations



3. Seizure. 2011 Jul 25. [Epub ahead of print]

Patients with epilepsy and patients with psychogenic non-epileptic seizures: Video-EEG, clinical and neuropsychological evaluation.

Turner K, Piazzini A, Chiesa V, Barbieri V, Vignoli A, Gardella E, Tisi G, Scarone S, Canevini MP, Gambini O.

Source

UO Neurologia 2, Centro Epilessia, A.O. San Paolo, Dipartimento Medicina Chirurgia e Odontoiatria, Università degli Studi di Milano, Via A. Di RudinÅ¬, 8, 20142, Milan, Italy.

Abstract

PURPOSE:

The incidence of psychogenic non-epileptic seizures (PNES) is 4.9/100,000/year and it is estimated that about 20-30% of patients referred to tertiary care epilepsy centers for refractory seizures have both epilepsy and PNES. The purpose of our study is to evaluate psychiatric disorders and neuropsychological functions among patients with PNES, patients with epilepsy associated with PNES and patients with epilepsy.

METHODS:

We evaluated 66 consecutive in-patients with video-EEG recordings: 21 patients with epilepsy, 22 patients with PNES and 10 patients with epilepsy associated with PNES; 13 patients were excluded (8 because of mental retardation and 5 because they did not present seizures or PNES during the recording period).

RESULTS:

All patients with PNES had a psychiatric diagnosis (100%) vs. 52% of patients with epilepsy. Cluster B personality disorders were more common in patients with PNES. We observed fewer mood and anxiety disorders in patients with PNES compared with those with epilepsy. We did not find statistically significant differences in neuropsychological profiles among the 3 patient groups.

CONCLUSION:

This study can help to contribute to a better understanding of the impact of PNES manifestations, in addition to the occurrence of seizures, in order to provide patients with more appropriate clinical, psychological and social care.

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PMID:

21795068

[PubMed - as supplied by publisher]

Related citations



4. Psychiatry Res. 2011 Jul 25. [Epub ahead of print]

Lifespan attention deficit/hyperactivity disorder and borderline personality disorder symptoms in female patients: A latent class approach.

van Dijk F, Lappenschaar M, Kan C, Verkes RJ, Buitelaar J.

Source

Radboud University Nijmegen Medical Centre, Nijmegen Centre for Evidence-Based Practice, Department of Psychiatry (961), P.O. Box 9101, 6500 HB Nijmegen, The Netherlands.

Abstract

Attention-deficit/hyperactivity disorder (ADHD) and borderline personality disorder (BPD) are frequently comorbid. To contribute to a better understanding of the associations regularly found between ADHD and BPD, on the one hand, and the developmental pathways for these disorders, on the other hand, latent class analyses (LCA) were undertaken to identify classes differing in profiles of childhood symptoms of ADHD and adult symptoms of ADHD and BPD. Diagnostic interviews with 103 female outpatients meeting the criteria for ADHD and/or BPD were used to assess current DSM-IV symptoms; childhood symptoms of ADHD were assessed in parent interviews. The latent classes were examined in relation to the DSM-IV conceptualizations of ADHD and BPD. And relations between childhood and adult classes were examined to hypothesize about developmental trajectories. LCA revealed an optimal solution with four distinct symptom profiles: only ADHD symptoms; BPD symptoms and only ADHD symptoms of hyperactivity; BPD symptoms and ADHD symptoms of inattention and hyperactivity; BPD symptoms and ADHD symptoms of inattention, hyperactivity and impulsivity. All patients with BPD had some ADHD symptoms in both adulthood and childhood. Hyperactivity was least discriminative of adult classes. Adult hyperactivity was not always preceded by childhood hyperactivity; some cases of comorbid ADHD and BPD symptoms were not preceded by significant childhood ADHD symptoms; and some cases of predominantly BPD symptoms could be traced back to combined symptoms of ADHD in childhood. The results underline the importance of taking ADHD diagnoses into account with BPD. ADHD classification subtypes may not be permanent over time, and different developmental pathways to adult ADHD and BPD should therefore be investigated.

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PMID:

21794926

[PubMed - as supplied by publisher]

Related citations



5. Int J Offender Ther Comp Criminol. 2011 Jul 26. [Epub ahead of print]
[Under the Surface: The Dynamic Interpersonal and Affective World of Psychopathic High-Security and Detention Prisoners.](#)

Gullhaugen AS, N  ttestad JA.

[Source](#)

St. Olavs University Hospital, Trondheim, Norway & The Norwegian University of Science and Technology, Trondheim, Norway.

[Abstract](#)

The present study yields an in-depth examination of the interpersonal and affective world of high-security and detention prisoners with possible (Psychopathy Checklist: Screening Version [PCL:SV] ≥ 13) and strong (PCL:SV ≥ 18) indications of psychopathy. A group of male inmates ($n = 16$) was compared with noncriminal and non-personality disordered controls ($n = 35$) on measures of self and other (Young Schema Questionnaire-Short Form [YSQ-SF], Inventory of Interpersonal Problems-Circumplex Scales [IIP-C]), and the experience and regulation of affect (Positive and Negative Affect Schedule [PANAS], Emotion Control Questionnaire 2 [ECQ2]). Results confirm the established grandiose, dominant, and callous characteristics of the psychopath (PCL:SV, Structured Clinical Interview for DSM-IV Axis II Disorders [SCID-II], DSM-IV and ICD-10 Personality Questionnaire [DIP-Q], IIP-C), while demonstrating personal distress and important nuances and variations in psychopathic offenders' interpersonal and affective functioning (YSQ-SF, PANAS, ECQ2, SCID-II, DIP-Q). These preliminary findings support, expand, and challenge the ordinary portrayal of the psychopath and, if replicated in larger samples, point to a need for an expansion or reformulation of the concept, measurement, and treatment of psychopathy.

PMID:

21791461

[PubMed - as supplied by publisher]

[Related citations](#)



6. Int J Offender Ther Comp Criminol. 2011 Jul 26. [Epub ahead of print]
[Conceptualization and Measurement of Criminal Thinking: Initial Validation of the Criminogenic Thinking Profile.](#)

Mitchell D, Tafrate RC.

[Source](#)

Central Connecticut State University, New Britain, USA.

Abstract

This article describes two studies concerning the development of a new measure of criminal thinking, the Criminogenic Thinking Profile (CTP), influenced by the construct of psychopathy, and traditional models of cognitive-behavioral therapy (CBT). An experimental item pool based on verbalizations from offenders served as the pilot version of the instrument. Principal components analysis of the items resulted in a 62-item, eight-factor scale that was internally consistent. In terms of content, six of the resulting factors were conceptually related to psychopathy, one to CBT, and one to neutralization theory. The factor structure and internal reliability was supported by a subsequent confirmatory factor analysis. Initial support for the CTP's convergent validity was indicated by its positive correlations with psychopathy and personality disorders associated with criminal, aggressive, and impulsive behaviors. The CTP's divergent validity was supported by its inverse correlations with indices of healthy personality functioning. The CTP offers a somewhat different constellation of thinking patterns than those found on previously published criminal thinking instruments. The utility of the CTP to identify relevant cognitive targets for offender treatment is a recommended area of future research.

PMID:

21791460

[PubMed - as supplied by publisher]

Related citations



7. *Depress Res Treat*. 2011;2011:529638. Epub 2011 Jul 18.

Bipolar Disorder and the TCI: Higher Self-Transcendence in Bipolar Disorder Compared to Major Depression.

Harley JA, Wells JE, Frampton CM, Joyce PR.

Source

Department of Psychological Medicine, University of Otago Christchurch, P.O. Box 4345, Christchurch Mail Centre, Christchurch 8140, New Zealand.

Abstract

Personality traits are potential endophenotypes for genetic studies of psychiatric disorders. One personality theory which demonstrates strong heritability is Cloninger's psychobiological model measured using the temperament and character inventory (TCI). 277 individuals who completed the TCI questionnaire as part of the South Island Bipolar Study were also interviewed to assess for lifetime psychiatric diagnoses. Four groups were compared, bipolar disorder (BP), type 1 and 2, MDD (major depressive disorder), and nonaffected relatives of a proband with BP. With correction for mood state, total harm avoidance (HA) was higher than unaffected in both MDD and BP groups, but the mood disorder groups did not differ from each other. However, BP1 individuals had higher self-transcendence (ST) than those with MDD and unaffected relatives. HA may reflect a trait marker of mood disorders whereas high

ST may be specific to BP. As ST is heritable, genes that affect ST may be of relevance for vulnerability to BP.

PMCID: PMC3140026

PMID:

21789279

[PubMed - in process]

Related citations

8. J Affect Disord. 2011 Jul 23. [Epub ahead of print]
[Affective intensity and lability: Heritability in adult male twins.](#)

Coccaro EF , Ong AD, Seroczynski D, Bergeman CS.

Source

Clinical Neuroscience & Psychopharmacology Research Unit, Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL, USA.

Abstract

BACKGROUND:

Inability to monitor and self-regulate heightened levels of affect lability and affect intensity is associated with a range of mood, anxiety, and personality disorders, psychosomatic symptoms and socially maladaptive behaviors. Despite the importance of these aspects of affective regulation, there are no twin study data to shed light on the genetic and environmental components of these constructs.

METHODS:

Affective Lability Scale (ALS) and Affect Intensity Measure (AIM) questionnaires were administered to 796 male twins in the Vietnam Era Twin Registry and subjected to twin and model-fitting analyses. Complete data were available from 182 monozygotic and 119 dizygotic twin pairs.

RESULTS:

Biometrical genetic model-fitting estimates indicated that additive genetic influence accounted for 40% of the variance in affect intensity and 25% of the variance in the ALS subscale assessing anxiety-depression mood shifts. Nonadditive genetic influence was indicated for ALS subscales measuring shifts between normal mood and depression (29%) and anger (27%), respectively. There was negligible evidence of shared environmental influence on affect measures. In contrast, estimates of nonshared environmental influences ranged from 52% to 74%.

LIMITATIONS:

Female were not included in this study due to the nature of the twin cohort. Data from subjects in a population cohort may not generalize to clinical populations. Measures of environment were not included.

CONCLUSIONS:

These results provide evidence for moderate heritability of affect intensity and specific measures of affect lability. Individual differences in mood regulation may represent phenotypic variation in a core psychobiologic vulnerability (e.g., neurotransmitter systems).

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PMID:

21788082

[PubMed - as supplied by publisher]

Related citations



9. Addict Behav. 2011 Jul 5. [Epub ahead of print]

Pathological personality traits among patients with absent, current, and remitted substance use disorders.

Hopwood CJ, Morey LC, Skodol AE, Sanislow CA, Grilo CM, Ansell EB, McGlashan TH, Markowitz JC, Pinto A, Yen S, Shea MT, Gunderson JG, Zanarini MC, Stout RL.

Source

Michigan State University, United States.

Abstract

Personality traits may provide underlying risk factors for and/or sequelae to substance use disorders (SUDs). In this study Schedule for Nonadaptive and Adaptive Personality (SNAP) traits were compared in a clinical sample (N=704, age 18-45) with current, past, or no historical alcohol or non-alcohol substance use disorders (AUD and NASUD) as assessed by DSM-IV semi-structured interview. Results corroborated previous research in showing associations of negative temperament and disinhibition to SUD, highlighting the importance of these traits for indicating substance use proclivity or the chronic effects of substance use. Certain traits (manipulativeness, self-harm, disinhibition, and impulsivity for AUD, and disinhibition and exhibitionism for NASUD) were higher among individuals with current relative to past diagnoses, perhaps indicating concurrent effects of substance abuse on personality. The positive temperament characteristics detachment and entitlement distinguished AUDs and NASUDs, respectively, perhaps clarifying why this higher order trait tends to show limited relations to SUD generally. These findings suggest the importance of

systematically integrating pathological and normative traits in reference to substance-related diagnosis.

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PMID:

21782347

[PubMed - as supplied by publisher]

Related citations



10. Clin Psychol Psychother. 2011 Jul 19. doi: 10.1002/cpp.766. [Epub ahead of print]
[Personality Diagnostic Questionnaire 4+ is not Useful as a Screener in Clinical Practice.](#)

Reus RJ, Berg JF, Emmelkamp PM.

Source

PsyQ Beverwijk, PsyQ, Den Haag, The Netherlands. r.dereus@psyq.nl.

Abstract

In clinical practice, the combination of brief, cost effective, valid and reliable assessment of personality disorders (PDs) is highly important. Substantial budget cuts require optimal use of the clinician's time. PDs are related with high axis I comorbidity, poorer therapy outcome and increased health service costs. In an effort to find a screening questionnaire that meets both the demands of cost-effectiveness and methodological soundness, we investigated the use of the Personality Diagnostic Questionnaire 4+ (PDQ-4+) as a first step in a two-step diagnostic procedure. As the second step, we used the Structured Clinical Interview of DSM-IV Axis II Personality Disorders (SCID-II) as criterion measure. Our results show that the positive predictive power of the PDQ-4+ is rather low, resulting in a large number of false positives. Therefore, its added value is poor in comparison with administering the SCID-II in the first place. Also, the value of the two validity scales of the PDQ-4+ is highly questionable. We therefore conclude that the PDQ-4+ should not be used in clinical practice as a screening instrument for PD assessment. Copyright Â© 2011 John Wiley & Sons, Ltd. **KEY PRACTITIONER MESSAGE:** Personality disorders are related with high axis I comorbidity, poorer therapy outcome and increased health service costs. Valid, reliable and cost effective PD assessment is highly relevant for clinical practice. Diagnostic two-step procedure was tested using the PDQ-4+ as a screener. Positive predictive power of the PDQ-4+ was generally low, making it not useful as a screener in clinical practice.

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PMID:

21774036

[PubMed - as supplied by publisher]

Related citations

11. *Depress Anxiety*. 2011 Jul 18. doi: 10.1002/da.20859. [Epub ahead of print]
Etiology of obsessive-compulsive symptoms and obsessive-compulsive personality traits:
common genes, mostly different environments.

Taylor S, Asmundson GJ, Jang KL.

Source

Department of Psychiatry, University of British Columbia, Vancouver, British Columbia,
Canada. taylor@unixg.ubc.ca.

Abstract

Background: Little is known about the etiologic relationship between obsessive-compulsive (OC) symptoms and traits of OC personality disorder. The traits include perfectionism and rigidity. Some theorists have proposed that OC personality disorder is one of several disorders falling within an OC spectrum. This implies that OC personality traits and symptoms should have etiologic factors in common, and this should not be simply because symptoms and traits are both shaped by nonspecific etiological influences, such as those shaping negative emotionality (neuroticism). **Methods:** To investigate these issues, a community sample of 307 pairs of monozygotic and dizygotic adult twins provided scores on six types of OC-related symptoms, two markers of negative emotionality, and a measure of OC personality traits. **Results:** Analyses indicated that symptoms and traits arose from a combination of genetic and nonshared environmental factors. A matrix of genetic correlations was computed among the variables, which represented the correlations between the genetic components of pairs of variables. A matrix of environmental correlations was similarly computed. Each matrix was factor analyzed. One genetic factor was obtained, indicating that all variables were influenced by a common genetic factor. Three environmental factors were obtained, with salient loadings on either (a) all six OC symptoms, (b) negative emotionality and obsessing, or (c) OC personality traits and ordering. **Conclusions:** OC symptoms and traits were etiologically related primarily because they are shaped by the same nonspecific genetic factor that influenced negative emotionality. Implications for the concept of the OC spectrum are discussed. *Depression and Anxiety* 0:1-7, 2011. © 2011 Wiley-Liss, Inc.

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PMID:

21769999

[PubMed - as supplied by publisher]

Related citations

12. *Am J Psychiatry*. 2011 Jul 18. [Epub ahead of print]

Dopamine Synthesis Capacity Before Onset of Psychosis: A Prospective [18 F]-DOPA PET Imaging Study.

Howes OD, Bose SK, Turkheimer F, Valli I, Egerton A, Valmaggia LR, Murray RM, McGuire P.

Source

From Hammersmith Hospital, London; and the Institute of Psychiatry, King's College London.

Abstract

Objective: While there is robust evidence of elevated dopamine synthesis capacity once a psychotic disorder has developed, little is known about whether it is altered prior to the first episode of frank illness. The authors addressed this issue by measuring dopamine synthesis capacity in individuals at ultra-high risk of psychosis and then following them to determine their clinical outcome. **Method:** This prospective study included 30 patients who met standard criteria for being at ultra-high risk of psychosis and 29 healthy volunteers. Participants were scanned using [(18)F]6-fluoro-l-dopa positron emission tomography. The ultra-high-risk patients were scanned at presentation and followed up for at least 3 years to determine their clinical outcome. Six patients had comorbid schizotypal personality disorder and were excluded from the analysis (data are provided for comparison). Of the remaining patients, nine developed a psychotic disorder (psychotic transition group) and 15 did not (nontransition group). **Results:** There was a significant effect of group on striatal dopamine synthesis capacity. The psychotic transition group had greater dopamine synthesis capacity in the striatum (effect size=1.18) and its associative subdivision (effect size=1.24) than did the healthy comparison subjects and showed a positive correlation between dopamine synthesis capacity and symptom severity. Dopamine synthesis capacity was also significantly greater in the psychotic transition group than in the nontransition group. **Conclusions:** These findings provide evidence that the onset of frank psychosis is preceded by presynaptic dopaminergic dysfunction. Further research is needed to determine the specificity of elevated dopamine synthesis capacity to particular psychotic disorders.

PMID:

21768612

[PubMed - as supplied by publisher]

Related citations



13. Health Care Women Int. 2011 Aug;32(8):746-61.

Psychological factors and chronic pelvic pain in women: a comparative study with women with chronic migraine headaches.

Roth RS, Punch MR, Bachman JE.

Source

a Department of Physical Medicine & Rehabilitation , University of Michigan Health System , Ann Arbor , Michigan , USA.

Abstract

Chronic pelvic pain (CPP) is often attributed to psychogenic causation. To determine if women with CPP possess a unique psychological profile, this study examined the comparative pain experience, psychological functioning, and marital/sexual satisfaction of women with either CPP or chronic migraine headache (CH). Patients with CPP reported greater dissatisfaction with their marriage and greater sexual dysfunction. No differences were obtained for ratings of depression, anxiety, mood factors, or additional personality traits. These data suggest that, in general, when psychological disorders are observed in CPP patients, they most likely reflect the effects of chronic pain rather than be causative to it.

PMID:

21767098

[PubMed - in process]

Related citations



14. Psychiatry Res. 2011 Jul 14. [Epub ahead of print]

Psychosocial and neurocognitive profiles in depressed patients with major depressive disorder and bipolar disorder.

Godard J, Grondin S, Baruch P, Lafleur MF.

Source

Institut universitaire en sant  mentale de Qu bec, Qu bec, Canada;  cole de Psychologie, Universit  Laval, Qu bec, Canada; Centre de r adaptation en d ficience physique Le Bouclier, Joliette, Canada.

Abstract

Previous studies have revealed psychosocial and cognitive impairments in patients during depression. The primary aim of this study was to investigate whether patients with major depression (MDD) and bipolar disorder (BD) differ in psychosocial and neurocognitive profiles. A second aim was to examine whether cognitive impairments are homogeneous among depressed patients. Patients with MDD (n=16) and BD (n=14) were enrolled during a major depressive episode. About half of them had comorbidities, including personality, substance use, and anxiety disorders. Information was collected about symptomatology and psychosocial functioning, whereas an exhaustive neuropsychological battery was administered to assess cognition. During a depressive episode, MDD and BD patients had global psychosocial dysfunction, characterized by occupational and relational impairments.

A cognitive slowing was also observed, as well as deficits related to alertness, spontaneous flexibility, sustained and divided attention. Moreover, severity of depression and cognitive functions were significantly associated with psychosocial functioning. In the case of severe mood disorders, psychosocial and neurocognitive functioning seem similar among MDD and BD patients during a depressive episode. In addition to an altered daily functioning, the neurocognitive profile was heterogeneous with regard to the nature and extent of cognitive deficits. Executive functions, as well as verbal learning and memory, were preserved better than attentional processes.

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PMID:

21764461

[PubMed - as supplied by publisher]

Related citations



15. Med Hypotheses. 2011 Jul 13. [Epub ahead of print]

Sensitivity to aversive stimulation, posttraumatic symptoms and migraines: What do they have in common?

Corchs F, Mercante JP, Guendler VZ, Masruha MR, Vieira DS, Bernik MA, Zukerman E, Peres JF, Peres MF.

Source

Institute and Department of Psychiatry, University of São Paulo, School of Medicine, São Paulo, Brazil.

Abstract

Studies have suggested that the high comorbidity observed between chronic migraine and anxiety disorders can be mediated through a third factor namely increased sensitivity to aversive stimulation. This trait may predispose for both chronic migraines, through medication overuse as an avoidance response, and anxiety disorders. Additional studies have shown that hyper sensitivity to aversive stimulation, migraine chronification and anxiety disorders share other characteristics such as serotonergic mediation and personality traits. Preliminary analysis of empirical data comparing the frequency the impact of traumatic events over chronic [CM] and episodic migraine [EM] patients gives further support to this hypothesis. In spite of CM and EM did not differ in terms of the occurrence of traumatic events, CM patients that had experienced at least one traumatic event during their lives had higher scores in re-experiencing and avoidance (but not in hyperarousal) symptoms than CM patients. These observations suggest that traumatic events have greater impact over CM than over EM patients.

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PMID:

21763077

[PubMed - as supplied by publisher]

Related citations



16. Biol Psychiatry. 2011 Jul 13. [Epub ahead of print]
[A Multivariate Twin Study of the DSM-IV Criteria for Antisocial Personality Disorder](#).
Kendler KS, Aggen SH, Patrick CJ.

Source

Virginia Institute of Psychiatric and Behavioral Genetics, Medical College of Virginia/Virginia Commonwealth University, Richmond, Virginia; Department of Psychiatry, Medical College of Virginia/Virginia Commonwealth University, Richmond, Virginia; Department of Human and Molecular Genetics, Medical College of Virginia/Virginia Commonwealth University, Richmond, Virginia.

Abstract

BACKGROUND:

Many assessment instruments for psychopathy are multidimensional, suggesting that distinguishable factors are needed to effectively capture variation in this personality domain. However, no prior study has examined the factor structure of the DSM-IV criteria for antisocial personality disorder (ASPD).

METHODS:

Self-report questionnaire items reflecting all A criteria for DSM-IV ASPD were available from 4291 twins (including both members of 1647 pairs) from the Virginia Adult Study of Psychiatric and Substance Use Disorders. Exploratory factor analysis and twin model fitting were performed using, respectively, Mplus and Mx.

RESULTS:

Phenotypic factor analysis produced evidence for two correlated factors: aggressive-disregard and disinhibition. The best-fitting multivariate twin model included two genetic and one unique environmental common factor, along with criteria-specific genetic and environmental effects. The two genetic factors closely resembled the phenotypic factors and varied in their prediction of a range of relevant criterion variables. Scores on the genetic aggressive-disregard factor score were more strongly associated with risk for conduct disorder, early and heavy alcohol use, and low educational status, whereas scores on the genetic disinhibition factor score were more strongly associated with younger age, novelty seeking, and major depression.

CONCLUSIONS:

From a genetic perspective, the DSM-IV criteria for ASPD do not reflect a single dimension of liability but rather are influenced by two dimensions of genetic risk reflecting aggressive-disregard and disinhibition. The phenotypic structure of the ASPD criteria results largely from genetic and not from environmental influences.

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PMID:

21762879

[PubMed - as supplied by publisher]

Related citations



17. Biol Psychiatry. 2011 Jul 12. [Epub ahead of print]
Dorsolateral Prefrontal \hat{I}^3 -Aminobutyric Acid in Men Predicts Individual Differences in Rash Impulsivity.

Boy F, Evans CJ, Edden RA, Lawrence AD, Singh KD, Husain M, Sumner P.

Source

Cardiff University Brain Research Imaging Centre, School of Psychology, Cardiff University, Cardiff, United Kingdom.

Abstract

BACKGROUND:

Impulsivity is a multifaceted personality construct associated with numerous psychiatric disorders. Recent research has characterized four facets of impulsivity: "urgency" (the tendency to act rashly especially in the context of distress or cravings); "lack of premeditation" (not envisaging the consequences of actions); "lack of perseverance" (not staying focused on a task); and "sensation seeking" (engaging in exciting activities). Urgency is particularly associated with clinical populations and problematic disinhibited behavior.

METHODS:

We used magnetic resonance spectroscopy to measure concentration of the inhibitory neurotransmitter \hat{I}^3 -aminobutyric acid (GABA) in the dorsolateral prefrontal cortex (DLPFC) in two cohorts of 12 and 13 participants.

RESULTS:

We find that variation in trait urgency in healthy men correlates with GABA concentration in the DLPFC. The result was replicated in an independent cohort. More GABA predicted lower urgency scores, consistent with a role in self-control for GABA-mediated inhibitory mechanisms in DLPFC.

CONCLUSIONS:

These findings help account for individual differences in self-control and thus clarify the relationship between GABA and a wide range of psychiatric disorders associated with impaired self-control.

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PMID:

21757187

[PubMed - as supplied by publisher]

Related citations



18. Crim Behav Ment Health. 2011 Jul 13. doi: 10.1002/cbm.819. [Epub ahead of print]
The relationship between mental disorders and different types of crime.

Vinkers DJ, Beurs E, Barendregt M, Rinne T, Hoek HW.

Source

Netherlands Institute for Forensic Psychiatry and Psychology, Noordsingel 113, 3035, EM, Rotterdam, the Netherlands. d.vinkers@dji.minjus.nl.

Abstract

BACKGROUND:

Previous studies of relationships between mental disorder and crime have tended to group the mental disorders, the crimes or both, leaving uncertainty about a more specific mental disorder: crime relationships.

OBJECTIVE:

To examine the relationship between types of mental disorder and types of crime in pre-trial defendants.

METHOD:

Data were extracted from 21,424 pre-trial forensic psychiatric reports made between 2000 and 2006 in the Netherlands. We compared the prevalence of axis I disorders, personality disorders, intellectual functioning and substance abuse in defendants charged with a range of crimes (homicide, attempted/threatened homicide, assault, battery, rape, sexual crimes, arson and/or property crimes) using chi-square tests. Relationships with diminished accountability, reflecting a direct relationship with underlying mental disorder, were calculated using multivariate regression models, adjusted for age, gender, ethnicity and history of judicial contact.

RESULTS:

Arson had the strongest relationship with mental disorders in our sample, then assaults, then homicidal attempts or threats. Sexual and property crimes had the weakest relationship with diminished or absent accountability. Diminished accountability had the strongest relationship with psychotic disorders, followed by organic psychosyndromes and developmental disorders, whereas other axis I disorders, personality disorders or an IQ score of <85 points were only moderately related. These relationships varied little according to the type of crime, although tended to be weaker for defendants in property crimes. Cannabis and hard drugs were significantly associated with decreased accountability only in respect of arson.

DISCUSSION:

Mental disorders are related to all types of crimes but especially to arson, battery and homicidal attempts or threats, with a court finding of diminished accountability providing some validation for perceived links between the disorder and crime in this study.

IMPLICATIONS FOR PRACTICE:

Psychiatric assessment is likely to be the most useful for defendants under charges of arson, assault or attempted homicide, as these groups are most likely to suffer from a psychiatric disorder related to the alleged offence. Psychotic, organic and some developmental disorders appear to have the strongest relationship with diminished accountability. Findings with respect to illicit drug use are likely to have more varied implications between jurisdictions but, in the Netherlands, may sometimes be accepted as diminishing accountability in defendants of arson. Copyright © 2011 John Wiley & Sons, Ltd.

Copyright © 2011 John Wiley & Sons, Ltd.

PMID:

21755554

[PubMed - as supplied by publisher]

Related citations



19. Mov Disord. 2011 Jul 13. doi: 10.1002/mds.23359. [Epub ahead of print]
Postural instability, frontotemporal dementia, and ophthalmoplegia: Clinicopathological case.

Cardoso F, Hodges J, Evans AH, Revesz T, Williams DR.

Source

Movement Disorders Unit, Neurology Service, Federal University of Minas Gerais, Belo Horizonte, Brazil.

Abstract

A 56-year-old man presented with gait disturbance, personality change, and behavioral disturbances. He subsequently developed falls, postural instability, and axial rigidity. The cognitive problems progressed and he developed aphasia and later eye movement abnormalities. He died after 9 years of disease. Experts discuss the syndromal diagnosis and predict the underlying pathology. The pathological diagnosis is given and clinical learning points are considered. © 2011 Movement Disorder Society.

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PMID:

21755535

[PubMed - as supplied by publisher]

Related citations



20. Br J Psychol. 2011 Aug;102(3):662-75. doi: 10.1111/j.2044-8295.2011.02036.x. Epub 2011 Apr 26.

Examining mental health literacy and its correlates using the overclaiming technique.

Swami V, Papanicolaou A, Furnham A.

Source

Department of Psychology, University of Westminster, London, UK Department of Psychology, HELP University College, Kuala Lumpur, Malaysia Department of Clinical, Educational, and Health Psychology, University College London, London, UK.

Abstract

The present study examined mental health literacy among the British general public using the overclaiming technique, where participants rate for familiarity a series of items, some of which are foils resembling real items. In total, 344 Britons rated for familiarity 30 mental health disorders, of which six were foils, and also completed measures of the Big Five personality factors, self-rated intelligence, self-reported knowledge of psychiatry, psychiatric

skepticism, and their personal details. Using signal detection analysis, responses on the overclaiming measure were used to compute an accuracy index (accuracy in distinguishing real mental health disorders from foils) and a response bias (the tendency to respond affirmatively to both real disorders and foils). Preliminary analysis showed that there were no significant sex differences on either the accuracy or response bias indices. Further analyses showed that greater accuracy was significantly predicted by higher self-rated intelligence, greater knowledge of psychiatry, and lower psychiatric skepticism. These results are discussed in terms of the benefits of using the overclaiming technique and signal detection analysis in the study of mental health literacy.

©2011 The British Psychological Society.

PMID:

21752013

[PubMed - in process]

Related citations

21. Neuropsychopharmacology. 2011 Jul 13. doi: 10.1038/npp.2011.120. [Epub ahead of print] **DIRAS2 is Associated with Adult ADHD, Related Traits, and Co-Morbid Disorders.**

Reif A, Nguyen TT, WeiŸflog L, Jacob CP, Romanos M, Renner TJ, Buttenshon HN, Kittel-Schneider S, Gessner A, Weber H, Neuner M, Gross-Lesch S, Zamzow K, Kreiker S, Walitza S, Meyer J, Freitag CM, Bosch R, Casas M, GŸmez N, RibasŸs M, BayŸs M, Buitelaar JK, Kiemeny LA, Kooij JJ, Kan CC, Hoogman M, Johansson S, Jacobsen KK, Knappskog PM, Fasmer OB, Asherson P, Warnke A, Grabe HJ, Mahler J, Teumer A, VŸlzke H, Mors ON, SchŸfer H, Ramos-Quiroga JA, Cormand B, Haavik J, Franke B, Lesch KP.

Source

Department of Psychiatry, Psychiatric Neurobiology and Bipolar Disorder Program, Psychosomatics and Psychotherapy, University of WŸrzburg, WŸrzburg, Germany.

Abstract

Several linkage analyses implicated the chromosome 9q22 region in attention deficit/hyperactivity disorder (ADHD), a neurodevelopmental disease with remarkable persistence into adulthood. This locus contains the brain-expressed GTP-binding RAS-like 2 gene (DIRAS2) thought to regulate neurogenesis. As DIRAS2 is a positional and functional ADHD candidate gene, we conducted an association study in 600 patients suffering from adult ADHD (aADHD) and 420 controls. Replication samples consisted of 1035 aADHD patients and 1381 controls, as well as 166 families with a child affected from childhood ADHD. Given the high degree of co-morbidity with ADHD, we also investigated patients suffering from bipolar disorder (BD) (n=336) or personality disorders (PDs) (n=622). Twelve single-nucleotide polymorphisms (SNPs) covering the structural gene and the transcriptional control region of DIRAS2 were analyzed. Four SNPs and two haplotype blocks showed evidence of association with ADHD, with nominal p-values ranging from

p=0.006 to p=0.05. In the adult replication samples, we obtained a consistent effect of rs1412005 and of a risk haplotype containing the promoter region (p=0.026). Meta-analysis resulted in a significant common OR of 1.12 (p=0.04) for rs1412005 and confirmed association with the promoter risk haplotype (OR=1.45, p=0.0003). Subsequent analysis in nuclear families with childhood ADHD again showed an association of the promoter haplotype block (p=0.02). rs1412005 also increased risk toward BD (p=0.026) and cluster B PD (p=0.031). Additional SNPs showed association with personality scores (p=0.008-0.048). Converging lines of evidence implicate genetic variance in the promoter region of DIRAS2 in the etiology of ADHD and co-morbid impulsive disorders. Neuropsychopharmacology advance online publication, 13 July 2011; doi:10.1038/npp.2011.120.

PMID:

21750579

[PubMed - as supplied by publisher]

[Related citations](#)



22. AIDS Behav. 2011 Jul 12. [Epub ahead of print]

[Psychiatric, Behavioural and Social Risk Factors for HIV Infection Among Female Drug Users.](#)

[Gilchrist G, Blazquez A, Torrens M.](#)

[Source](#)

Substance Use Disorders Research Group, IMIM-Hospital del Mar, Parc de Salut Mar de Barcelona, Barcelona, Spain, G.Gilchrist@greenwich.ac.uk.

[Abstract](#)

Female drug users report greater psychopathology and risk behaviours than male drug users, putting them at greater risk for HIV. This mixed-methods study determined psychiatric, behavioural and social risk factors for HIV among 118 female drug users (27% (32/118) were HIV seropositive) in Barcelona. DSM-IV disorders were assessed using the Spanish Psychiatric Research Interview for Substance and Mental Disorders. 30 participants were interviewed in-depth. In stepwise multiple backward logistic regression, ever injected with a used syringe, antisocial personality disorder, had an HIV seropositive sexual partner and substance-induced major depressive disorder were associated with HIV seropositivity. Qualitative findings illustrate the complex ways in which psychiatric disorders and male drug-using partners interact with these risk factors. Interventions should address all aspects of female drug users' lives to reduce HIV.

PMID:

21748277

[PubMed - as supplied by publisher]

[Related citations](#)

23. J Psychiatr Res. 2011 Jul 8. [Epub ahead of print]

Substance use disorders and comorbid Axis I and II psychiatric disorders among young psychiatric patients: Findings from a large electronic health records database.

Wu LT, Gersing K, Burchett B, Woody GE, Blazer DG.

Source

Department of Psychiatry and Behavioral Sciences, School of Medicine, Duke University Medical Center, Box 3419, Durham, NC 27710, USA.

Abstract

This study examined the prevalence of substance use disorders (SUDs) among psychiatric patients aged 2-17 years in an electronic health records database (N=11,457) and determined patterns of comorbid diagnoses among patients with a SUD to inform emerging comparative effectiveness research (CER) efforts. DSM-IV diagnoses of all inpatients and outpatients at a large university-based hospital and its associated psychiatric clinics were systematically captured between 2000 and 2010: SUD, anxiety (AD), mood (MD), conduct (CD), attention deficit/hyperactivity (ADHD), personality (PD), adjustment, eating, impulse-control, psychotic, learning, mental retardation, and relational disorders. The prevalence of SUD in the 2-12-year age group (n=6210) was 1.6% and increased to 25% in the 13-17-year age group (n=5247). Cannabis diagnosis was the most prevalent SUD, accounting for more than 80% of all SUD cases. Among patients with a SUD (n=1423), children aged 2-12 years (95%) and females (75-100%) showed high rates of comorbidities; blacks were more likely than whites to be diagnosed with CD, impulse-control, and psychotic diagnoses, while whites had elevated odds of having AD, ADHD, MD, PD, relational, and eating diagnoses. Patients with a SUD used more inpatient treatment than patients without a SUD (43% vs. 21%); children, females, and blacks had elevated odds of inpatient psychiatric treatment. Collectively, results add clinical evidence on treatment needs and diagnostic patterns for understudied diagnoses.

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PMID:

21742345

[PubMed - as supplied by publisher]

Related citations

24. Compr Psychiatry. 2011 Jul 7. [Epub ahead of print]

Some suggestions for the DSM-5 schizotypal personality disorder construct.

Hummelen B, Pedersen G, Karterud S.

Source

Department for Research and Education, Division of Mental Health and Addiction, Oslo University Hospital, 0424 Oslo, Norway; Department for Personality Psychiatry, Division of Mental Health and Addiction, Oslo University Hospital, 0424 Oslo, Norway.

Abstract

This study relates to the schizotypal personality disorder (SPD) proposal of the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by investigating the construct validity of SPD as defined by DSM-IV in a large sample of patients from the Norwegian Network of Personality-Focused Treatment Programs (N = 2619), assessed by structured diagnostic interviews and the Longitudinal, Expert All Data standard. We investigated factor structure and psychometric properties of the SPD criteria, as well as co-occurrence patterns between SPD and other PDs. Thirty-six patients were diagnosed with SPD and 513 patients (21%) endorsed at least 2 schizotypal criteria. We found that 2 factors were specific for SPD, a cognitive-perceptual factor (ideas of reference, magical thinking, and unusual perceptual experiences) and an oddness factor (odd thinking and speech, constricted affect, and odd appearance or behavior). The criteria belonging to these factors had appropriate psychometric properties. The criteria of the cognitive-perceptual factor were more strongly associated with borderline personality disorder (PD) than with the other PDs. We did not find support for a consistent factor that reflected interpersonal problems. The criteria that used to be part of this factor (suspiciousness, lack of friends or confidants, and excessive social anxiety) performed poorly as specific SPD criteria. SPD was more strongly associated with antisocial PD and paranoid PD than with the other PDs. We suggest that ideas of reference should be included explicitly under the schizotypal facet of cognitive dysregulation in DSM-5, with less emphasis on the social phobic aspects of this feature. Furthermore, there should be more emphasis on the cognitive aspects of suspiciousness in SPD, and it should be considered to split up the affectivity criterion into constricted affect and inappropriate affect, with the latter type of affect being the expression of problems with intersubjective regulation. Finally, it is suggested that interpersonal dysfunction is secondary to the 2 primary SPD factors. Therefore, the SPD narrative should start by describing eccentricity and cognitive-perceptual aberrations rather than interpersonal difficulties.

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PMID:

21741634

[PubMed - as supplied by publisher]

Related citations



25. J Psychopharmacol. 2011 Jul 5. [Epub ahead of print]

Chronic tiagabine administration and aggressive responding in individuals with a history of substance abuse and antisocial behavior.

Gowin JL, Green CE, Alcorn JL, Swann AC, Moeller FG, Lane SD.

Source

Program in Neuroscience, Graduate School of Biomedical Sciences, University of Texas Health Science Center, Houston, USA.

Abstract

Anticonvulsants, notably those which modulate GABA activity, have shown efficacy in reducing aggressive behavior. Previously, we found dose-related decreases in human aggressive responding following acute tiagabine administration. Here, we examined the effects of chronic tiagabine over a 5-week period. Twelve individuals at increased risk for aggressive and violent behavior (currently on parole/probation with personality and/or substance use disorders) were randomly assigned to placebo (n = 6) or an escalating dose sequence of placebo, 4 mg, 8 mg, 12 mg, placebo (n = 6). Data were analyzed using both frequentist and Bayesian mixed models, evaluating aggressive behavior as a function of time, dose condition, and their interaction. For aggressive responding, there was a significant interaction of drug condition and time. Aggression in the tiagabine condition decreased for each additional week in the study, while participants in the placebo condition failed to demonstrate similar change over time. For monetary-reinforced responding, no drug or drug by time interactions were observed, suggesting specificity of drug effects on aggression. The small number of subjects limits the generality of the findings, and previous studies with tiagabine are limited to acute dosing and case report investigations. However, the present data provide an indication that tiagabine merits further examination as an agent for management of impulsive aggression.

PMID:

21730016

[PubMed - as supplied by publisher]

Related citations



26. Curr Med Chem. 2011 Jul 4. [Epub ahead of print]

Recent Advances in the Treatment of Borderline Personality Disorder.

Bellino S, Rinaldi C, Bozzatello P, Bogetto F.

Source

Centre for Personality Disorders, Unit of Psychiatry 1, Department of Neurosciences, University of Turin, via Cherasco 11, 10126 Turin, Italy. silvio.bellino@unito.it.

Abstract

Borderline Personality Disorder (BPD) is a common disorder in psychiatric practice and drugs are widely used in its treatment, targeting symptom clusters, such as affective dysregulation, impulsive-behavioural dyscontrol, and cognitive-perceptual symptoms. In last period, a growing number of studies on pharmacological treatment of BPD have been performed, but different proposals of treatment guidelines are not completely in accordance on drug indications for BPD patients. This article reviews double-blind randomized controlled trials comparing active drugs versus placebo and drugs versus drugs, published between 1990 and 2010 and focused on the treatment of borderline personality disorder. Different classes of psychoactive agents, such as antipsychotics, mood stabilizers, antidepressants, and dietary supplementation were tested in BPD patients. More recent evidences suggest that mood stabilizers (topiramate, valproate and lamotrigine), second generation antipsychotics (olanzapine and aripiprazole) and omega-3 fatty acids can be useful to treat affective symptoms and impulsive-behavioural dyscontrol in BPD patients. Moreover, antipsychotics significantly improve cognitive symptoms in patients with BPD. SSRIs were found effective in decreasing severity of depressed mood, anxiety and anger, mainly in subjects with a concomitant affective disorder. Effects of antidepressants on impulsive behaviours are uncertain. Further studies are needed to improve methods of trials and confirm these findings.

PMID:

21728970

[PubMed - as supplied by publisher]

Related citations

27. Psychol Aging. 2011 Jul 4. [Epub ahead of print]

[Aging and the structure and long-term stability of the internalizing spectrum of personality and psychopathology.](#)

Eaton NR, Krueger RF, Oltmanns TF.

Abstract

Structural psychopathology research has identified two broad factors-internalizing and externalizing-that account for comorbidity among many common mental disorders. Evaluating the utility of these factors for nosology, research, and treatment entails expanding beyond a cross-sectional understanding to how these factors evolve over time. We tested factorial invariance of internalizing in three age cohort groups-35 years and under (n = 1,729), 36-50 years (n = 2,719), and over 50 years (n = 2,601)-as well as the long-term stability of internalizing within individuals. Internalizing showed a notable degree of invariance between cohorts and within cohorts over time; long-term internalizing stability was equivalently moderate-to-high in each cohort. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21728443

[PubMed - as supplied by publisher]

Related citations

28. J Neuroimmune Pharmacol. 2011 Jul 5. [Epub ahead of print]
Methamphetamine-Associated Psychosis.

Grant KM, Levan TD, Wells SM, Li M, Stoltenberg SF, Gendelman HE, Carlo G, Bevens RA.

Source

Department of Internal Medicine, VA Nebraska-Western Iowa Health Care System,
University of Nebraska Medical Center, Omaha, NE, 68198-5300, USA,
kathleen.grant2@va.gov.

Abstract

Methamphetamine (METH) is a frequent drug of abuse in U.S. populations and commonly associated with psychosis. This may be a factor in frequent criminal justice referrals and lengthy treatment required by METH users. Persecutory delusions and auditory hallucinations are the most consistent symptoms of METH-associated psychosis (MAP). MAP has largely been studied in Asian populations and risk factors have varied across studies. Duration, frequency and amount of use as well as sexual abuse, family history, other substance use, and co-occurring personality and mood disorders are risk factors for MAP. MAP may be unique with its long duration of psychosis and recurrence without relapse to METH. Seven candidate genes have been identified that may be associated with MAP. Six of these genes are also associated with susceptibility, symptoms, or treatment of schizophrenia and most are linked to glutamatergic neurotransmission. Animal studies of pre-pulse inhibition, attenuation of social interaction, and stereotypy and alterations in locomotion are used to study MAP in rodents. Employing various models, rodent studies have identified neuroanatomical and neurochemical changes associated with METH use. Throughout this review, we identify key gaps in our understanding of MAP and suggest potential directions for future research.

PMID:

21728034

[PubMed - as supplied by publisher]

Related citations



1. J Aging Res. 2011;2011:814096. Epub 2011 Sep 26.
Pathways to aging: the mitochondrion at the intersection of biological and psychosocial sciences.

Picard M.

Source

Department of Kinesiology and Physical Education, McGill University, 475 Pine Avenue, Montreal, QC, Canada H2W 1S4.

Abstract

Compelling evidence suggests that both biological and psychosocial factors impact the process of aging. However, our understanding of the dynamic interplay among biological and psychosocial factors across the life course is still fragmentary. For example, it needs to be established how the interaction of individual factors (e.g., genetic and epigenetic endowment and personality), behavioral factors (e.g., physical activity, diet, and stress management), and psychosocial experiences (e.g., social support, well-being, socioeconomic status, and marriage) in perinatal, childhood, and adulthood influence health across the aging continuum. This paper aims to outline potential intersection points serving as an interface between biological and psychosocial factors, with an emphasis on the mitochondrion. Mitochondria are cellular organelles which play a critical role in cellular senescence. Both chronic exposure to psychosocial stress and genetic-based mitochondrial dysfunction have strikingly similar biological consequences; both predispose individuals to adverse age-related health disorders and early mortality. Exploring the interactive nature of the factors resulting in pathways to normal healthy aging, as well as those leading to morbidity and early mortality, will continue to enhance our ability to translate research into effective practices that can be implemented throughout the life course to optimise the aging process.

PMID:

21961065

[PubMed - in process]

Related citations

2. Front Integr Neurosci. 2011;5:57. Epub 2011 Sep 20.

[Male or Female? Brains are Intersex.](#)

Joel D.

Source

Department of Psychology, Tel-Aviv University Tel-Aviv, Israel.

Abstract

The underlying assumption in popular and scientific publications on sex differences in the brain is that human brains can take one of two forms "male" or "female," and that the differences between these two forms underlie differences between men and women in personality, cognition, emotion, and behavior. Documented sex differences in brain structure are typically taken to support this dimorphic view of the brain. However, neuroanatomical data reveal that sex interacts with other factors in utero and throughout life to determine the

structure of the brain, and that because these interactions are complex, the result is a multi-morphic, rather than a dimorphic, brain. More specifically, here I argue that human brains are composed of an ever-changing heterogeneous mosaic of "male" and "female" brain characteristics (rather than being all "male" or all "female") that cannot be aligned on a continuum between a "male brain" and a "female brain." I further suggest that sex differences in the direction of change in the brain mosaic following specific environmental events lead to sex differences in neuropsychiatric disorders.

PMID:

21960961

[PubMed - in process]

Related citations

3. Addict Behav. 2011 Sep 8. [Epub ahead of print]

[Personality and alcohol use: The role of impulsivity.](#)

Shin SH, Hong HG, Jeon SM.

[Source](#)

Boston University School of Social Work, 264 Bay State Road, Boston University, School of Social Work, Boston, MA 02215, United States.

Abstract

Research has shown that personality traits associated with impulsivity influence alcohol use during emerging adulthood, yet relatively few studies have examined how distinct facets of impulsivity are associated with alcohol use and abuse. We examine the influence of impulsivity traits on four patterns of alcohol use including frequency of alcohol use, alcohol-related problems, binge drinking, and alcohol use disorders (AUDs) in a community sample of young individuals (N=190). In multivariate regression analyses that controlled for peer and parental alcohol use, psychological distress, and developmental correlates (i.e., college, marriage, employment) in emerging adulthood, we found that urgency and sensation seeking were consistently related to all four constructs of alcohol use. The present study suggests that distinct impulsivity traits may play different roles in escalation of alcohol use and development of AUDs during emerging adulthood.

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PMID:

21955874

[PubMed - as supplied by publisher]

Related citations

4. Early Hum Dev. 2011 Sep 26. [Epub ahead of print]

[Personality and stress appraisal in adults prenatally exposed to the Dutch famine.](#)

de Rooij SR, Veenendaal MV, Räikkönen K, Roseboom TJ.

Source

Department of Clinical Epidemiology and Biostatistics, Academic Medical Centre, University of Amsterdam, Meibergdreef 9, P.O. Box 22660, 1100DD, Amsterdam, the Netherlands.

Abstract

BACKGROUND:

Previous studies have shown that prenatal exposure to the Dutch famine is associated with an increased risk for several psychiatric disorders. Variation in personality characteristics and in stress appraisal may underlie mental disorders.

AIMS:

To investigate whether prenatal famine exposure is associated with personality characteristics and stress appraisal.

STUDY DESIGN:

Cohort study.

SUBJECTS:

Participants included a total of 572 men and women, born as term singletons in a local hospital in Amsterdam around the time of the 1944-1945 Dutch famine.

OUTCOME MEASURES:

Scores on the Big Five Inventory and the Perceived Stress Scale (PSS).

RESULTS:

There were no statistically significant differences in the personality traits openness, conscientiousness, extraversion, agreeableness and neuroticism or in PSS scores between those unexposed and those exposed to famine during early, mid or late gestation. However, there were statistically significant ($P=0.01$) and borderline significant interactions ($P=0.07$) respectively between exposure to famine during early gestation and sex on conscientiousness and agreeableness. Subsequent analyses showed that men exposed to famine during early gestation had lower conscientiousness scores and women exposed during early gestation had higher agreeableness scores.

CONCLUSIONS:

We conclude that conscientiousness and agreeableness may differ between men and women unexposed and exposed to famine during early gestation. As evidence was not very robust, future research should confirm the present findings.

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PMID:

21955503

[PubMed - as supplied by publisher]

Related citations

5. Assessment. 2011 Sep 27. [Epub ahead of print]

[The Detection of Feigned Disabilities: The Effectiveness of the Personality Assessment Inventory in a Traumatized Inpatient Sample.](#)

Rogers R, Gillard ND, Wooley CN, Ross CA.

Source

University of North Texas, Denton, TX, USA.

Abstract

Research on feigned mental disorders indicates that severe psychopathology coupled with significant trauma histories often complicate feigning determinations, resulting in inaccuracies on otherwise effective measures. As part of malingering assessments, the Personality Assessment Inventory (PAI) is often used because of its excellent validation and the availability of three feigning indicators (Negative Impression, Malingering Index, and Rogers Discriminant Function), which have evidenced large effect sizes and clinically useful cut scores. The current study examined the effectiveness of the PAI in a traumatized inpatient sample using a between-subjects simulation design. Although Negative Impression appeared affected by trauma-especially in conjunction with dissociative symptoms-very positive results were found for Malingering Index and Rogers Discriminant Function. They remained relatively unelevated under honest conditions, despite posttraumatic stress disorder and extensive comorbidity. Using single-point cut scores provided moderately good classification of feigned and genuine PAI profiles. For purposes of classification, the authors operationally defined small indeterminate groups that were considered too close to classify (i.e., $\pm 5T$ of the cut scores). With indeterminate cases removed, the overall classification rates improved modestly. However, the more important finding involved the error rates for the indeterminate group, which exceeded 50%. Directions for further research are discussed.

PMID:

21954300

[PubMed - as supplied by publisher]

Related citations



6. Acta Obstet Gynecol Scand. 2011 Sep 25. doi: 10.1111/j.1600-0412.2011.01287.x. [Epub ahead of print]

Personality, fear of childbirth and cesarean delivery on demand.

Handelzalts JE, Fisher S, Lurie S, Shalev A, Golan A, Sadan O.

Source

The Academic College of Tel Aviv-Yaffo, Department of Psychology, Tel-Aviv, and Wolfson Medical Center, Depart. of Obstetrics & Gynecology, Holon, Israel.

Abstract

Objectives. To investigate both the psychological traits and demographic factors associated with cesarean section (CS) on maternal demand. **Design.** Cross-sectional questionnaire study. **Setting.** Delivery ward, Edith Wolfson Medical Center, Holon, Israel. **Sample.** 59 healthy primigravida with a singleton pregnancy were recruited during 2009, of whom 28 requested and were delivered by CS without obstetrical indication while 31 opted for spontaneous vaginal delivery. **Methods.** All questionnaires were administered to the two groups at term. Various psychological (Fear of childbirth questionnaire, MCMI-III, Anxiety sensitivity index, State trait Anxiety Index, Social support scale) as well as demographic variables were measured before labor and compared. A priori power calculation yielded power of 95%. **Main outcome measures.** Fear of childbirth, various personality disorders and psychiatric clinical syndromes (29 MCMI-III scales), Anxiety Sensitivity, State Anxiety Index, Social support and demographic variables. **Results.** Differences in age and method of conceiving ($p < 0.001$) were found between groups. The study group reported a higher level of fear of childbirth ($p < 0.001$) but no differences were found in all other personality characteristics measured (29 MCMI-III scales, State trait anxiety, anxiety sensitivity and social support scale). The origin of difference regarding the fear of childbirth was located to two specific statements: "Have you always been afraid of giving birth" and "Have you sometimes thought of the delivery as something unnatural". **Conclusion.** The only psychological variable associated with the choice for CS on maternal request was the fear of childbirth.

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PMID:

21950565

[PubMed - as supplied by publisher]

Related citations



7. J Clin Psychol. 2011 Sep 21. doi: 10.1002/jclp.20835. [Epub ahead of print]

The comorbidity of anger symptoms with personality disorders in psychiatric outpatients.

Digiuseppe R, McDermut W, Unger F, Fuller JR, Zimmerman M, Chelminski I.

Source

St. John's University.

Abstract

Objectives: Although many psychiatric disorders are "emotional" disorders, no disorders exist for which dysfunctional anger is a necessary feature. This study examined whether dysfunctional anger could be considered a diagnosis independent from Personality Disorders. **Design:** We analyzed data on 1,158 psychiatric outpatients who underwent a semi-structured interview for Axis II disorders and ascertained the co-occurrence of dysfunctional anger and Personality Disorders. **Results:** The overlap between dysfunctional anger and all Personality Disorders was low. Data analyses showed dysfunctional anger was not well accounted for by Axis II diagnoses. **Conclusions:** Dysfunctional anger can be viewed by researchers and clinicians as an independent diagnostic entity. The implications of these results for the diagnosis and treatment of patients with anger symptoms is discussed. © 2011 Wiley Periodicals, Inc. J Clin Psychol: 67:1-11, 2011.

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PMID:

21948109

[PubMed - as supplied by publisher]

Related citations



8. J Neurol. 2011 Sep 23. [Epub ahead of print]

The Munich Diagnostic and Predictor Study of Dizziness: objectives, design, and methods.

Lahmann C, Henningsen P, Dieterich M, Feuerecker R, Cyran CA, Schmid G.

Source

Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technische Universität München, Langerstr. 3, 81675, Munich, Germany, lahmann@tum.de.

Abstract

This report describes the objectives, design, and methods of the Munich Diagnostic and Predictor Study of Dizziness, a prospective study investigating diagnostic subgroups, correlates, and predictors of dizziness that is not sufficiently explained medically but clearly related to a psychiatric disorder. All patients presenting at the Integrated Centre for Research and Treatment of Vertigo, Balance and Ocular Motor Disorders at the University Hospital Großhadern in Munich, Germany, are investigated during their first-time visit. The study

consists of a baseline and two follow-up assessment points at 6 and 12 months. At the baseline assessment point, all participants complete self-rated questionnaires concerning dizziness, depression, anxiety, dissociative and traumatic experiences, somatization, body sensations and perception, cognitions, attachment, personality, quality of life and experiences with the health care system. Additionally, a structured clinical interview is conducted to assess mental disorders. Then, the neurologists complete questionnaires regarding the subjective doctor-patient relationship and to document the somatic diagnoses and results. The follow-up measurements consist of self-rated questionnaires. This study aims to improve the diagnosis and treatment of patients who suffer from dizziness related to a psychiatric disorder and who are often severely impaired in their working and daily lives.

PMID:

21947225

[PubMed - as supplied by publisher]

Related citations



9. Psychol Assess. 2011 Sep 26. [Epub ahead of print]

[Correction to Witt et al. \(2010\).](#)

[No authors listed]

Abstract

Reports an error in "Psychometric characteristics and clinical correlates of NEO-PI-R fearless dominance and impulsive antisociality in the Collaborative Longitudinal Personality Disorders Study" by Edward A. Witt, Christopher J. Hopwood, Leslie C. Morey, John C. Markowitz, Thomas H. McGlashan, Carlos M. Grilo, Charles A. Sanislow, M. Tracie Shea, Andrew E. Skodol, John G. Gunderson and M. Brent Donnellan (Psychological Assessment, 2010[Sep], Vol 22[3], 559-568). The Appendix should have read: Fearless Dominance: 7*, 11, 16*, 37, 46, 71, 72, 102*, 127*, 132, 144, 152, 162*, 166, 192, 227, 232 Impulsive Antisociality: 14, 30, 44*, 45, 50*, 60*, 65*, 66, 95, 99, 159, 169, 189, 201, 205, 229, 240* * Indicates a reverse-scored item (based on original item content). NEO-PI-R = NEO Personality Inventory-Revised (Costa & McCrae, 1992). (The following abstract of the original article appeared in record 2010-18043-008.) This study evaluates the validity of derived measures of the psychopathic personality traits of Fearless Dominance and Impulsive Antisociality from the NEO Personality Inventory-Revised (NEO-PI-R; Costa & McCrae, 1992) using data from the Collaborative Longitudinal Personality Disorders Study (baseline N = 733). These 3 issues were examined: (a) the stability of the measures over a 10-year interval, (b) their criterion-related validity, and (c) their incremental validity relative to an alternative NEO-PI-R profile-rating approach for assessing psychopathy.

NEO-PI-R Fearless Dominance and Impulsive Antisociality scales were relatively stable across 10 years and demonstrated differential associations with measures of personality pathology and psychopathology generally consistent with past research and theoretical considerations. Moreover, these measures demonstrated an appreciable degree of incremental validity over the NEO-PI-R profile-rating approach. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21942231

[PubMed - as supplied by publisher]

[Related citations](#)

10. Psychol Assess. 2011 Sep 26. [Epub ahead of print]

[Determination of emotional endophenotypes: A validation of the affective neuroscience personality scales and further perspectives.](#)

[Pingault JB , Pougat L, Grèzes J, Berthoz S.](#)

[Abstract](#)

The study of endophenotypes, notably with configured self-reports, represents a promising research pathway to overcome the limits of a syndromal approach of psychiatric diseases. The Affective Neuroscience Personality Scales (ANPS) is a self-report questionnaire, based on neuroethological considerations, that could help to assess emotional endophenotypes related to the activity in 6 core cerebral emotional systems (FEAR, ANGER, SADNESS, CARING, PLAYFULNESS, SEEKING). We further investigated its psychometric properties among 830 young adults and showed that they were satisfactory. As participants also completed several other self-reports that shared potential traits with the ANPS, we offer new validity evidence based on relations to other variables. We also provide additional evidence to consider that the ANPS scores can be validly interpreted for the characterization of emotional endophenotypes involved in a variety of psychiatric disorders. On the grounds of present results, of previous clinical studies, as well as some preliminary neuroimaging findings, we discuss new steps in the ANPS validation. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21942230

[PubMed - as supplied by publisher]

[Related citations](#)

11. Brain Res Bull. 2011 Sep 8. [Epub ahead of print]

[Effects of BDNF polymorphisms on brain function and behavior in health and disease.](#)

[Hong CJ, Liou YJ, Tsai SJ.](#)

Source

Department of Psychiatry, Taipei Veterans General Hospital, Taipei, Taiwan; School of Medicine, National Yang-Ming University, Taipei, Taiwan; Institute of Brain Science, National Yang-Ming University, Taipei, Taiwan.

Abstract

Brain-derived neurotrophic factor (BDNF), the most abundant neurotrophin in the brain, serves an important role during brain development and in synaptic plasticity. Given its pleiotropic effects in the central nervous system, BDNF has been implicated in cognitive function and personality development as well as the pathogenesis of various psychiatric disorders. Thus, BDNF is considered an attractive candidate gene for the study of healthy and diseased brain function and behaviors. Over the past decade, many studies have tested BDNF genetic association, particularly its functional Val66Met polymorphism, with psychiatric diseases, personality disorders, and cognitive function. Although many reports indicated a possible role for BDNF genetic effects in mental problems or brain function, other reports were unable to replicate the findings. The conflicting results in BDNF genetic studies may result from confounding factors such as age, gender, other environmental factors, sample size, ethnicity and phenotype assessment. Future studies with more homogenous populations, well-controlled confounding factors, and well-defined phenotypes are needed to clarify the BDNF genetic effects on mental diseases and human behaviors.

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PMID:

21924328

[PubMed - as supplied by publisher]

Related citations



12. J Consult Clin Psychol. 2011 Oct;79(5):697-706.

Effects of transference work in the context of therapeutic alliance and quality of object relations.

Høglend P, Hersoug AG, Bøggwald KP, Amlo S, Marble A, Sørbye O, Røssberg JI, Ulberg R, Gabbard GO, Crits-Christoph P.

Source

Department of Psychiatry.

Abstract

Objective: Transference interpretation is considered as a core active ingredient in dynamic psychotherapy. In common clinical theory, it is maintained that more mature relationships, as

well as a strong therapeutic alliance, may be prerequisites for successful transference work. In this study, the interaction between quality of object relations, transference interpretation, and alliance is estimated. Method: One hundred outpatients seeking psychotherapy for depression, anxiety, and personality disorders were randomly assigned to 1 year of weekly sessions of dynamic psychotherapy with transference interpretation or to the same type and duration of treatment, but without the use of transference interpretation. Quality of Object Relations (QOR)-lifelong pattern was evaluated before treatment (P. Høglend, 1994). The Working Alliance Inventory (A. O. Horvath & L. S. Greenberg, 1989; T. J. Tracey & A. M. Kokotovic, 1989) was rated in Session 7. The primary outcome variable was the Psychodynamic Functioning Scales (P. Høglend et al., 2000), measured at pretreatment, posttreatment, and 1 year after treatment termination. Results: A significant Treatment Group \times Quality of Object Relations \times Alliance interaction was present, indicating that alliance had a significantly different impact on effects of transference interpretation, depending on the level of QOR. The impact of transference interpretation on psychodynamic functioning was more positive within the context of a weak therapeutic alliance for patients with low quality of object relations. For patients with more mature object relations and high alliance, the authors observed a negative effect of transference work. Conclusion: The specific effects of transference work was influenced by the interaction of object relations and alliance, but in the direct opposite direction of what is generally maintained in mainstream clinical theory. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21859184

[PubMed - in process]

Related citations



13. J Psychiatr Res. 2011 Oct;45(10):1395-403. Epub 2011 Jun 17.

[Trajectory and predictors of depression in a 12-month prospective study after the Madrid March 11 terrorist attacks.](#)

[Salguero JM, Cano-Vindel A, Iruarrizaga I, Fernández-Berrocal P, Galea S.](#)

[Source](#)

Faculty of Psychology, University of Malaga, Campus de Teatinos S/N, 29071 Malaga, Spain.

[Abstract](#)

[BACKGROUND:](#)

Few longitudinal studies have examined the trajectory of and the risk factors for depression in a representative sample of the population exposed to terrorism. A 12 month prospective study was conducted among a sample of Madrid city residents after the March 11, 2004

terrorist attacks. We aimed to document the trajectories of depressive symptoms and determine the risk factors associated with these trajectories.

METHODS:

We conducted telephone surveys among a representative sample of Madrid citizens (N = 1589) to recruit baseline respondents approximately 1 month after the March 11 terrorist attacks. Participants were re-contacted at 6 and 12 months after baseline for further telephone interviews.

RESULTS:

Findings reveal heterogeneity in the longitudinal trajectories of depression ranging from the absence of depressive symptoms over time, to transient or chronic depression. Life and recent stressors, experiencing direct exposure to the attacks, personality traits, poor physical health and other psychological disorders were principally associated with a worse trajectory of depression after this event.

CONCLUSIONS:

Consistent with a stress diathesis model, ongoing stressors and intense event exposure are key drivers of a chronic depression trajectory after a mass traumatic event.

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PMID:

21683961

[PubMed - in process]

Related citations



14. Nicotine Tob Res. 2011 Oct;13(10):887-93. Epub 2011 May 26.

[Duration of smoking abstinence and suicide-related outcomes.](#)

Berlin I, [Covey LS](#), [Donohue MC](#), [Agostiv V](#).

Source

Département de Pharmacologie, Hôpital Pitié-Salpêtrière, 47, bd de l'Hôpital, 75013 Paris, France. ivan.berlin@psl.aphp.fr.

Abstract

Objective: To investigate the association between suicide-related outcomes (SROs: wish to die, suicidal thoughts, and attempted suicide) and duration of smoking abstinence.

METHODS: The National Epidemiologic Survey on Alcohol and Related Conditions Wave 1 is a face-to-face survey of a representative sample of the U.S. adult population (N =

43,093). Analyses were done for a subsample of individuals (N = 13,691) who reported ever smoking, at least 2 weeks of lifetime depressed mood and SROs. Duration of abstinence was categorized as 1-24 hr (reference), 1 day to 12 months, and longer than 12 months.

RESULTS: Univariate analyses showed significant demographic associations (positive: female gender and being widowed/divorced/separated; negative: age and household income) with SROs. SROs were positively associated with major psychiatric disorders (dysthymia, major depression, generalized anxiety disorders, antisocial personality disorder, nicotine dependence, and alcohol abuse/dependence). Logistic regression showed that nonsmoking for more than a year compared with less than 24 hr (nonabstinence) was significantly associated with reduced risk for wish to die (odds ratio [OR]: 0.56, 95% CI: 0.49-0.65), suicidal thoughts (OR: 0.54, 95% CI: 0.48-0.62), and attempted suicide (OR: 0.32, 95% CI: 0.26-0.41). With adjustments for lifetime psychiatric disorders, duration of abstinence was no longer significantly associated with the SROs. **Conclusions:** In the sample of ever-smokers with lifetime depressed mood, an apparent protective effect of increased duration of smoking abstinence on susceptibility to suicidal behavior was neutralized by the presence of psychiatric disorders. The causal direction of these relationships is unclear, and these cross-sectional findings need confirmation in future prospective studies.

PMID:

21622494

[PubMed - in process]

Related citations



15. Br J Pharmacol. 2011 Oct;164(4):1301-21. doi: 10.1111/j.1476-5381.2011.01323.x.

The utility of rat models of impulsivity in developing pharmacotherapies for impulse control disorders.

Winstanley CA.

Source

Department of Psychology, University of British Columbia, Vancouver, BC, Canada.

Abstract

High levels of impulsive behaviours are a clinically significant symptom in a range of psychiatric disorders, such as attention deficit hyperactivity disorder, bipolar disorder, personality disorders, pathological gambling and substance abuse. Although often measured using questionnaire assessments, levels of different types of impulsivity can also be determined using behavioural tests. Rodent analogues of these paradigms have been developed, and similar neural circuitry has been implicated in their performance in both humans and rats. In the current review, the methodology underlying the measurement of different aspects of impulsive action and choice are considered from the viewpoint of drug development, with a focus on the continuous performance task (CPT), stop-signal task (SST), go/no-go and delay-discounting paradigms. Current issues impeding translation between animal and human studies are identified, and comparisons drawn between the acute

effects of dopaminergic, noradrenergic and serotonergic compounds across species. Although the field could benefit from a more systematic determination of different pharmacological agents across paradigms, there are signs of strong concordance between the animal and human data. However, the type of impulsivity measured appears to play a significant role, with the SST and delay discounting providing more consistent effects for dopaminergic drugs, while the CPT and SST show better predictive validity so far for serotonergic and noradrenergic compounds. Based on the available data, it would appear that these impulsivity models could be used more widely to identify potential pharmacotherapies for impulse control disorders. Novel targets within the glutamatergic and serotonergic system are also suggested. **LINKED ARTICLES** This article is part of a themed issue on Translational Neuropharmacology. To view the other articles in this issue visit <http://dx.doi.org/10.1111/bph.2011.164.issue-4>.

© 2011 The Author. British Journal of Pharmacology © 2011 The British Pharmacological Society.

PMID:

21410459

[PubMed - in process]

Related citations



16. J Clin Psychiatry. 2011 Sep 6. [Epub ahead of print]

[Epidemiology of major depression with atypical features : results from the National Epidemiologic Survey on Alcohol and Related Conditions \(NESARC\).](#)

Blanco C, Vesga-López O, Stewart JW, Liu SM, Grant BF, Hasin DS.

Source

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

Abstract

OBJECTIVE:

To examine prevalence, correlates, comorbidity and treatment-seeking among individuals with a lifetime major depressive episode (MDE) with and without atypical features.

METHOD:

Data were derived from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions, a large cross-sectional survey of a representative sample (N = 43,093) of the US population that assessed psychiatric disorders using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version (AUDADIS-IV). Comparison

groups were defined based on the presence or absence of hypersomnia or hyperphagia in individuals who met criteria for lifetime DSM-IV MDE.

RESULTS:

The presence of atypical features during an MDE was associated with greater rates of lifetime psychiatric comorbidity, including alcohol abuse, drug dependence, dysthymia, social anxiety disorder, specific phobia, and any personality disorder (all P values < .05), except antisocial personality disorder, than MDE without atypical features. Compared with the latter group, MDE with atypical features was associated with female gender, younger age at onset, more MDEs, greater episode severity and disability, higher rates of family history of depression, bipolar I disorder, suicide attempts, and larger mental health treatment-seeking rates (all P values < .05).

CONCLUSIONS:

Our data provide further evidence for the clinical significance and validity of this depressive specifier. Based on the presence of any of the 2 reversed vegetative symptoms during an MDE, most of the commonly cited validators of atypical depression were confirmed in our study. Major depressive episode with atypical features may be more common, severe, and impairing than previously documented.

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PMID:

21939615

[PubMed - as supplied by publisher]

Related citations



17. Psychol Med. 2011 Sep 23:1-18. [Epub ahead of print]

Categories versus dimensions in personality and psychopathology: a quantitative review of taxometric research.

Haslam N, Holland E, Kuppens P.

Source

Department of Psychology, University of Melbourne, Parkville, Victoria, Australia.

Abstract

Taxometric research methods were developed by Paul Meehl and colleagues to distinguish between categorical and dimensional models of latent variables. We have conducted a comprehensive review of published taxometric research that included 177 articles, 311 distinct findings and a combined sample of 533 377 participants. Multilevel logistic regression analyses have examined the methodological and substantive variables associated

with taxonic (categorical) findings. Although 38.9% of findings were taxonic, these findings were much less frequent in more recent and methodologically stronger studies, and in those reporting comparative fit indices based on simulated comparison data. When these and other possible confounds were statistically controlled, the true prevalence of taxonic findings was estimated at 14%. The domains of normal personality, mood disorders, anxiety disorders, eating disorders, externalizing disorders, and personality disorders (PDs) other than schizotypal yielded little persuasive evidence of taxa. Promising but still not definitive evidence of psychological taxa was confined to the domains of schizotypy, substance use disorders and autism. This review indicates that most latent variables of interest to psychiatrists and personality and clinical psychologists are dimensional, and that many influential taxonic findings of early taxometric research are likely to be spurious.

PMID:

21939592

[PubMed - as supplied by publisher]

Related citations



18. Expert Opin Pharmacother. 2011 Sep 20. [Epub ahead of print]

[Off-label use of atypical antipsychotics in personality disorders.](#)

Rosenbluth M, Sinyor M.

Source

University of Toronto , Department of Psychiatry , 825 Coxwell Avenue, Toronto, ON M4C 3E7 , Canada +1 416 469 6298 ; +1 416 469 6805 ; mrose@tegh.on.ca.

Abstract

Introduction: Personality disorders are among the most persistent and challenging disorders to treat within psychiatry. There is emerging evidence that some personality disorders, particularly borderline personality disorder and, to a lesser extent, schizotypal personality disorder, may benefit from treatment with atypical antipsychotics as well as mood stabilizers. This review examines the evidence for atypical antipsychotics for personality disorders and discusses strengths and limitations of this approach. Areas covered: Searches of Medline and PsycInfo yielded 57 articles related to use of atypical antipsychotics for treatment of personality disorders. Most were relatively small randomized, controlled trials examining atypical antipsychotics for borderline personality disorder; however, the search also yielded two Cochrane reviews examining pharmacotherapy for borderline personality disorder and antisocial personality disorder as well as three other meta-analyses. **Expert opinion:** There is some evidence that atypical antipsychotics are effective for treating symptom domains in personality disorders, in particular psychotic-like symptoms, impulsivity, aggression and anger. There is no evidence that they improve overall illness severity. Given the high rate of comorbidity between personality disorders and axis I disorders, atypical antipsychotics are best used when these symptom domains are prominent and there is a comorbid axis I condition for which an atypical antipsychotic is indicated.

PMID:

21933032

[PubMed - as supplied by publisher]

Related citations



19. Eur Neuropsychopharmacol. 2011 Sep 14. [Epub ahead of print]

Cost of disorders of the brain in Europe 2010.

Gustavsson A, Svensson M, Jacobi F, Allgulander C, Alonso J, Beghi E, Dodel R, Ekman M, Faravelli C, Fratiglioni L, Gannon B, Jones DH, Jennum P, Jordanova A, Jönsson L, Karampampa K, Knapp M, Kobelt G, Kurth T, Lieb R, Linde M, Ljungcrantz C, Maercker A, Melin B, Moscarelli M, Musayev A, Norwood F, Preisig M, Pugliatti M, Rehm J, Salvador-Carulla L, Schlehofer B, Simon R, Steinhausen HC, Stovner LJ, Vallat JM, den Bergh PV, van Os J, Vos P, Xu W, Wittchen HU, Jönsson B, Olesen J; on behalf of the CDBE2010 study group.

Source

OptumInsight, Stockholm, Sweden.

Abstract

BACKGROUND:

The spectrum of disorders of the brain is large, covering hundreds of disorders that are listed in either the mental or neurological disorder chapters of the established international diagnostic classification systems. These disorders have a high prevalence as well as short- and long-term impairments and disabilities. Therefore they are an emotional, financial and social burden to the patients, their families and their social network. In a 2005 landmark study, we estimated for the first time the annual cost of 12 major groups of disorders of the brain in Europe and gave a conservative estimate of €386billion for the year 2004. This estimate was limited in scope and conservative due to the lack of sufficiently comprehensive epidemiological and/or economic data on several important diagnostic groups. We are now in a position to substantially improve and revise the 2004 estimates. In the present report we cover 19 major groups of disorders, 7 more than previously, of an increased range of age groups and more cost items. We therefore present much improved cost estimates. Our revised estimates also now include the new EU member states, and hence a population of 514million people.

AIMS:

To estimate the number of persons with defined disorders of the brain in Europe in 2010, the total cost per person related to each disease in terms of direct and indirect costs, and an estimate of the total cost per disorder and country.

METHODS:

The best available estimates of the prevalence and cost per person for 19 groups of disorders of the brain (covering well over 100 specific disorders) were identified via a systematic review of the published literature. Together with the twelve disorders included in 2004, the following range of mental and neurologic groups of disorders is covered: addictive disorders, affective disorders, anxiety disorders, brain tumor, childhood and adolescent disorders (developmental disorders), dementia, eating disorders, epilepsy, mental retardation, migraine, multiple sclerosis, neuromuscular disorders, Parkinson's disease, personality disorders, psychotic disorders, sleep disorders, somatoform disorders, stroke, and traumatic brain injury. Epidemiologic panels were charged to complete the literature review for each disorder in order to estimate the 12-month prevalence, and health economic panels were charged to estimate best cost-estimates. A cost model was developed to combine the epidemiologic and economic data and estimate the total cost of each disorder in each of 30 European countries (EU27+Iceland, Norway and Switzerland). The cost model was populated with national statistics from Eurostat to adjust all costs to 2010 values, converting all local currencies to Euro, imputing costs for countries where no data were available, and aggregating country estimates to purchasing power parity adjusted estimates for the total cost of disorders of the brain in Europe 2010.

RESULTS:

The total cost of disorders of the brain was estimated at €798billion in 2010. Direct costs constitute the majority of costs (37% direct healthcare costs and 23% direct non-medical costs) whereas the remaining 40% were indirect costs associated with patients' production losses. On average, the estimated cost per person with a disorder of the brain in Europe ranged between €285 for headache and €30,000 for neuromuscular disorders. The European per capita cost of disorders of the brain was €1550 on average but varied by country. The cost (in billion €PPP 2010) of the disorders of the brain included in this study was as follows: addiction: €65.7; anxiety disorders: €74.4; brain tumor: €5.2; child/adolescent disorders: €21.3; dementia: €105.2; eating disorders: €0.8; epilepsy: €13.8; headache: €43.5; mental retardation: €43.3; mood disorders: €113.4; multiple sclerosis: €14.6; neuromuscular disorders: €7.7; Parkinson's disease: €13.9; personality disorders: €27.3; psychotic disorders: €93.9; sleep disorders: €35.4; somatoform disorder: €21.2; stroke: €64.1; traumatic brain injury: €33.0. It should be noted that the revised estimate of those disorders included in the previous 2004 report constituted €477billion, by and large confirming our previous study results after considering the inflation and population increase since 2004. Further, our results were consistent with administrative data on the health care expenditure in Europe, and comparable to previous studies on the cost of specific disorders in Europe. Our estimates were lower than comparable estimates from the US.

DISCUSSION:

This study was based on the best currently available data in Europe and our model enabled extrapolation to countries where no data could be found. Still, the scarcity of data is an important source of uncertainty in our estimates and may imply over- or underestimations in

some disorders and countries. Even though this review included many disorders, diagnoses, age groups and cost items that were omitted in 2004, there are still remaining disorders that could not be included due to limitations in the available data. We therefore consider our estimate of the total cost of the disorders of the brain in Europe to be conservative. In terms of the health economic burden outlined in this report, disorders of the brain likely constitute the number one economic challenge for European health care, now and in the future. Data presented in this report should be considered by all stakeholder groups, including policy makers, industry and patient advocacy groups, to reconsider the current science, research and public health agenda and define a coordinated plan of action of various levels to address the associated challenges.

RECOMMENDATIONS:

Political action is required in light of the present high cost of disorders of the brain. Funding of brain research must be increased; care for patients with brain disorders as well as teaching at medical schools and other health related educations must be quantitatively and qualitatively improved. The current move of the pharmaceutical industry away from brain related indications must be halted and reversed. Continued research into the cost of the many disorders not included in the present study is warranted. It is essential that not only the EU but also the national governments forcefully support these initiatives.

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PMID:

21924589

[PubMed - as supplied by publisher]

Related citations



20. Psychol Med. 2011 Sep 13:1-11. [Epub ahead of print]

[Dysfunctional cognitions in personality pathology: the structure and validity of the Personality Belief Questionnaire.](#)

Fournier JC, Derubeis RJ, Beck AT.

Source

Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.

Abstract

BACKGROUND:

This study examines the structure of the Personality Belief Questionnaire (PBQ), a self-report instrument designed to assess dysfunctional beliefs associated with personality pathology, as proposed by the cognitive theory of personality dysfunction. **Method** The PBQ

was examined using exploratory factor analysis (EFA) with responses from 438 depressed out-patients, and confirmatory factor analysis (CFA) with responses from 683 treatment-seeking psychiatric out-patients. All participants were assessed for personality disorder (PD) using a standard clinical interview. The validity of the resulting factor structure was assessed in the combined sample (n=1121) by examining PBQ scores for patients with and without PD diagnoses.

RESULTS:

Exploratory and confirmatory analyses converged to indicate that the PBQ is best described by seven empirically identified factors: six assess dysfunctional beliefs associated with forms of personality pathology recognized in DSM-IV. Validity analyses revealed that those diagnosed with a PD evidenced a higher average score on all factors, relative to those without these disorders. Subsets of patients diagnosed with specific DSM-IV PDs scored higher, on average, on the factor associated with their respective diagnosis, relative to all other factors.

CONCLUSIONS:

The pattern of results has implications for the conceptualization of personality pathology. To our knowledge, no formal diagnostic or assessment system has yet systematically incorporated the role of dysfunctional beliefs into its description of personality pathology. The identification of dysfunctional beliefs may not only aid in case conceptualization but also may provide unique targets for psychological treatment. Recommendations for future personality pathology assessment systems are provided.

PMID:

21910933

[PubMed - as supplied by publisher]

Related citations



21. Schizophr Res. 2011 Sep 8. [Epub ahead of print]

[Pathways to psychosis: Help-seeking behavior in the prodromal phase.](#)

Rietdijk J, Hogerzeil SJ, van Hemert AM, Cuijpers P, Linszen DH, van der Gaag M.

Source

Parnassia Psychiatric Institute, Prinsegracht 63, 2512EX, The Hague, The Netherlands; VU University Amsterdam and EMGO+ Institute of Health and Care Research Amsterdam, Department of Clinical Psychology, Van der Boeorchstraat 1, 1081 BT, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

Knowledge of pathways to care by help-seeking patients prior to the onset of psychosis may help to improve the identification of at-risk patients. This study explored the history of help-seeking behavior in secondary mental health care services prior to the onset of the first episode of psychosis.

METHOD:

The psychiatric case register in The Hague was used to identify a cohort of 1753 people in the age range of 18-35 at first contact who developed a psychotic disorder in the period from 1 January 2005 to 31 December 2009. We retrospectively examined the diagnoses made at first contact with psychiatric services.

RESULTS:

985 patients (56.2%) had been treated in secondary mental health services prior to the onset of psychosis. The most common disorders were mood and anxiety disorders (N=385 (39.1%)) and substance use disorders (N=211 (21.4%)). Affective psychoses were more often preceded by mood/anxiety disorders, while psychotic disorder NOS was more often preceded by personality disorder or substance abuse. The interval between first contact and first diagnosis of psychosis was approximately 69months in cases presenting with mood and anxiety disorders and 127months in cases presenting with personality disorders.

DISCUSSION:

This study confirms the hypothesis that the majority of patients with psychotic disorders had been help-seeking for other mental disorders in the secondary mental health care prior to the onset of psychosis.

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PMID:

21907547

[PubMed - as supplied by publisher]

Related citations



22. Drug Alcohol Depend. 2011 Sep 8. [Epub ahead of print]

[The impact of borderline personality disorder on residential substance abuse treatment dropout among men.](#)

Tull MT, Gratz KL.

Source

Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, 2500 North State Street, Jackson, MS 39216, USA.

Abstract

BACKGROUND:

Research is increasingly focusing on identifying factors distinguishing patients who complete vs. dropout of residential substance abuse treatment. One potentially relevant factor that has received relatively little attention is borderline personality disorder (BPD).

METHODS:

This study sought to examine the effect of BPD on residential substance abuse treatment dropout within a sample of 159 male patients with substance use disorders-a population often understudied with regard to BPD and at high-risk for treatment dropout. Patients were administered a structured diagnostic interview to establish BPD diagnoses. Patients were then followed throughout the course of residential substance abuse treatment to identify those who completed treatment and those who prematurely dropped out of treatment.

RESULTS:

Patients with BPD were significantly more likely to prematurely dropout of treatment, and this finding remained even when taking into account relevant covariates (i.e., court-ordered treatment status, contract duration, and major depressive disorder). Further, patients with BPD were more likely to experience center-initiated dropout as opposed to voluntary withdrawal from treatment.

CONCLUSIONS:

These findings add to the literature on BPD-SUD co-occurrence, suggesting that the presence of co-occurring BPD among male SUD patients may increase the risk for dropout from residential substance abuse treatment, necessitating targeted interventions focused on decreasing dropout within this patient subgroup.

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PMID:

21907503

[PubMed - as supplied by publisher]

Related citations



23. Int J Law Psychiatry. 2011 Sep 8. [Epub ahead of print]
[Courts' misplaced confidence in psychiatric diagnoses.](#)

Mellsop GW, Fraser D, Tapsell R, Menkes DB.

[Source](#)

Waikato Clinical School of the University of Auckland, New Zealand.

[Abstract](#)

In considering psychiatric evidence, criminal justice systems make considerable use of labels from official psychiatric classificatory systems. There are legislated requirements for psychological and/or behavioural phenomena to be addressed in legal tests, however medico-legal use of the current categorical diagnostic frameworks which are increasingly complex is difficult to justify. The lack of validity in large domains of the present classificatory systems is now more openly acknowledged, prompting a critical rethink. Illustrative examples include post-traumatic stress disorder, various personality disorders, and dissociative identity disorder. It follows that the Courts' faith in the present categorical classifications (e.g., DSMIV and ICD10) is misplaced and may be ultimately unhelpful to the administration of justice.

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PMID:

21907412

[PubMed - as supplied by publisher]

[Related citations](#)



24. Int J Law Psychiatry. 2011 Sep 7. [Epub ahead of print]
[Diagnosis of antisocial personality disorder and criminal responsibility.](#) Spaans M, Barendregt M, Haan B, Nijman H, de Beurs E.

[Source](#)

**Netherlands Institute for Forensic
Psychiatry and Psychology (NIFP),
Department of Research and Development,
The Netherlands.**

Abstract

The present study empirically investigates whether personality disorders and psychopathic traits in criminal suspects are reasons for diminished criminal responsibility or enforced treatment in high security hospitals. Recently, the tenability of the claim that individuals with personality disorders and psychopathy can be held fully responsible for crimes has been questioned on theoretical bases. According to some interpretations, these disorders are due to cognitive, biological and developmental deficits that diminish the individual's accountability. The current article presents two studies among suspects of serious crimes under forensic evaluation in a Dutch forensic psychiatric observation clinic. The first study examined how experts weigh personality disorders in their conclusions as far as the degree of criminal responsibility and the need for enforced forensic psychiatric treatment are

concerned (n=843). The second study investigated associations between PCL-R scores and experts' responsibility and treatment advisements (n=108). The results suggest that in Dutch forensic practice, the presence of a personality disorder decreased responsibility and led to an advice for enforced forensic treatment. Experts also take characteristics of psychopathy concerning impulsivity and (ir)responsibility into consideration when judging criminal accountability. Furthermore, they deem affective deficiencies sufficiently important to indicate suspects' threat to society or dangerousness and warrant a need for forensic treatment.

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PMID:

21903271

[PubMed - as supplied by publisher]

[Related citations](#)



25. J Am Acad Psychoanal Dyn Psychiatry. 2011 Fall;39(3):499-523.

[The partnership of psychoanalysis and psychiatry in the treatment of psychosis and borderline States: its evolution in north america.](#)

Lothane Z.

[Source](#)

Clinical Professor of Psychiatry, Mount Sinai School of Medicine, New York City.

[Abstract](#)

Abstract The history of psychiatry is about two hundred years old and that of psychoanalysis more than a hundred, with an important anniversary of the latter in 2011. Freud renewed and humanized psychiatry by enriching its static descriptive method with the new dynamic and interpretive discoveries of psychoanalysis. Freud's innovations, while developed in Europe, were integrated into psychiatry briefly by the Swiss School but mainly in the United States. After many years of fruitful collaboration psychiatry and psychoanalysis seemed to part company in the U.S. in the last few decades. However, the tradition of combining psychiatric care with dynamic principles is still considered valid in the treatment of psychoses and severe personality disorders.

PMID:

21902509

[PubMed - in process]

Related citations



26. Early Interv Psychiatry. 2011 Sep 6. doi: 10.1111/j.1751-7893.2011.00293.x. [Epub ahead of print]

[Adolescent attention deficit hyperactivity disorder and susceptibility to psychosis in adulthood: a review of the literature and a phenomenological case report.](#)

Jandl M, Steyer J, Kaschka WP.

[Source](#)

Department of Psychiatry and Psychotherapy I, University Hospital Ulm, Ravensburg, Germany.

[Abstract](#)

Aim: In contrast to affective disorders, some forms of personality disorders and drug addiction, schizophrenia is commonly not considered to be a sequela of attention deficit hyperactivity disorder. However, attention deficit hyperactivity disorder and the prodromal stages of schizophrenia spectrum disorders do exhibit a number of common central features. To facilitate the early treatment of schizophrenic symptoms, the detection of discrete and subtle alterations in the prodromal stages of incipient psychoses is particularly important.

Methods: We review the literature on the prodromal symptoms of psychosis and present a case report, in which a phenomenological approach was used to identify subtle alterations linked to anomalous self-experience. Results: Using the Examination of Anomalous Self-Experience symptom checklist, the case report presented here reveals attention deficit hyperactivity disorder symptoms in adolescence as a precursor state of psychosis in adulthood. Conclusions: The characteristics of this schizophrenia spectrum disorder case and its time course are derived from the specific distribution pattern of Examination of Anomalous Self-Experience items. When treating adolescent attention deficit hyperactivity disorder patients, the rare possibility of the development of schizophrenia spectrum disorder from attention deficit hyperactivity disorder like symptoms should be kept in mind.

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PMID:

21895990

[PubMed - as supplied by publisher]

Related citations



1. Med Sci Monit. 2011 Oct 26;17(11):CR669-675.

[The relationship of pathological gambling to criminality behavior in a sample of Polish male offenders.](#)

Pastwa-Wojciechowska B.

Source

Institute of Psychology, Gdansk University, Gdansk, Poland.

Abstract

Background: Severe problem gambling is most often related to income producing offences such as larceny and embezzlement. In addition, the high rate of relapse to gambling problems and the link between gambling debts and crime have clinical, forensic and penitentiary implications. Considering the data from the literature presented here I decided to form and empirically verify a hypothesis that incarcerated men with a diagnosis of pathological gambling are characterized by psychopathic personality disorders, alcohol problems and criminality.
 Material/Methods: The groups of participants encompassed 90 men 26-52 years of age, serving a criminal sentence. All participants had to fulfil the following clinical criteria: a) be interviewed by a psychiatrist and diagnosed with pathological gambling and/or antisocial personality disorders b) obtain a result in the PCL-R test; c) estimate the relationship between gambling problems and crime. Taking into consideration the abovementioned criteria three patient test groups were formed: Group 1, which included those for whom gambling had led to crime; Group 2, where gambling was a part of a criminal lifestyle, and Group 3, in which the mutual relationship between gambling and crime was

unclear.
 Results: The participants were diagnosed as pathological gamblers (DSM-IV-TR, ICD-10) and psychopaths (PCL-R). Those tested differed with regard to the intensification of the personality disturbance tested, the co-occurrence of other disturbances, particularly psychoactive addictions, the motivations for taking up gambling, and the type of criminal activity.
 Conclusions: The hypothesis was confirmed that incarcerated men with a diagnosis of pathological gambling are characterized by psychopathic personality disorders, alcohol problems and criminality.

PMID:

22037748

[PubMed - in process]

Related citations

2. Curr Opin Psychiatry. 2011 Oct 27. [Epub ahead of print]

[Clinical psychopharmacology of borderline personality disorder: an update on the available evidence in light of the Diagnostic and Statistical Manual of Mental Disorders - 5.](#)

Ripoll LH.

[Source](#)

aJames J. Peters VA Medical Center, Mental Illness Research Education and Clinical Center (MIRECC), Bronx bMount Sinai School of Medicine, Mood and Personality Research Program, New York, USA.

[Abstract](#)

[PURPOSE OF REVIEW:](#)

Clinical considerations for evidence-based treatment of borderline personality disorder (BPD) are outlined in the context of the best available evidence, discussed with reference to BPD traits currently identified in the upcoming Diagnostic and Statistical Manual of Mental Disorders - 5 (DSM-5) revision. The DSM-5 will highlight refractory affective, interpersonal, and identity symptoms in BPD as potential treatment targets. In addition to providing a framework for clinical decision-making, future research strategies will also focus on neurotransmitter systems of greater relevance to understanding overall personality functioning.

[RECENT FINDINGS:](#)

Although only a few randomized controlled trials of psychopharmacological treatments for BPD have been published recently, several meta-analyses and systematic reviews converge on the consensus effectiveness of lamotrigine, topiramate, valproate, aripiprazole, olanzapine, and omega-3 fatty acid supplementation. Stronger evidence exists for treating disinhibition and antagonism than negative affectivity, particularly interpersonal facets of such traits. In

addition, basic research suggests a future role for modifying glutamatergic, opioid, and oxytocinergic neurotransmitter systems to treat BPD.

SUMMARY:

Clinicians should utilize omega-3, anticonvulsants, and atypical antipsychotic agents in treating specific DSM-5 BPD traits, notably disinhibition, antagonism, and some aspects of negative affectivity. Future research will focus on normalizing opioid and oxytocin dysregulation, as an adjunct to evidence-based psychotherapy, in an effort to improve interpersonal functioning.

PMID:

22037092

[PubMed - as supplied by publisher]

Related citations

3. J Affect Disord. 2011 Oct 28. [Epub ahead of print]

The psychological costs and benefits of being highly persistent: Personality profiles distinguish mood disorders from anxiety disorders.

Cloninger CR, Zohar AH, Hirschmann S, Dahan D.

Source

Center for Well-Being, Department of Psychiatry, Washington University School of Medicine, St. Louis, MO, USA.

Abstract

BACKGROUND:

The personality trait of Persistence is highly valued by conscientious overachievers, but it has both psychological costs and benefits. The interactions among multiple personality factors influencing the development of mood and anxiety disorders have been confounded in prior clinical samples, but can be disentangled in terms of their underlying brain circuitry and influence on perception of emotional stimuli.

METHODS:

285 individuals who represented the full range of personality variation in a large sample of adult volunteers from the general community of Israel were selected for follow-up by psychiatric interviews, cognitive testing, and medical examinations. The Temperament and Character Inventory (TCI) measured profiles of traits that distinguished individuals with diagnoses of mood and/or anxiety disorders using linear discriminant analysis and non-linear profile analysis.

RESULTS:

High Harm Avoidance and low Self-directedness strongly distinguished people with mood and/or anxiety disorders from those with neither. High Persistence distinguished people with only anxiety disorders from those with mood disorders. High Persistence was associated with greater health and happiness overall, but also led to more negative emotions than in people with low Persistence unless they were both unusually tolerant of frustration (i.e., low in Harm Avoidance) and self-accepting of personal limitations (i.e. high in Self-directedness).

LIMITATIONS:

Subjects were volunteers over 40 years of age at assessment.

CONCLUSIONS:

People who are highly persistent (i.e., persevering, ambitious, perfectionistic) are more likely to have anxiety disorders than mood disorders, even when they have other traits increasing risk for both (i.e., high Harm Avoidance and low Self-directedness). High Persistence increases both positive and negative emotions in most people. However, high Persistence reduces negative emotions and increases positive emotions if a person is easy-going (i.e., "happy-go-lucky" when low in both Harm Avoidance and Self-directedness).

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PMID:

22036800

[PubMed - as supplied by publisher]

Related citations

4. Scand J Work Environ Health. 2011 Oct 24. pii: 3257. doi: 10.5271/sjweh.3257. [Epub ahead of print]

Meta-synthesis of qualitative research on return to work among employees with common mental disorders.

Andersen MF, Nielsen KM, Brinkmann S.

Source

National Research Centre for the Working Environment, Lersø Parkallé 105, 2100 Copenhagen Ø, Denmark. mfa@nrcwe.dk.

Abstract

OBJECTIVES:

The purpose of this study was to investigate which opportunities and obstacles employees with common mental disorders (CMD) experience in relation to return to work (RTW) and

how they perceive the process of returning to work. In addition, the study explores what characterizes an optimal RTW intervention and points to possible ways to improve future interventions for employees with CMD.

METHODS:

A systematic literature search was conducted, and eight qualitative studies of medium or high quality published between 1995-2011 were included in this systematic review. The eight studies were synthesized using the meta-ethnographic method.

RESULTS:

This meta-synthesis found that employees with CMD identify a number of obstacles to and facilitators of returning to work related to their own personality, social support at the workplace, and the social and rehabilitation systems. The employees found it difficult to decide when they were ready to resume work and experienced difficulties implementing RTW solutions at the workplace.

CONCLUSIONS:

This study reveals that the RTW process should be seen as a continuous and coherent one where experiences of the past and present and anticipation of the future are dynamically interrelated and affect the success or failure of RTW. The meta-synthesis also illuminates insufficient coordination between the social and rehabilitation systems and suggests how an optimal RTW intervention could be designed.

Free Article

PMID:

22025244

[PubMed - as supplied by publisher]

Related citations



5. In Vivo. 2011 Nov;25(6):895-901.

Serotonin Transporter Polymorphism in Major Depressive Disorder (MDD), Psychiatric Disorders, and in MDD in Response to Stressful Life Events: Causes and Treatment with Antidepressant.

Daniele A, Divella R, Paradiso A, Mattioli V, Romito F, Giotta F, Casamassima P, Quaranta M.

Source

Department of Experimental Oncology, Laboratory of Analyses, National Cancer Institute-Viale Orazio Flacco 65, 70124 Bari, Italy. Antonella27@inwind.it.

Abstract

A functional polymorphism in the promoter region of the 5-hydroxytryptamine transporter gene (5-HTTLPR), alters its transcription. Short allele (SS) variation decreases the transcriptional efficacy of serotonin, causing psychiatric disorders, major depressive disorder (MDD) and major depression in response to stressful life events. The aim of this study was to determine the current understanding of the role of 5-HTTLPR polymorphism in the development of depressive episodes and its response to treatment. Twenty-five articles were identified from PubMed, utilizing the following keyword, 5-HTT transporter gene, polymorphism, depression, stressful condition, psychiatric disorder. All articles were read and notes were made regarding study participant, measures, data analysis and results, and were used to write this review. The distribution of the SS allele in patients is associated with an increased risk of MDD following exposure to stressful events of life. Additionally, this genetic variant is closely associated with several psychiatric conditions such as suicidal behaviour, psychoses, personality disorders, and aggressive-impulsive traits.

PMID:

22021682

[PubMed - in process]

Related citations

6. Psychiatr Q. 2011 Oct 22. [Epub ahead of print]
[Borderline Personality Disorder and Depression: An Update.](#)

Luca M, Luca A, Calandra C.

Source

Department of Medical and Surgery Specialties, Psychiatry Unit of the University Hospital "Policlinico-Vittorio Emanuele" of Catania (Sicily), Via S. Sofia 78, 95100, Catania (Sicily), Italy, lucmaria@tiscali.it.

Abstract

To review the literature related to recent temperamental and biological findings on borderline personality disorder (BPD) and major depression, the close link between the two disorders, and the latest therapeutical findings on BPD, focusing on the conditions of co-morbidity between depression and BPD. The National Institutes of Health's PubMed database was used to identify indexed studies on BPD, depression and the co-morbidity between the two. Only studies published between 2000 and 2011 were assessed. Similar temperamental features have been demonstrated in BPD and depression. The strong link between the two disorders seems to be widely recognized by scientific community. Psychotherapy and new antipsychotics are the topics of current major interest of research. The therapeutic targets in the case of co-morbidity are BPD features associated with depressive symptoms, thus influencing prognosis. A global assessment is, in fact, fundamental for a successful therapy for the treatment of the several aspects of a complex psychopathological phenomenon.

PMID:

22020926

[PubMed - as supplied by publisher]

Related citations



7. J Psychiatr Res. 2011 Oct 21. [Epub ahead of print]

The impact of adverse life events and the serotonin transporter gene promoter polymorphism on the development of eating disorder symptoms.

Akkermann K, Kaasik K, Kiive E, Nordquist N, Orelund L, Harro J.

Source

Department of Psychology, Estonian Centre of Behavioural and Health Sciences, University of Tartu, Tiigi 78, Tartu 50410, Estonia.

Abstract

Adverse life events have been shown to predict weight fluctuations and dietary restraint, as well as eating disorders during adolescence or early adulthood. Since the s-allele carriers of the 5-HTT gene-linked polymorphic region (5-HTTLPR) are biologically more reactive to stress related stimuli, we aimed to explore whether the eating disturbances are predicted by environmental stressors and moderated by the 5-HTTLPR genotype. The sample was based on the younger cohort of the Estonian Children Personality, Behaviour and Health Study and included those participating in its second and third wave. The history of stressful life events was self-reported at age 15. Data on eating behaviour and attitudes, anxiety, impulsivity and depressiveness were collected at age 18. The effect of the adverse life events on binge eating and on drive for thinness was found to be moderated by the 5-HTTLPR. Adolescent girls who at age 15 had reported a history of frequent adverse life events had elevated scores in EDI-2 Bulimia subscale at age 18 if they were carrying the s-allele. The effect of the s-allele on binge eating was even more pronounced when solely the experience of sexual abuse was considered. The interaction effect of the 5-HTTLPR and the past sexual abuse was also observed on drive for thinness. These data give further support to the idea that adverse life events in childhood may heighten susceptibility to serotonergic dysregulation following stress, and suggest that in individuals vulnerable to eating disorders this may result in disturbed eating behaviours.

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PMID:

22018958

[PubMed - as supplied by publisher]

Related citations



8. Schizophr Res. 2011 Oct 20. [Epub ahead of print]

Schizophrenia - A predictor of suicide during the second half of life?

Erlangsen A, Eaton WW, Mortensen PB, Conwell Y.

Source

The Research Unit, Mental Health Centre Copenhagen, Bispebjerg Bakke 23, Bygn. 13A, DK-2400 Copenhagen NV, Denmark; Department of Mental Health, Johns Hopkins School of Public Health, 624 North Broadway S 850, Baltimore, MD 21205, USA.

Abstract

BACKGROUND:

Little is known about the suicide risk of older adults diagnosed with schizophrenia. The purpose of the study is to examine whether older adults diagnosed with schizophrenia have an elevated risk of dying by suicide, examine trends by age, and identify predictors of death by suicide.

METHODS:

Individual-level register data on all older adults aged 50+ living in Denmark during 1990-2006 (N=2,899,411) were assessed using survival analysis. The impact of predictors was adjusted for a series of socio-demographic and health-related covariates.

RESULTS:

In all, 248 suicides were identified among older adults diagnosed with schizophrenia. The suicide rate ratios of men and women aged 50-69years with a diagnosis of schizophrenia was 7.0 [95%CI: 5.8-8.4] and 13.7 [95%CI: 11.3-16.6], respectively, when compared to those with no diagnosis. With increasing age a lower rate ratio was found; for men and women aged 70+ it was 2.1 [95%CI: 1.1-3.9] and 3.4 [95%CI: 2.0-5.8], respectively. Adjusted analyses revealed an elevated risk of suicide for diagnoses of schizophrenia, greater number of hospitalizations, recent admission (for men), recent discharge, previous suicide attempt, recent suicide attempt, comorbidity of mood disorders, personality disorders, and substance abuse (for women).

CONCLUSIONS:

We found an elevated mortality risk of suicide for both men and women aged 50years and over diagnosed with schizophrenia. Health care staff should be aware of elevated risk, particularly in older women diagnosed with schizophrenia, in relation to chronic disease courses, recent discharge, and suicide attempt.

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PMID:

22018943

[PubMed - as supplied by publisher]

Related citations



9. Dev Psychopathol. 2011 Nov;23(4):1059-68.

A developmental increase in allostatic load from ages 3 to 11 years is associated with increased schizotypal personality at age 23 years.

Peskin M, Raine A, Gao Y, Venables PH, Mednick SA.

Source

University of Pennsylvania.

Abstract

Although allostatic load has been investigated in mood and anxiety disorders, no prior study has investigated developmental change in allostatic load as a precursor to schizotypal personality. This study employed a multilevel developmental framework to examine whether the development of increased allostatic load, as indicated by impaired sympathetic nervous system habituation from ages 3 to 11 years, predisposes to schizotypal personality at age 23 years. Electrodermal activity to six aversive tones was recorded in 995 subjects at age 3 years and again at 11 years. Habituation slopes at both ages were used to create groups who showed a developmental increase in habituation (decreased allostatic load), and those who showed a developmental decrease in habituation (increased allostatic load). Children who showed a developmental increase in allostatic load from ages 3 to 11 years had higher levels of schizotypal personality at 23 years. A breakdown of total schizotypy scores demonstrated specificity of findings to cognitive-perceptual features of schizotypy. Findings are the first to document a developmental abnormality in allostasis in relation to adult schizotypal personality. The relative failure to develop normal habituation to repeated stressors throughout childhood is hypothesized to result in an accumulation of allostatic load and consequently increased positive symptom schizotypy in adulthood.

PMID:

22018081

[PubMed - in process]

Related citations



10. Sociol Health Illn. 2011 Oct 21. doi: 10.1111/j.1467-9566.2011.01404.x. [Epub ahead of print]

Standardising antisocial personality disorder: the social shaping of a psychiatric technology.

Pickersgill M.

Source

Centre for Population Health Sciences, College of Medicine and Veterinary Medicine, University of Edinburgh.

Abstract

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is one of the most influential and controversial terminological standards ever produced. As such, it continues to provide a valuable case study for sociologists of health and illness. In this article I take as my focus one particular DSM category: antisocial personality disorder (ASPD). The analysis charts the shifting understandings of personality disorders associated with antisocial behaviour in the DSM and in US psychiatry more broadly from 1950 to the present day. Memos, letters and minutes produced by the DSM-III committee and held in the American Psychiatric Association (APA) archives ground the discussion. Finally, the article explores more recent constructions of antisocial personality disorder and examines the anticipatory discourse pertaining to the rewriting of this category expected in the forthcoming DSM-5. In presenting an in-depth socio-historical narrative of the development - and potential future - of standards for pathological antisociality, this analysis casts new light on the ASPD construct. In particular, by considering it as a technology, I elaborate how processes of path dependency constrain innovation and how imaginaries of users and publics are implicated in the APA debates constitutive of this.

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PMID:

22017609

[PubMed - as supplied by publisher]

Related citations

11. Nord J Psychiatry. 2011 Oct 24. [Epub ahead of print]
[Comorbidity of borderline personality disorder with other personality disorders in psychiatric outpatients: How does it look at 2-year follow-up?](#)
Nysæter TE, Nordahl HM.

Source

Department of Psychiatry , Sørlandet Hospital HF, Arendal , and Department of Psychology, Norwegian University of Science and Technology, Trondheim, Norway.

Abstract

Background: The rates of remission of comorbid personality disorders for patients with a primary borderline personality disorder (BPD) have previously only been addressed in

samples of inpatients or former inpatients with BPD receiving treatment-as-usual. Aims: The aim of the current study was to assess the rates of remission of comorbid axis II personality disorders in a sample of 32 outpatients with a primary BPD receiving open-ended non-manualized psychotherapy. Methods: Structured psychiatric interviews for DSM-IV were conducted by independent assessors at intake, discharge and 2-year follow-up. Independent t-test, chi-square and McNemar analyses based on intent-to-treat were used. Results: The overall rate of comorbid axis II disorders was significantly reduced from intake to 2-year follow-up. Patients with non-remitted BPD had significantly more PD diagnoses and symptomatic distress on all outcome measures at follow-up. Conclusion: Comorbid personality disorders among outpatients with BPD can be expected to remit with time and with remission of BPD. In the current sample of outpatients, comorbid paranoid, avoidant and obsessive-compulsive personality disorders at 2-year follow-up were associated with non-remitted BPD. The clinical implication of the results is that especially comorbid avoidant and obsessive-compulsive personality disorders may require specific attention in treatment of patients with BPD.

PMID:

22017242

[PubMed - as supplied by publisher]

Related citations



12. Soc Cogn Affect Neurosci. 2011 Oct 20. [Epub ahead of print]

[Prefrontal cortex glutamate and extraversion.](#)

Grimm S, Schubert F, Jaedke M, Gallinat J, Bajbouj M.

Source

Cluster of Excellence 'Languages of Emotion', Freie Universität Berlin, Habelschwerdter Allee 45, 14195 Berlin, Germany. simone.grimm@fu-berlin.de.

Abstract

Extraversion is considered one of the core traits of personality. Low extraversion has been associated with increased vulnerability to affective and anxiety disorders. Brain imaging studies have linked extraversion, approach behaviour and the production of positive emotional states to the dorsolateral prefrontal cortex (DLPFC) and glutamatergic neurotransmission. However, the relationship between extraversion and glutamate in the DLPFC has not been investigated so far. In order to address this issue, absolute glutamate concentrations in the DLPFC and the visual cortex as a control region were measured by 3-Tesla proton magnetic resonance spectroscopy (1H-MRS) in 29 subjects with high and low extraversion. We found increased glutamate levels in the DLPFC of introverts as compared with extraverts. The increased glutamate concentration was specific for the DLPFC and negatively associated with state anxiety. Although preliminary, results indicate altered top-down control of DLPFC due to reduced glutamate concentration as a function of extraversion. Glutamate measurement with 1H-MRS may facilitate the understanding of

biological underpinnings of personality traits and psychiatric diseases associated with dysfunctions in approach behaviour and the production of positive emotional states.

PMID:

22016442

[PubMed - as supplied by publisher]

Related citations



13. Int J Eat Disord. 2011 Oct 18. doi: 10.1002/eat.20966. [Epub ahead of print]
Out of control?: Inhibition processes in eating disorders from a personality and cognitive perspective.

Claes L, Mitchell JE, Vandereycken W.

Source

Department of Psychology, Catholic University of Leuven, Leuven, Belgium.
laurence.claes@psy.kuleuven.be.

Abstract

OBJECTIVE:

The present study examined the role of "a breakdown in inhibition" as a mechanism to explain differences in impulsivity between restrictive and bingeing/purging eating disorders (ED). Two types of inhibition (i.e., executive and reactive inhibition) were assessed by means of personality and neuropsychological tests.

METHOD:

Forty-eight female in patients with ED completed the Effortful Control Scale, the BISBAS scales, and a set of neuropsychological tests.

RESULTS:

The results showed that executive inhibition measures were able to differentiate restrictive from bingeing/purging ED subtypes. Patients with ED and bingeing/purging behavior scored significantly lower on the Effortful Control Scale, needed more time to finish the Trail Making Test/STROOP, and showed more reaction time variability on the Go No-Go task. We did not find significant associations between personality and neuropsychological measures of executive/reactive inhibition.

DISCUSSION:

Insight in the breakdown of inhibition in bingeing/purging patients can increase our understanding of impulse-control disorders and guide the development of tools to improve effortful control. © 2011 by Wiley Periodicals, Inc. (Int J Eat Disord 2011).

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PMID:

22006655

[PubMed - as supplied by publisher]

Related citations



14. Int Clin Psychopharmacol. 2011 Oct 13. [Epub ahead of print]

Evaluation of naltrexone for dissociative symptoms in borderline personality disorder.

Schmahl C, Kleindienst N, Limberger M, Ludäscher P, Mauchnik J, Deibler P, Brünen S, Hiemke C, Lieb K, Herpertz S, Reicherzer M, Berger M, Bohus M.

Source

aDepartment of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health, Mannheim bDepartment of Psychiatry and Psychotherapy, University Medical Center, Mainz cDepartment of Psychiatry, University of Heidelberg, Heidelberg dCenter for Psychosomatic Medicine, Wiessee eDepartment of Psychiatry and Psychotherapy, University of Freiburg, Freiburg, Germany.

Abstract

Data from a pilot study suggest that naltrexone might reduce dissociative symptoms in patients with borderline personality disorder. However, the interpretation of these data is limited by the lack of a control group and by the nonblind nature of this study. Hence, we examined the effects of naltrexone using a more rigorous design that controlled for major confounders such as spontaneous reduction of dissociation over time and placebo effects. Unmedicated patients with BPD [according to Diagnostic and Statistical Manual of Mental Disorders-IVth edition (DSM-IV)] were included in two small double-blind placebo-controlled randomized trials (total n=29). Patients received both 3 weeks of naltrexone (50 or 200 mg/day) and 3 weeks of placebo in a randomized order. Twenty-five patients completed the study according to protocol. Dissociation under naltrexone and placebo, respectively, was compared by repeated-measures analyses of variance. In either trial, both the intensity and duration of dissociative symptoms were numerically lower under naltrexone than under placebo. However, the effects were too small to reach statistical significance. Our data provide the first estimate of the pure pharmacological antidissociative efficacy of naltrexone from a rigorously designed trial.

PMID:

22002175

[PubMed - as supplied by publisher]

Related citations

15. Compr Psychiatry. 2011 Oct 14. [Epub ahead of print]

The influence of personality disorders on the use of mental health services in adolescents with psychiatric disorders.

Magallón-Neri EM, Canalda G, De la Fuente JE, Forns M, García R, González E, Castro-Fornieles J.

Source

Department of Child and Adolescent Psychiatry and Psychology, SGI-1119, Institute of Neurosciences, Hospital Clinic Universitari of Barcelona, and Biomedical Research Center in Mental Health Network CIBERSAM, 08036-Barcelona, Spain; Department of Personality, Assessment and Psychological Treatment, Faculty of Psychology, Universitat de Barcelona, 08035-Barcelona, Spain.

Abstract

OBJECTIVE:

The aims of this study were to explore the influence of personality disorders (PDs) in Spanish adolescents with Axis I psychiatric disorders on their use of mental health services and to analyze the risk of having a comorbid PD in relation to psychiatric service use.

METHODS:

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and International Classification of Diseases, Tenth Revision (ICD-10) modules of the semistructured interview International Personality Disorders Examination were administered to a sample of 112 adolescent psychiatric patients (mean age = 15.8 years; SD, 0.8; range, 15-17; 79% women) at the point of initiating treatment. On the basis of the interview, subjects were divided into two groups: a PD group (PDG) and a non-PD group (NPDG). After 3 years of treatment, clinical records were retrospectively analyzed.

RESULTS:

The PDG showed a significantly higher number of psychiatric admissions ($P < .001$), days per psychiatric admission ($P < .001$), and psychiatric emergencies ($P < .010$) than the NPDG, although the number of outpatient consultations was not significantly higher. Logistic regression analysis showed that the probability of belonging to the PDG rather than the NPDG increased with each psychiatric admission (odds ratio [OR] = 1.67 for DSM-IV criteria and OR = 1.59 for ICD-10 criteria), after controlling by sex, age, and comorbidity (Axis I disorders).

CONCLUSIONS:

Patients with comorbid PD used more inpatient and emergency psychiatric services than did patients without a PD. Large number of psychiatric hospitalizations suggests the likelihood of a PD being present.

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PMID:

22001022

[PubMed - as supplied by publisher]

Related citations



16. Am J Addict. 2011 Nov;20(6):555-62. doi: 10.1111/j.1521-0391.2011.00174.x. Epub 2011 Oct 4.

[Personality disorders and retention in a therapeutic community for substance dependence.](#)

Samuel DB, Lapaglia DM, Maccarelli LM, Moore BA, Ball SA.

Source

Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut
VA New England MIRECC, West Haven, Connecticut Substance Abuse Treatment Unit-
Yale University, New Haven, Connecticut University of Pittsburgh Medical Center, Western
Psychiatric Institute and Clinic, Pittsburgh, Pennsylvania APT Foundation, New Haven,
Connecticut.

Abstract

Although therapeutic community (TC) treatment is a promising intervention for substance use disorders, a primary obstacle to successful treatment is premature attrition. Because of their prevalence within substance use treatment facilities, personality disorder (PD) diagnoses have been examined as predictors of treatment completion. Prior research on TC outcomes has focused almost exclusively on antisocial personality disorder (ASPD), and the results have been mixed. This study extends previous research by examining the impact of the 10 Axis II PDs on early (first 30 days) attrition as well as overall time to dropout in a 9-month residential TC. Survival analyses indicated that borderline was the only PD negatively related to overall program retention. In contrast, ASPD, as well as histrionic PD, were related to very early attrition, but not to overall program retention. Early assessment and identification of at-risk individuals may improve treatment retention and outcome for TC treatment. (Am J Addict 2011;20:555-562).

Copyright © American Academy of Addiction Psychiatry.

PMID:

21999502

[PubMed - in process]

Related citations

17. Psychiatr Genet. 2011 Oct 10. [Epub ahead of print]

Interaction between tryptophan hydroxylase I polymorphisms and childhood abuse is associated with increased risk for borderline personality disorder in adulthood.

Wilson ST, Stanley B, Brent DA, Oquendo MA, Huang YY, Haghighi F, Hodgkinson CA, Mann JJ.

Source

aDivision of Molecular Imaging and Neuropathology, New York State Psychiatric Institute
bDepartment of Psychiatry, Columbia University College of Physicians and Surgeons
cDepartment of Psychology, City University of New York, John Jay College dDepartment of Psychiatry, University of Pittsburg Medical Center eLaboratory of Neurogenetics, National Institute on Alcohol Abuse and Alcoholism, New York, New York, USA.

Abstract

INTRODUCTION:

Borderline personality disorder (BPD) is a severe disorder with high morbidity and mortality, but unknown etiology. Childhood abuse has been proposed as an etiological factor, but the mechanism by which an abuse history could influence the risk for BPD has not been determined. The aim of this study was to determine whether the tryptophan hydroxylase 1 (TPH1) gene is related to BPD in a clinical sample, and whether TPH1 genotypes or haplotypes moderate the relationship between abuse history and BPD.

METHODS:

Three hundred and ninety-eight patients diagnosed with mood disorders were genotyped for TPH1 G-6526A promoter polymorphism (rs4537731) and the A218C intron 7 polymorphism (rs1800532) and a set of ancestry informative markers, assessed for Diagnostic and Statistical Manual of Mental Disorders, 4th edition diagnoses, and assessed for a history of physical and sexual abuse.

RESULTS:

Patients with a diagnosis of BPD were more likely to be risk allele carriers (A alleles at both loci) than the non-BPD group. Logistic regression analysis predicting BPD diagnosis with both single-nucleotide polymorphisms and haplotypes showed significant interaction effects between genotype and abuse history. Poisson regression predicting the number of BPD diagnostic criteria met with the same predictor set also included a significant interaction term. Risk allele carriers with a history of abuse had an increased likelihood of a BPD diagnosis.

CONCLUSION:

Variation in TPH1 may increase risk for developing BPD as a result of childhood abuse. Elements of BPD pathology may be due in part to a genetically influenced serotonergic dysfunction, which in turn may lead to a differential response to environmental stressors.

PMID:

21989108

[PubMed - as supplied by publisher]

Related citations

18. Psychol Assess. 2011 Oct 10. [Epub ahead of print]

[The Personality Psychopathology-Five \(PSY-5\): Recent constructive replication and assessment literature review.](#)

Harkness AR, Finn JA, McNulty JL, Shields SM.

Abstract

The Personality Psychopathology-Five (PSY-5; Harkness & McNulty, 1994) is a model of individual differences relevant to adaptive functioning in both clinical and non-clinical populations. In this article, we review the development of the PSY-5 model (Harkness, 1992; Harkness & McNulty, 1994) and discuss the ways in which the PSY-5 model is related to and distinct from other 5-factor models. Using different methods and measures, the dimensions of the PSY-5 model have been constructively replicated (Lykken, 1968) by Tackett, Silberschmidt, Krueger, and Sponheim (2008) and by Watson, Clark, and Chmielewski (2008), and dimensions congruent with the PSY-5 have even been suggested for the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; Krueger et al., 2011). PSY-5 Scales can be scored from the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher et al., 2001), the MMPI-Adolescent version (MMPI-A; Butcher et al., 1992), and the Restructured Form of the MMPI-2 (MMPI-2-RF; Ben-Porath & Tellegen, 2008). Because the largest body of research exists for the MMPI-2-based scales, we focus our review of the literature on the MMPI-2-based PSY-5 scales (Harkness, McNulty, & Ben-Porath, 1995), but we briefly cover the small, but growing, body of MMPI-A and MMPI-2-RF PSY-5 scales research. We show that the PSY-5 research literature includes a wide variety of psychometric methodologies as well as diverse samples and clinical problems. An integrative summary reprises the theory behind each PSY-5 construct and links it to the reviewed literature. Advantages and limitations of MMPI-2-based PSY-5 scales are discussed. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21988184

[PubMed - as supplied by publisher]

Related citations

19. J Forensic Sci. 2011 Oct 7. doi: 10.1111/j.1556-4029.2011.01933.x. [Epub ahead of print]

Sociodemographic and Diagnostic Characteristics of Homicidal and Nonhomicidal Sexual Offenders*

Koch J, Berner W, Hill A, Briken P.

Source

University Hospital Hamburg-Eppendorf, Institute for Sex Research and Forensic Psychiatry, Martinstraße 52, 20246 Hamburg, Germany. Rothenbaumchaussee 7, 20148 Hamburg, Germany.

Abstract

The aims of this study were to compare the prevalence of psychiatric disorders and "psychopathy" in homicidal and nonhomicidal sexual offenders and to investigate the specificity of previous studies on psychiatric morbidity of a sample of sexual murderers. Information from court reports of 166 homicidal and 56 nonhomicidal sex offenders was evaluated using standardized instruments (SCID-II, PCL-R) and classification systems (DSM-IV). Sexual murderers were diagnosed more often with a personality disorder (80.1% vs. 50%; $p < 0.001$), especially schizoid personality disorder (16.3% vs. 5.4%; $p < 0.05$), as well as with sexual sadism (36.7% vs. 8.9%; $p < 0.001$) and sexual dysfunctions (21.7% vs. 7.1%; $p < 0.05$). Additionally, they had more often used alcohol during the offense (63.2% vs. 41%; $p < 0.05$). The results indicate that sexual murderers have more and a greater variety of psychiatric disorders when compared to nonhomicidal sex offenders.

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PMID:

21981447

[PubMed - as supplied by publisher]

Related citations



20. J Affect Disord. 2011 Oct 4. [Epub ahead of print]

The Affective and Emotional Composite Temperament (AFECT) model and scale: A system-based integrative approach.

Lara DR, Bisol LW, Brunstein MG, Reppold CT, de Carvalho HW, Ottoni GL.

Source

Faculdade de Biociências e de Medicina, Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil.

Abstract

Based on many temperament frameworks, here we propose an integration of emotional and affective temperaments (the AFECT model), forming a common substrate for mood, behavior, personality and part of cognition. Temperament is conceived as a self-regulated system with six emotional dimensions: volition, anger, inhibition, sensitivity, coping and control. The different combinations of these emotional dimensions result in 12 affective temperament types, namely depressive, anxious, apathetic, obsessive, cyclothymic, dysphoric, irritable, volatile, disinhibited, hyperthymic and euphoric. We also developed and validated a self-report scale to evaluate this construct, the Affective and Emotional Composite Temperament Scale (AFECTS).

METHODS:

Exploratory and confirmatory psychometric analyses were performed with the internet version of the AFECTS in 2947 subjects (72% females, 35±11 years old).

RESULTS:

The factors interpreted as volition, anger, inhibition, sensitivity, coping and control showed very good Cronbach's alphas for 5 dimensions (0.87-0.90) and acceptable alpha for inhibition (0.75). Confirmatory factor analysis corroborated this 6-factor structure when considering inhibition as a second-order factor with fear and caution as first-order factors (SRMR=0.061; RMSEA=0.053). In the Affective section, all 12 categorical affective temperaments were selected in the categorical choice, with 99% of volunteers identifying at least one adequate description of their affective temperament.

LIMITATIONS:

Only the internet version was used in a general population sample.

CONCLUSION:

The AFECT model provides an integrated framework of temperament as a self-regulated system, with implications for mental health, psychiatric disorders and their treatment. The AFECTS showed good psychometric properties to further study this model.

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PMID:

21978734

[PubMed - as supplied by publisher]

Related citations



Auditory Hallucinations: A Comparison of Beliefs about Voices in Individuals with Schizophrenia and Borderline Personality Disorder.

Hepworth CR, Ashcroft K, Kingdon D.

Source

National Specialist CAMHS Dialectical Behaviour Therapy Service, Maudsley Hospital, London, UK. claire.hepworth@iop.kcl.ac.uk.

Abstract

OBJECTIVE:

Individuals with borderline personality disorder (BPD) may experience distressing auditory hallucinations, phenomenologically similar to those seen in psychosis. However, access to effective intervention is limited. The cognitive model of auditory hallucinations highlights the role of appraisals in maintaining distress. Cognitive behavioural therapy (CBT) that targets such beliefs has shown efficacy in psychosis. This study examined appraisals about voices in individuals with psychosis and those with BPD to establish whether CBT for voices might have clinical utility for those with BPD.

METHODS:

Participants included 45 patients with distressing auditory hallucinations, recruited from the National Health Service. All participants received a structured clinical diagnostic interview and the Beliefs about Voices Questionnaire. Ten participants met criteria for BPD (22%), 23 met criteria for a diagnosis of schizophrenia (51%) and 12 met criteria for both disorders (27%).

RESULTS:

Multivariate analyses confirmed that there were no group differences in beliefs about the malevolence or omnipotence of voices, or in behavioural resistance or engagement. Those with BPD and those with both diagnoses reported significantly greater emotional resistance than those with schizophrenia. Those with schizophrenia reported significantly greater emotional engagement with their voices.

CONCLUSION:

Auditory hallucinations in psychosis and BPD do not differ in their phenomenology or cognitive responses (beliefs about the power and malevolence of their dominant voice). The main differential appears to be the affective response. CBT that focuses on appraisals and the relationship with voices may be helpful for distressing auditory hallucinations in individuals with BPD as well as psychosis. **KEY PRACTITIONER MESSAGE:** It may be important to assess the presence of and experience of voices in those with a diagnosis of BPD. It may be helpful to consider both beliefs about voices and the individual's affective responses to

voices. CBT designed to target voices in psychosis (focusing on both the appraisal and the relationship with voices) may be helpful for those with BPD. Copyright © 2011 John Wiley & Sons, Ltd.

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PMID:

21976361

[PubMed - as supplied by publisher]

[Related citations](#)



22. Epilepsy Behav. 2011 Oct 3. [Epub ahead of print]

[Heart rate variability measures as biomarkers in patients with psychogenic nonepileptic seizures: Potential and limitations.](#)

Ponnusamy A, Marques JL, Reuber M.

[Source](#)

Department of Clinical Neurophysiology, Royal Hallamshire Hospital, Sheffield, UK.

[Abstract](#)

Heart rate variability (HRV) metrics provide reliable information about the functioning of the autonomic nervous system (ANS) and have been discussed as biomarkers in anxiety and personality disorders. We wanted to explore the potential of various HRV metrics (VLF, LF, HF, SDNN, RMSSD, cardiovagal index, cardiosympathetic index, approximate entropy) as biomarkers in patients with psychogenic nonepileptic seizures (PNES). HRV parameters were extracted from 3-minute resting single-lead ECGs of 129 subjects (52 with PNES, 42 with refractory epilepsy and 35 age-matched healthy controls). Compared with healthy controls, both patient groups had reduced HRV (all measures $P < 0.03$). Binary logistic regression analyses yielded significant models differentiating between healthy controls and patients with PNES or patients with epilepsy (correctly classifying 86.2 and 93.5% of cases, respectively), but not between patients with PNES and those with epilepsy. Interictal resting parasympathetic activity and sympathetic activity differ between healthy controls and patients with PNES or those with epilepsy. However, resting HRV measures do not differentiate between patients with PNES and those with epilepsy.

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PMID:

21975299

[PubMed - as supplied by publisher]

[Related citations](#)



23. Eur Eat Disord Rev. 2011 Oct 4. doi: 10.1002/erv.1161. [Epub ahead of print]
Male Eating Disorder Patients With and Without Non-suicidal Self-injury: A Comparison of Psychopathological and Personality Features.

Claes L, Jiménez-Murcia S, Agüera Z, Castro R, Sánchez I, Menchón JM, Fernández-Aranda F.

Source

Department of Psychology, Catholic University of Leuven, Leuven, Belgium.
Laurence.Claes@psy.kuleuven.be.

Abstract

In the present study, we investigated the prevalence and comorbidity of non-suicidal self-injury (NSSI) in male eating disorder (ED) patients. In total, 130 male ED patients completed a list of 10 impulse-control problems (including NSSI), the Eating Disorder Inventory-2, the Symptom Checklist-90-Revised and the Temperament and Character Inventory. Overall, 21% of the male ED patients ($n = 27$) engaged in at least one type of NSSI, and we did not find significant differences between the ED subtypes. Self-injurious male ED patients showed significantly more severe ED symptoms and more affective, interpersonal and impulse-control problems than ED patients without NSSI. As previously described in female ED, our data confirm the affect regulation and impulse regulation functions of NSSI in male ED patients. Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

PMID:

21972149

[PubMed - as supplied by publisher]

Related citations



24. J Pers Soc Psychol. 2011 Oct 3. [Epub ahead of print]
Development of personality and the remission and onset of personality pathology.

Wright AG, Pincus AL, Lenzenweger MF.

Abstract

The current study used the Longitudinal Study of Personality Disorders data set (Lenzenweger, 1999) to examine the development of personality traits in the context of the remission and onset of personality disorder (PD) symptoms. Despite high levels of stability, past research on the development of basic personality traits has also found a mean trend toward increased maturity and that individuals vary in their trajectories of trait development. Research on PD change has shown a similar pattern. We employed individual growth curve

modeling to examine the relationship between personality trait development and PD symptom course. We found that both are indeed related and that remission in PD symptoms is associated with patterns of trait development associated with more rapid maturity. In contrast, deviating from the mean of trait development either through no change (i.e., stagnation) or change in the opposite direction (i.e., regression) was associated with developing PD symptoms over the course of the study. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

21967009

[PubMed - as supplied by publisher]

Related citations

25. Addict Behav. 2011 Nov;36(11):1087-90. Epub 2011 Jul 5.

[Pathological personality traits among patients with absent, current, and remitted substance use disorders.](#)

Hopwood CJ, Morey LC, Skodol AE, Sanislow CA, Grilo CM, Ansell EB, McGlashan TH, Markowitz JC, Pinto A, Yen S, Shea MT, Gunderson JG, Zanarini MC, Stout RL.

Source

Michigan State University, United States. hopwood2@msu.edu

Abstract

Personality traits may provide underlying risk factors for and/or sequelae to substance use disorders (SUDs). In this study Schedule for Nonadaptive and Adaptive Personality (SNAP) traits were compared in a clinical sample (N=704, age 18-45) with current, past, or no historical alcohol or non-alcohol substance use disorders (AUD and NASUD) as assessed by DSM-IV semi-structured interview. Results corroborated previous research in showing associations of negative temperament and disinhibition to SUD, highlighting the importance of these traits for indicating substance use proclivity or the chronic effects of substance use. Certain traits (manipulativeness, self-harm, disinhibition, and impulsivity for AUD, and disinhibition and exhibitionism for NASUD) were higher among individuals with current relative to past diagnoses, perhaps indicating concurrent effects of substance abuse on personality. The positive temperament characteristics detachment and entitlement distinguished AUDs and NASUDs, respectively, perhaps clarifying why this higher order trait tends to show limited relations to SUD generally. These findings suggest the importance of systematically integrating pathological and normative traits in reference to substance-related diagnosis.

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PMID:

21782347

[PubMed - indexed for MEDLINE]

Related citations

PubMed Results

Items 1 - 26 of 26

1. PLoS One. 2011;6(11):e27379. Epub 2011 Nov 18.

[Does tinnitus distress depend on age of onset?](#)**Schlee W, Kleinjung T, Hiller W, Goebel G, Kolassa IT, Langguth B.**[Source](#)

Department of Clinical and Biological Psychology, University of Ulm, Ulm, Germany.

[Abstract](#)**OBJECTIVES:**

Tinnitus is the perception of a sound in the absence of any physical source of it. About 5-15% of the population report hearing such a tinnitus and about 1-2% suffer from their tinnitus leading to anxiety, sleep disorders or depression. It is currently not completely understood why some people feel distressed by their tinnitus, while others don't. Several studies indicate that the amount of tinnitus distress is associated with many factors including comorbid anxiety, comorbid depression, personality, the psychosocial situation, the amount of the related hearing loss and the loudness of the tinnitus. Furthermore, theoretical considerations suggest an impact of the age at tinnitus onset influencing tinnitus distress.

METHODS:

Based on a sample of 755 normal hearing tinnitus patients we tested this assumption. All participants answered a questionnaire on the amount of tinnitus distress together with a large variety of clinical and demographic data.

RESULTS:

Patients with an earlier onset of tinnitus suffer significantly less than patients with an onset later in life. Furthermore, patients with a later onset of tinnitus describe their course of tinnitus distress as more abrupt and distressing right from the beginning.

CONCLUSION:

We argue that a decline of compensatory brain plasticity in older age accounts for this age-dependent tinnitus decompensation.

PMCID: PMC3220697

Free Article

PMID:

22125612

[PubMed - in process]

Related citations



2. J Addict Med. 2011 Nov 24. [Epub ahead of print]

Cognitive Task Performance and Frequency of Alcohol Usage in Young Adults.

Harvanko AM, Odlaug BL, Schreiber LR, Grant JE.

Source

From the Department of Psychiatry, University of Minnesota Medical Center, Minneapolis, MN.

Abstract

OBJECTIVES:

The goal of our study was to examine cognitive effects of alcohol in young adults at varied levels of alcohol usage using well-validated computerized cognitive measures.

METHODS:

One hundred fifty-five young adults (mean age: 21.15 ± 3.092 years; 25.8% female), free from non-alcohol-related psychiatric diagnoses and drug use, underwent selected tests from the Cambridge Neuropsychological Test Automated Battery in conjunction with the Barratt Impulsivity Scale, Eysenck Impulsivity Questionnaire, and the Tridimensional Personality Questionnaire. Study participants were grouped according to alcohol frequency: nondrinkers, at-risk drinkers (subsyndromal alcohol usage), and alcohol use disorder.

RESULTS:

At-risk drinkers and individuals with alcohol use disorders bet significantly more overall on the Cambridge Gambling Task than nondrinkers. There were no significant differences noted between groups on the Spatial Working Memory task or Intra-dimensional/Extra-dimensional Set Shift task. Individuals with alcohol use disorders endorsed higher impulsivity than at-risk and nondrinkers on the Barratt Impulsivity Scale and Eysenck Impulsivity Questionnaire. Individuals with alcohol use disorders and at-risk drinkers also endorsed higher venturesomeness than nondrinkers on the Tridimensional Personality Questionnaire.

CONCLUSIONS:

Results from the Cambridge Gambling Task suggest that even at a subsyndromal level, young adults make risky decisions that mirror those seen in individuals with alcohol use disorders.

PMID:

22124290

[PubMed - as supplied by publisher]

Related citations



3. Psychopathology. 2012;45(1):53-60. Epub 2011 Nov 28.

Psychometric Properties of the German Narcissism Inventory 90 (NI-90) in a Clinical and Non-Clinical Sample of Adolescents: A Comparative Study.

Koch T, Bondue R, Daig I, Fliege H, Scheithauer H.

Source

Department of Educational Science and Psychology, Freie Universität Berlin, Berlin, Germany.

Abstract

Background: The Narcissism Inventory (NI) is a frequently used German inventory for measuring narcissism in clinical settings; an additional short version (NI-90) also exists. Psychometric properties of the NI-90 scales were examined in clinical and non-clinical adolescent samples. **Methods:** Two adolescent samples were assessed with the NI-90: a non-clinical sample ($n = 439$, mean age \pm SD = 15.05 ± 1.77 years) and a clinical sample ($n = 235$, 18.26 ± 0.77 years). Confirmatory factor analysis and principle component analysis were used to scrutinize the structure of the scales. Multiple regression analysis was used to predict the scores on two scales (helpless self; negative body self). **Results:** This study revealed heterogeneity in the NI-90 scales, which in turn explains the wide range seen in Cronbach's α (from 0.53 to 0.93). The postulated 4-factor structure could not be replicated in both samples. Multiple regression analysis revealed that personality disorder did not significantly predict negative body self or helpless self scores, whereas eating, mood, as well as somatoform and conversion disorders did. One NI-90 scale (greedy for praise and reassurance) showed sufficient psychometric quality for the measurement of narcissism in both samples. **Conclusion:** Based on the results, the authors recommend revising the NI-90. Items that may be useful for measuring aspects related to affective and body image complaints are presented. The greedy for praise and reassurance scale may be valuable for measuring features of 'overt' narcissism.

Copyright © 2011 S. Karger AG, Basel.

PMID:

22123516

[PubMed - in process]

Related citations



4. Psychopathology. 2012;45(1):29-41. Epub 2011 Nov 28.
Psychiatric literacy and the personality disorders.

Furnham A, Wincelhaus J.

Source

University College London, London, UK.

Abstract

Background: This study was concerned with investigating the mental health literacy of lay people in regard to the personality disorders. Method: 223 participants responded to a questionnaire entitled 'eccentric people' which contained vignettes of 10 personality disorders which they rated as well as labelled. Results: Lay people recognize people with personality disorders as being unhappy, unsuccessful at work and as having poor personal relationships, but do not associate these problems with psychological causes. Rates of correct labelling were under 7% for 7/10 personality disorders. Cluster A (apart from paranoid) was commonly labelled as depression or as an autism spectrum disorder. Clusters B and C (apart from obsessive-compulsive) were commonly labelled as 'low self-esteem'. History of psychological education and illness were positively correlated with correct recognition of 70 and 60% of the personality disorders, respectively. Conclusion: The mental health literacy of lay people in regard to the personality disorders is low. This raises concerns for health-seeking behaviour and diagnosis, as well as stigma and social neglect of people living with personality disorders. The question of cultural influences on the manifestation, diagnosis and recognition of mental illnesses, and the personality disorders in particular, is discussed.

Copyright © 2011 S. Karger AG, Basel.

PMID:

22123514

[PubMed - in process]

Related citations



5. Psychopathology. 2012;45(1):15-21. Epub 2011 Nov 28.
Associations between Identity Diffusion, Axis II Disorder, and Psychopathology in Inpatients with Borderline Personality Disorder.

Sollberger D, Gremaud-Heitz D, Riemenschneider A, Küchenhoff J, Dammann G, Walter M.

Source

Psychiatric Hospital, University of Basel, Basel, Switzerland.

Abstract

Background: Patients with borderline personality disorder (BPD) suffer from instability in their relationships, their affectivity, and their identity. However, the associations between these dimensions are not clear. The purpose of the present study was to investigate the relation between identity diffusion and psychopathology in BPD. **Methods:** In the second week of inpatient treatment, 52 patients with BPD were assessed with the Inventory of Personality Organization (IPO) and questionnaires measuring general psychiatric symptoms, mood states, and negative affects (SCL-90-R, BDI, STAI, and STAXI). A median split was examined to differentiate BPD patients with high identity diffusion from those with low identity diffusion. **Results:** BPD patients with high identity diffusion did not differ in their social data from BPD patients with low identity diffusion. However, BPD patients with high identity diffusion showed significantly higher levels of psychiatric symptoms, as well as higher anxiety, anger, and depression scores ($p < 0.01$). Moreover, they suffered more frequently from concurrent personality disorders ($p < 0.05$). **Conclusions:** These findings indicate an association of identity diffusion with psychopathological symptoms and features of personality disorder and emphasize the clinical significance of identity diffusion for patients with BPD.

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PMID:

22123512

[PubMed - in process]

Related citations



6. Psychiatry Res. 2011 Nov 30;190(1):72-8.

Metacognition, affect regulation and symptom expression: A transdiagnostic perspective.

Gumley A.

Abstract

The editors of this special section commissioned this commentary to bring together some of the conceptual, empirical and measurement issues arising from this series of articles. This commentary explores metacognition in relation to its neurobiology, and diverse syndromes and clinical phenotypes, including schizophrenia, alexithymia, and personality disorders, as well as its relation to assessment and prospects for the further delineation of mechanisms of change in psychological therapy.

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PMID:

22123354

[PubMed - in process]

Related citations



7. Soc Psychiatry Psychiatr Epidemiol. 2011 Nov 26. [Epub ahead of print]
What is the long-term outcome of boys who steal at age eight? Findings from the Finnish nationwide "From A Boy To A Man" birth cohort study.

Sourander A, Fossum S, Rønning JA, Elonheimo H, Ristkari T, Kumpulainen K, Tamminen T, Piha J, Moilanen I, Almqvist F.

Source

Department of Child Psychiatry, University of Turku, Itäinen Pitkätie 1/Varia, 20014, Turku, Finland, andre.sourander@utu.fi.

Abstract

OBJECTIVE:

The aim was to study predictive associations between childhood stealing behavior at the of age 8 years with later psychiatric disorders, criminality or suicide attempts and completed suicides up to the age 25 years in a large representative population-based birth cohort.

METHOD:

The sample includes 2,592 Finnish males born in 1981 with information about stealing from both parents and teachers. Information about psychiatric disorders, criminality, suicide attempts requiring hospital admission and completed suicides was gathered from four different Finnish nationwide registries until the study participants were 25 years old.

RESULTS:

One out of ten boys had stealing behavior during the previous 12 months. After adjusting for parental education level and conduct problems or hyperactivity (i.e. potential confounds), stealing at eight independently predicted substance use and antisocial personality disorders, and high level of crimes. Stealing was also associated with completed suicide or severe suicide attempt requiring hospital admission. Comorbid stealing and frequent aggression had the strongest predictive association with any psychiatric diagnosis, crime and completed suicide or severe suicide attempt, while stealing without aggression was not associated with any of the negative outcomes.

CONCLUSIONS:

Stealing accompanied with aggressivity at age eight is predictive of wide range of adversities. However, no increased risk was observed among the group with stealing behaviors but without aggression.

PMID:

22120609

[PubMed - as supplied by publisher]

Related citations



8. Res Dev Disabil. 2011 Nov 22;33(2):382-390. [Epub ahead of print]
Reliability and validity of the SPAID-G checklist for detecting psychiatric disorders in adults with intellectual disability.

Bertelli M, Scuticchio D, Ferrandi A, Lassi S, Mango F, Ciavatta C, Porcelli C, Bianco A, Monchieri S.

Source

CREA (A.M.G. Research and Evolution Centre), Florence, Italy; Social Co-operative WORK 2000, Arezzo, Italy.

Abstract

SPAID (Psychiatric Instrument for the Intellectually Disabled Adult) is the first Italian tool-package for carrying out psychiatric diagnosis in adults with Intellectual Disabilities (ID). It includes the "G" form, for general diagnostic orientation, and specific checklists for all groups of syndromes stated by the available classification systems. SPAID was established to provide an easy and quick tool for daily practice of the personnel working with ID. The present study was aimed at evaluating psychometric and psychodiagnostic characteristics of the SPAID-G and at supplying new data on the prevalence rate of psychiatric disorders in a multicentric Italian sample of people with ID living in different settings. The SPAID-G was randomly applied to 304 participants with ID attending residential facilities or assessment services across Italy. A part of the sample was also consecutively assessed through the use of DASH, PDD-MRS and by the clinical application of the DSM-IV TR criteria. The correlation between SPAID-G scores and those provided by other evaluation tools was over 60%. Additionally, the internal consistency and inter-rater reliability resulted to be good. Psychopathological symptoms were detected in approximately 40% of the sample. Respectively, autistic spectrum disorders, impulse control disorders, mood disorders, and dramatic personality disorders were the diagnostic orientations providing the most prevalent over-threshold scores. SPAID-G seems to be a valid diagnostic tool, quick and easy to use in psychiatric disorders assessment within the Italian population with ID.

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PMID:

22119685

[PubMed - as supplied by publisher]

Related citations



9. Body Image. 2011 Nov 23. [Epub ahead of print]

The use of virtual reality in the study, assessment, and treatment of body image in eating disorders and nonclinical samples: A review of the literature.

Ferrer-García M, Gutiérrez-Maldonado J.

Source

Department of Personality, Assessment and Psychological Treatments, Universitat de Barcelona, Barcelona, Spain.

Abstract

This article reviews research into the use of virtual reality in the study, assessment, and treatment of body image disturbances in eating disorders and nonclinical samples. During the last decade, virtual reality has emerged as a technology that is especially suitable not only for the assessment of body image disturbances but also for its treatment. Indeed, several virtual environment-based software systems have been developed for this purpose. Furthermore, virtual reality seems to be a good alternative to guided imagery and in vivo exposure, and is therefore very useful for studies that require exposure to life-like situations but which are difficult to conduct in the real world. Nevertheless, review highlights the lack of published controlled studies and the presence of methodological drawbacks that should be considered in future studies. This article also discusses the implications of the results obtained and proposes directions for future research.

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PMID:

22119329

[PubMed - as supplied by publisher]

Related citations

10. Eur Psychiatry. 2011 Nov 23. [Epub ahead of print]

Risk factors for cocaine-induced psychosis in cocaine-dependent patients.

Roncero C, Daigre C, Gonzalvo B, Valero S, Castells X, Grau-López L, Eiroa-Orosa FJ, Casas M.

Source

Outpatient Drug Clinic Vall Hebron, Psychiatry Department, Hospital Vall d'Hebrón-
Agència de Salut Pública de Barcelona, Universitat Autònoma de Barcelona, Barcelona,

Spain; Department of Psychiatry and Forensic Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain.

Abstract

Cocaine consumption can induce transient psychotic symptoms, expressed as paranoia or hallucinations. Cocaine induced psychosis (CIP) is common but not developed in all cases. This is the first European study on the relationship between CIP, consumption pattern variables and personality disorders. We evaluated 173 cocaine-dependent patients over 18 years; mostly males, whose average age was 33.6 years (SD=7.8). Patients attending an outpatient addictions department were enrolled in the study and subsequently systematically evaluated using SCID I and SCID II interviews for comorbid disorders, a clinical interview for psychotic symptoms and EuropASI for severity of addiction. A high proportion of cocaine dependent patients reported psychotic symptoms under the influence of cocaine (53.8%), the most frequently reported being paranoid beliefs and suspiciousness (43.9%). A logistic regression analysis was performed, finding that a model consisting of amount of cocaine consumption, presence of an antisocial personality disorder and cannabis dependence history had 66.2% sensitivity 75.8% specificity predicting the presence of CIP. In our conclusions, we discuss the relevance of evaluating CIP in all cocaine dependent-patients, and particularly in those fulfilling the clinical profile derived from our results. These findings could be useful for a clinical approach to the risks of psychotic states in cocaine-dependent patients.

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PMID:

22118812

[PubMed - as supplied by publisher]

Related citations



11. Neuropsychopharmacology. 2011 Nov 23. doi: 10.1038/npp.2011.282. [Epub ahead of print] [Determinants of Early Alcohol Use In Healthy Adolescents: The Differential Contribution of Neuroimaging and Psychological Factors.](#)

Nees F, Tzschoppe J, Patrick CJ, Vollstädt-Klein S, Steiner S, Poustka L, Banaschewski T, Barker GJ, Büchel C, Conrod PJ, Garavan H, Heinz A, Gallinat J, Lathrop M, Mann K, Artiges E, Paus T, Poline JB, Robbins TW, Rietschel M, Smolka MN, Spanagel R, Struve M, Loth E, Schumann G, Flor H.

Source

Department of Cognitive and Clinical Neuroscience, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.

Abstract

Individual variation in reward sensitivity may have an important role in early substance use and subsequent development of substance abuse. This may be especially important during adolescence, a transition period marked by approach behavior and a propensity toward risk taking, novelty seeking and alteration of the social landscape. However, little is known about the relative contribution of personality, behavior, and brain responses for prediction of alcohol use in adolescents. In this study, we applied factor analyses and structural equation modeling to reward-related brain responses assessed by functional magnetic resonance imaging during a monetary incentive delay task. In addition, novelty seeking, sensation seeking, impulsivity, extraversion, and behavioral measures of risk taking were entered as predictors of early onset of drinking in a sample of 14-year-old healthy adolescents (N=324). Reward-associated behavior, personality, and brain responses all contributed to alcohol intake with personality explaining a higher proportion of the variance than behavior and brain responses. When only the ventral striatum was used, a small non-significant contribution to the prediction of early alcohol use was found. These data suggest that the role of reward-related brain activation may be more important in addiction than initiation of early drinking, where personality traits and reward-related behaviors were more significant. With up to 26% of explained variance, the interrelation of reward-related personality traits, behavior, and neural response patterns may convey risk for later alcohol abuse in adolescence, and thus may be identified as a vulnerability factor for the development of substance use disorders. *Neuropsychopharmacology* advance online publication, 23 November 2011; doi:10.1038/npp.2011.282.

PMID:

22113088

[PubMed - as supplied by publisher]

Related citations



12. *J Neurotrauma*. 2011 Nov 23. [Epub ahead of print]

Psychiatric disorders and health-related quality of life after severe traumatic brain injury - a prospective study.

Diaz AP, Schwarzbald ML, Thais ME, Hohl A, More M, Schmoeller R, Nunes JC, Prediger RD, Linhares MN, Guarnieri R, Walz R.

Source

Instituto de Psiquiatria de Santa Catarina, São José, Brazil; topopaim@hotmail.com.

Abstract

Traumatic brain injury (TBI) is a major cause of death and disability and impairs health-related quality of life (HRQOL). Psychiatric disorders have been recognized as major components of TBI morbidity, yet few studies have addressed the relationship between these outcomes. Sample size, selection bias and retrospective design are methodological

limitations for TBI-related psychiatric studies. For this study, thirty-three patients with severe TBI were evaluated prospectively regarding demographic, clinical, radiological, neurosurgical, laboratorial and psychosocial characteristics, as well as, psychiatric manifestations and HRQOL 18 months after hospitalization. Psychiatric manifestations were assessed using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), the Hospital Anxiety and Depression Scale (HADS), the Brief Psychiatric Rating Scale (BPRS), and the Apathy Evaluation Scale (AES). HRQOL was determined using the Medical Outcomes Study's 36-item Short-form Health Survey (SF-36). Following TBI, a significant increase in the prevalence of major depressive disorder (MDD) and generalized anxiety disorder ($p = 0.02$) and a significant decrease in the prevalence of alcohol and cannabinoid abuse ($p = 0.001$) were observed. The most frequent psychiatric disorders following severe TBI were found to be MDD (30.3%) and personality changes (33.3%). In comparison to patients without personality changes, patients with personality changes experienced a decline in general health and impairments in physical and social functioning. Patients with MDD showed impairment in all SF-36 domains compared to non-depressed patients. This prospective TBI-related psychiatric study is the first to demonstrate a significant association between MDD, personality changes and HRQOL following severe TBI in a well-defined sample of patients.

PMID:

22111890

[PubMed - as supplied by publisher]

[Related citations](#)

Mary Ann Liebert,

13. J Affect Disord. 2011 Nov 18. [Epub ahead of print]

Personality and perceived need for mental health care among primary care patients. Seekles WM, Cuijpers P, van de Ven P, Penninx BW, Verhaak PF, Beekman AT, van Straten A.

[Source](#)

Department of Clinical Psychology, VU University, Amsterdam, The Netherlands; EMGO institute for Health Care and Research, VU University Medical Centre, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

Although there are many forms of effective, evidence-based treatments available to patients with mood and anxiety disorders, many do not seek any help. Certain personality characteristics are associated with increased use of mental health services. The objective of this study is to examine whether personality traits are also related to patients' perceived need for (specific types of) mental health care.

METHODS:

Cross-sectional data were derived from the Netherlands Study of Depression and Anxiety (NESDA). A total of 762 patients recruited from general practices, and who had been diagnosed with one or more DSM-IV diagnoses of anxiety and/or depression were included. Perceived need for mental health care was assessed with the Perceived Need for Care Questionnaire

(PNCQ) and personality traits were assessed with the NEO-Five Factor Inventory (NEO-FFI).

RESULTS:

We found indications that personality traits, in particular neuroticism and openness to experience, have an impact on care needs. Patients with higher scores on these traits were more likely to have a perceived need for care, irrespective of whether or not this need was met. Extraversion, agreeableness and conscientiousness were largely unrelated to perceived need for care.

CONCLUSIONS:

Regardless of the severity of anxiety and depression, personality is associated with need for care. This seems to be true for neuroticism, openness to experience, agreeableness and conscientiousness. Associations with these domains were found for various types of treatment. These

findings suggest that patients with different levels of personality traits need different treatments.

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PMID:

22104392

[PubMed - as supplied by publisher]

[Related citations](#)



14. Int J Ment Health Syst. 2011 Nov 21;5(1):31. [Epub ahead of print]
[Shared care in mental illness: A rapid review to inform implementation.](#)

Kelly BJ, Perkins DA, Fuller JD, Parker SM.

[Abstract](#)

ABSTRACT:

[BACKGROUND:](#)

While integrated primary healthcare for the management of depression has been well researched, appropriate models of primary care for people with severe and persistent psychotic disorders are poorly understood. In 2010 the NSW (Australia) Health Department commissioned a review of the evidence on "shared care" models of ambulatory mental health services. This focussed on critical factors in the implementation of these models in clinical practice, with a view to providing policy direction. The review excluded evidence about dementia, substance use and personality disorders.

[METHODS:](#)

A rapid review involving a search for systematic reviews on The Cochrane Database of Systematic Reviews and Database of Abstracts of Reviews of Effects (DARE). This was followed by a search for papers published since these systematic reviews on Medline and supplemented by limited iterative searching from reference lists.

RESULTS:

Shared care trials report improved mental and physical health outcomes in some clinical settings with improved social function, self management skills, service acceptability and reduced hospitalisation. Other benefits include improved access to specialist care, better engagement with and acceptability of mental health services. Limited economic evaluation shows significant set up costs, reduced patient costs and service savings often realised by other providers. Nevertheless these findings are not evident across all clinical groups. Gains require substantial cross-organisational commitment, carefully designed and consistently delivered interventions, with attention to staff selection, training and supervision. Effective models incorporated linkages across various service levels, clinical monitoring within agreed treatment protocols, improved continuity and comprehensiveness of services.

CONCLUSIONS:

"Shared Care" models of mental health service delivery require attention to multiple levels (from organisational to individual clinicians), and complex service re-design. Re-evaluation of the roles of specialist mental health staff is a critical requirement. As expected, no one model of "shared" care fits diverse clinical groups. On the basis of the available evidence, we recommended a local trial that examined the process of implementation of core principles of shared care within primary care and specialist mental health clinical services.

Free Article

PMID:

22104323

[PubMed - as supplied by publisher]

Related citations



15. J Consult Clin Psychol. 2011 Nov 21. [Epub ahead of print]
Interpersonal pathoplasticity in the course of major depression.

Cain NM, Ansell EB, Wright AG, Hopwood CJ, Thomas KM, Pinto A, Markowitz JC, Sanislow CA, Zannarini MC, Shea MT, Morey LC, McGlashan TH, Skodol AE, Grilo CM.

Abstract

Objective: The identification of reliable predictors of course in major depressive disorder (MDD) has been difficult. Evidence suggests that the co-occurrence of personality pathology is associated with longer time to MDD remission. Interpersonal pathoplasticity, the mutually influencing nonetiological relationship between psychopathology and interpersonal traits, offers an avenue for examining specific personality vulnerabilities that may be associated with depressive course. **Method:** This study examined 312 participants with and without a co-occurring personality disorder diagnosis who met criteria for a current MDD episode at baseline and who were followed for 10 years in the Collaborative Longitudinal Personality

Disorders Study. Results: Latent profile analysis (LPA) identified 6 interpersonal groups (extraverted, dominant, arrogant, cold, submissive, and unassuming), and circular statistical profile analysis confirmed group interpersonal distinctiveness. No significant differences between groups were found in comorbid Axis I disorders or baseline MDD severity.

Chronicity and functioning analyses found significantly greater chronicity and poorer functioning in individuals with a submissive interpersonal style over 10 years. Conclusions: These findings support the relevance of interpersonal pathoplasticity in depressive course and that this heterogeneity has clinical significance. This study is the first to use LPA and circular profiles to examine interpersonal heterogeneity within a diagnostic group. The implications of these findings for therapeutic intervention, interpersonal functioning, and psychopathological course are discussed. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID:

22103955

[PubMed - as supplied by publisher]

Related citations

16. J Atten Disord. 2011 Nov 18. [Epub ahead of print]
[Oppositional Defiant Disorder in Adults With ADHD.](#)

Reimherr FW, Marchant BK, Olsen JL, Wender PH, Robison RJ.

Source

University of Utah, Salt Lake City, USA.

Abstract

Objective: Oppositional defiant disorder (ODD) is the most common comorbid condition in childhood ADHD. This trial was prospectively designed to explore ODD symptoms in ADHD adults. Method: A total of 86 patients in this placebo-controlled, double-blind trial of methylphenidate transdermal system (MTS) were categorized based on the presence of ODD symptoms in childhood and adulthood, and then were compared for baseline and outcome differences. Results: In all, 42% met Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV) criteria for ODD as adults and were significantly more impaired on measures of ADHD, personality disorder, and substance abuse and 27% had childhood ODD that had resolved. Childhood and adult ODD symptoms were significantly correlated. ODD and ADHD symptoms improved significantly with MTS ($p < .001$), and the most consistently significant results were found in participants with adult ODD. Conclusion: A total of 69% met criteria for ODD as children and/or adults. Understanding how ODD interacts with ADHD to impact personality disorder, substance abuse, and treatment response has important clinical, social, and theoretical implications. (J. of Att. Dis. 2011; XX(X) 1-XX).

PMID:

22100691

[PubMed - as supplied by publisher]

Related citations



17. J Eval Clin Pract. 2011 Nov 20. doi: 10.1111/j.1365-2753.2011.01795.x. [Epub ahead of print]

Rendering clinical psychology an evidence-based scientific discipline: a case study.

St Stoyanov D, Machamer PK, Schaffner KF.

Source

Associate Professor in the University of Medicine, Plovdiv, Bulgaria Professor of History and Philosophy of Science, University of Pittsburgh, Pittsburgh, Pennsylvania, USA Distinguished Professor of History and Philosophy of Science, University of Pittsburgh; and Professor of Psychiatry and Psychology, University of Pittsburgh, Pittsburgh, Pennsylvania, USA.

Abstract

Rationale, aims and objectives Both modern neuroscience and clinical psychology taken as separate fields have failed to reveal the explanatory mechanisms underlying mental disorders. The evidence acquired inside the mono-disciplinary matrices of neurobiology, clinical psychology and psychopathology are deeply insufficient in terms of their validity, reliability and utility. Further, no effective trans-disciplinary connections have been developed between them. **ARGUMENT:** In this context, our case study aims at illustrating some specific facets of clinical psychology as a crucial discipline for explaining and understanding mental disorder. The methods employed in clinical psychology are scrutinized using the exemplar case of the Minnesota Multiphasic Personality Inventory (MMPI). We demonstrate that a clinical interview and a clinical psychological rating scale consist of the same kind of cognitive content. The provisional difference can be described in terms of its having two comparable complementary cognitive structures. The test is composed of self-evaluation reports (items) formulated as questions or statements. The psychopathological structured interview is formulated in terms of subjective experience indicated as symptoms (these are self-reports recorded by the physician), complemented with the so-called 'signs' or the presumably 'objective' observations of the overt behaviours of the patient. However, the cognitive content of clinical judgment is beyond any doubt as subjective as the narrative of the patient. None of the components of the structured psychopathological interview is independent of the inter-subjective system created in the situation of clinical assessment. **CONCLUSION:** Therefore, the protocols from various clinicians that serve to sustain the reliability claim of the 'scientific' Diagnostic Statistical Manual of Mental Disorders cannot be regarded as independent measurements of the cognitive content and value of the psychological rating scales or vice versa.

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PMID:

22098092

[PubMed - as supplied by publisher]

Related citations

18. Int J Soc Psychiatry. 2011 Nov 16. [Epub ahead of print]
General condition of hikikomori (prolonged social withdrawal) in Japan: Psychiatric diagnosis and outcome in mental health welfare centres.

Kondo N, Sakai M, Kuroda Y, Kiyota Y, Kitabata Y, Kurosawa M.

Source

Yamanashi Prefectural Mental Health Welfare Centre, Yamanashi, Japan.

Abstract

BACKGROUND:

The issue of hikikomori (prolonged social withdrawal) among Japanese youth has attracted attention from international experts. In previous research, the unique cultural and social factors of Japanese society have been the focus; however, in order to resolve the problem of hikikomori, individual mental health problems must be included.

AIM:

We examined the psychiatric background of individuals with hikikomori.

METHODS:

We recruited 337 individuals with hikikomori; 183 subjects who utilized the centres were designated as the help-seeking group. We examined the multi-axial psychiatric diagnosis based on the DSM-IV-TR, treatment policies and treatment outcomes. We also examined 154 subjects who did not utilize the centers (non-help-seeking group).

RESULTS:

Most of the subjects in the utilization group were classified into one of the diagnostic categories. Forty-nine (33.3%) subjects were diagnosed with schizophrenia, mood disorders or anxiety disorders, and this group needed pharmacotherapy. Other subjects were diagnosed with personality disorders or pervasive developmental disorders, and they mainly needed psycho-social support. The Global Assessment of Functioning (GAF) scores of the non-help-seeking group were significantly lower than the GAF scores of those who used treatments.

CONCLUSION:

Most hikikomori cases can be diagnosed using current diagnostic criteria. Individuals with hikikomori are much worse if they do not seek help.

PMID:

22094722

[PubMed - as supplied by publisher]

Related citations



19. Behav Genet. 2011 Nov 17. [Epub ahead of print]

[Heritability and Longitudinal Stability of Impulsivity in Adolescence.](#)

Niv S, Tuvblad C, Raine A, Wang P, Baker LA.

[Source](#)

Department of Psychology (SGM 501), University of Southern California, 3620 S. McClintock Ave., Los Angeles, CA, 90089-1061, USA, sniv@usc.edu.

[Abstract](#)

Impulsivity is a multifaceted personality construct that plays an important role throughout the lifespan in psychopathological disorders involving self-regulated behaviors. Its genetic and environmental etiology, however, is not clearly understood during the important developmental period of adolescence. This study investigated the relative influence of genes and environment on self-reported impulsive traits in adolescent twins measured on two separate occasions (waves) between the ages of 11 and 16. An adolescent version of the Barratt Impulsiveness Scale (BIS) developed for this study was factored into subscales reflecting inattention, motor impulsivity, and non-planning. Genetic analyses of these BIS subscales showed moderate heritability, ranging from 33-56% at the early wave (age 11-13 years) and 19-44% at the later wave (age 14-16 years). Moreover, genetic influences explained half or more of the variance of a single latent factor common to these subscales within each wave. Genetic effects specific to each subscale also emerged as significant, with the exception of motor impulsivity. Shared twin environment was not significant for either the latent or specific impulsivity factors at either wave. Phenotypic correlations between waves ranged from $r = 0.25$ to 0.42 for subscales. The stability correlation between the two latent impulsivity factors was $r = 0.43$, of which 76% was attributable to shared genetic effects, suggesting strong genetic continuity from mid to late adolescence. These results contribute to our understanding of the nature of impulsivity by demonstrating both multidimensionality and genetic specificity to different facets of this complex construct, as well as highlighting the importance of stable genetic influences across adolescence.

PMID:

22089391

[PubMed - as supplied by publisher]

Related citations



20. J Neurol. 2011 Nov 15. [Epub ahead of print]

Source

Department of Neuroscience, University of Pisa, Pisa, Italy.

Abstract

This study reviews empirical evidence on the association between personality traits and Parkinson's disease (PD), with a twofold aim. First, to better identify non-motor symptoms, such as affective symptoms and personality changes, that could help to define the pre-motor phase of PD; second, to better understand the neurobiological bases of personality traits, a goal that is not fully accomplished by a purely anatomical approach. A literature review was performed on studies of personality traits in PD patients, in electronic databases ISI Web of Knowledge, Medline and PsychInfo, conducted in July 2011. We found evidence that the existence of a characteristic premorbid personality

profile of PD patients is not actually sustained by robust empirical evidence, mainly due to the methodological bias of the retrospective assessment of personality; PD patients present a personality profile of low novelty seeking and high harm avoidance. We concluded that the definition of a pre-motor phase of PD, based on non-motor symptoms, should search for the presence of concomitant affective disorders and for a positive psychiatric history for affective disorders rather than for a typical personality profile or personality changes. The low novelty seeking profile is probably related to the dopaminergic deficit, while the high harm avoidance profile is probably associated with the presence of affective disorders. Clinical implications of these findings, in regard to personality assessment and pharmacological treatments in PD, are also discussed.

PMID:

22083431

[PubMed - as supplied by publisher]

[Related citations](#)

21. Psychiatr Danub. 2011 Dec;23(4):389-95.

Burnout syndrome among physicians - the role of personality dimensions and coping strategies.

Pejušković B, Lečić-Toševski D, Priebe S, Tošković O.

Source

Institute of Mental Health, Palmoticeva 37, 11000 Belgrade, Serbia, bpejuskovic@eunet.rs.

Abstract

BACKGROUND:

Burnout syndrome (BS) and stress-related disorders are frequent among medical specialists, but it has been suggested that some health workers are more prone to the BS than others. This study assessed the intensity of the BS among 3 groups of physicians: psychiatrists, general practitioners and surgeons and examined correlation both between the intensity of BS and physicians' personality dimensions as well as between the level of BS and stress coping strategies.

SUBJECTS AND METHODS:

The sample consisted of 160 physicians (70 general practitioners, 50 psychiatrists, 40 surgeons). The assessment was carried out by the Maslach Burnout Inventory, The Temperament and Character Inventory and Manual for the Ways of Coping Questionnaire.

RESULTS:

Dimension of emotional exhaustion was the most prominent in general practitioners ($F=5.546$, $df_1=2$, $df_2=156$, $p<0.01$), while dimension of depersonalization was highest in surgeons ($F=15.314$, $df_1=2$, $df_2=156$, $p<0.01$), as well as lack of personal accomplishment ($F=16.079$, $df_1=2$, $df_2=156$, $p<0.01$). We found that the Harm Avoidance has lead to development of BS while Self-directedness and Cooperativeness were prominent in physicians with low level of BS. The escape-avoidance was in correlation with high depersonalization and lack of personal accomplishment while self-control was prominent in physicians with lower BS.

CONCLUSION:

The BS affects personal well-being and professional performance. It is important to identify individuals with a tendency towards its development, in order to undertake preventive measures such as stress management and improvement of the stress coping strategies.

PMID:

22075741

[PubMed - in process]

Related citations

- 22 Int J Eat Disord. 2011 Dec;44(8):716-20. doi: 10.1002/eat.20873. Epub 2010 Nov 19.
- Emotion contagion moderates the relationship between emotionally-negative families and abnormal eating behavior.

< a

href="http://www.ncbi.nlm.nih.gov/pubmed?term=%22Weisbuch%20M%22%5BAuthor%5D">Weisbuch M, **Ambady N**, **Slepian ML**, **Jimerson DC**.

Source

Psychology Department, Tufts University, Medford, Massachusetts. max.weisbuch@du.edu.

Abstract

OBJECTIVE:

To reconcile empirical inconsistencies in the relationship between emotionally-negative families and daughters' abnormal eating, we hypothesized a critical moderating variable: daughters' vulnerability to emotion contagion.

METHOD:

A nonclinical sample of undergraduate females (N = 92) was recruited via an advertisement and completed self-report measures validated for assessing: families' expressive negativity, daughters' susceptibility to emotion contagion, dietary restraint, and disinhibition, eating attitudes, and several control variables (interpersonal orientation, alexithymia, and the big five personality traits: extraversion, conscientiousness, openness, neuroticism, and agreeableness).

RESULTS:

All variables and interactions were entered as predictors in a multistep multiple regression equation. Only an emotion contagion by family expressivity interaction term significantly predicted unhealthy eating attitudes ($\beta = .29$, $p = .02$) and dietary restraint ($\beta = .27$, $p = .03$). Negatively expressive families significantly induced unhealthy eating and restraint but only among young women susceptible to emotion contagion ($ps < .05$).

DISCUSSION:

Young women susceptible to emotion contagion may be at increased risk for eating disorders. © 2010 by Wiley Periodicals, Inc. (Int J Eat Disord 2010).

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PMID:

22072409

[PubMed - in process]

Related citations



23. J Neurol. 2011 Nov 9. [Epub ahead of print]

Rapid improvement of tardive dyskinesia with tetrabenazine, clonazepam and clozapine combined: a naturalistic long-term follow-up study.

Kimiagar I, Dobronevsky E, Prokhorov T, Miniovitz A, Rabey JM.

Source

Department of Neurology, Movement Disorders Unit, Assaf Harofeh Medical Center, Zerifin, Israel.

Abstract

Tardive dyskinesia (TD) is a complex involuntary movement disorder affecting about 23% of neuroleptic-treated patients. Our objective was to retrospectively analyze a combination of tetrabenazine (TBZ), clonazepam (CLONAZ) and clozapine (CLOZ) used simultaneously for TD in psychotic patients. Six patients with severe, unsuccessfully controlled TD were referred for treatment (mean age 51.5 years; three male; four schizophrenics; one bipolar disease; one borderline personality disorder). They were being treated with neuroleptics (classic, three; risperidone, two; olanzapine, one) and developed severe neck and buccolingual dyskinesias. At our clinic, all of them were treated simultaneously with TBZ (mean dose 141.6 mg); CLONAZ (mean dose 4.3 mg); and CLOZ (mean dose 125 mg). In parallel, we stopped the offending medication. With 1 week, we observed a very impressive improvement in symptoms and within 1 month all the patients were free of symptoms. The mean observation period was 4 years. The combination of TBZ, CLONAZ and CLOZ is a rapid and beneficial option for the management of TD. An augmentation effect probably played a role in the rapid alleviation of symptomatology.

PMID:

22068977

[PubMed - as supplied by publisher]

Related citations



24. Acta Psychiatr Scand. 2011 Nov 5. doi: 10.1111/j.1600-0447.2011.01785.x. [Epub ahead of print]

A 5-year prospective study of predictors for disability pension among patients with major depressive disorder.

Holma IA, Holma KM, Melartin TK, Rytsälä HJ, Isometsä ET.

Source

Mood, Depression, and Suicidal Behaviour Unit, National Institute for Health and Welfare, Helsinki Department of Psychiatry, Helsinki University Central Hospital (HUCH) Helsinki Department of Psychiatry, Institute of Clinical Medicine, University of Helsinki, Helsinki, Finland.

Abstract

Holma IAK, Holma KM, Melartin TK, Rytsälä HJ, Isometsä ET. A 5-year prospective study of predictors for disability pension among patients with major depressive disorder. Objective: There is a scarcity of prospective long-term studies on work disability caused by depression. We investigated predictors for disability pension among psychiatric patients with MDD. Method: The Vantaa Depression Study followed up prospectively 269 psychiatric in- and out-patients with DSM-IV MDD for 5 years with a life chart, including 230 (91.3%) patients belonging to labour force. Information on disability pensions was obtained from interviews, patient records and registers. Results: Within 5 years, 20% of the patients belonging to labour force at baseline were granted a disability pension. In multivariate analyses, the significant baseline predictors for granted disability pension were age ≥ 50 years (HR = 3.91, $P < 0.001$), subjective inability to work (HR = 2.14, $P = 0.008$) and introversion (HR = 1.08, $P = 0.049$). When follow-up variables were included, the predictors were age more than 50 (OR = 6.25, $P < 0.001$), proportion of time spent depressed (OR = 14.6, $P < 0.001$), number of comorbid somatic disorders (OR = 1.47, $P = 0.013$) and lack of vocational education (OR = 2.38, $P = 0.032$). Conclusion: Of psychiatric patients with depression, one-fifth were granted a disability pension within 5 years. Future disability pension can be predicted by baseline older age, personality factors, functional disability, lack of vocational education and comorbid somatic disorders. Longitudinally, accumulation of time spent depressed appears decisive for pensioning.

© 2011 John Wiley & Sons A/S.

PMID:

22054701

[PubMed - as supplied by publisher]

Related citations

25. Suicide Life Threat Behav. 2011 Nov 3. doi: 10.1111/j.1943-278X.2011.00057.x. [Epub ahead of print]

[The Next Generation of Psychological Autopsy Studies: Part I. Interview Content.](#)

Conner KR, Beautrais AL, Brent DA, Conwell Y, Phillips MR, Schneider B.

Source

Kenneth R. Conner, Yeates Conwell, University of Rochester School of Medicine and Dentistry, Rochester, NY, USA; Kenneth R. Conner, VA VISN 2 Center of Excellence for Suicide Prevention, Canandaigua, NY, USA; Annette L. Beautrais, Yale University School of Medicine, New Haven, CT, USA; David A. Brent, Western Psychiatric Institute and Clinic, Pittsburgh, PA, USA; David A. Brent, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA; Michael R. Phillips, Shanghai Jiaotong University School of Medicine, Shanghai, China; Michael R. Phillips, WHO Collaborating Center for Research and Training in Suicide Prevention, Beijing Hua Long Guan Hospital, Beijing, China; and Barbara Schneider, Johann Wolfgang Goethe University, Frankfurt/Main, Germany.

Abstract

The psychological autopsy (PA) is a systematic method to understand the psychological and contextual circumstances preceding suicide. The method requires interviews with one or more proxy respondents (i.e., informants) of decedents. The methodological challenges that need to be addressed when determining the content of these research interviews for PA studies are described and recommendations are made for meeting these challenges in future PA investigations. Ways to improve the data collected about mental disorders and life events-domains that are assessed in almost all PA studies-are discussed at length. Other understudied content areas considered include the role of personality traits, medical illness and functional limitations, availability of lethal agents, medications, and select distal variables including child maltreatment and family history of mental disorders and suicide. The benefits and challenges to using common protocols across studies are also discussed.

© 2011 The American Association of Suicidology.

PMID:

22050639

[PubMed - as supplied by publisher]

Related citations

26. J Psychosom Obstet Gynaecol. 2011 Dec;32(4):189-97. Epub 2011 Oct 31.
[Prior psychiatric inpatient care and risk of cesarean sections: a registry study.](#)
Wangel AM, Molin J, Moghaddassi M, Stman M.

Source

Malmö University, Faculty of Health and Society, Malmö, Sweden.

Abstract

This study of 17,443 childbearing women, investigated the relationship between hospital admissions 5 years prior to index birth, type of mental disorders and risk factors for mode of

delivery. Hospital based electronic perinatal medical records between 2001 and 2006, were linked with the Swedish National Inpatient Care Registry 1996-2006. Of all the women, 39.3% had had inpatient care prior to index birth (27.3% had had obstetric, 10.1% somatic, and 1.9% psychiatric inpatient care). Diagnoses of mental disorders at psychiatric admission (n=333) were categorized into five groups: personality/behavioral/unspecified disorder (30.9%), affective disorders and "suicide attempt" (28.9%), neurotic/somatoform disorders (18.9%), substance use (17.1%) and schizophrenia (4.2%). Women with history of psychiatric care were more often smokers, below age 24 and single ($p < 0.001$, respectively), had more markers of mental ill-health in pregnancy records ($p < 0.001$), compared to women without such previous care, and fewer were nulliparous ($p < 0.001$). The results show that women with prior psychiatric inpatient care and those with identified mental ill-health in pregnancy records, were associated with increased adjusted risks of cesarean sections. Identifying a woman's mental health status in pregnancy may predict and prevent emergency cesarean section.

PMID:

22040006

[PubMed - in process]

Related citations



PubMed Results

Items 1 - 4 of 4

1. Arch Gen Psychiatry. 2011 Dec 5. [Epub ahead of print]

[Evidence for Chronically Altered Serotonin Function in the Cerebral Cortex of Female 3,4-Methylenedioxymethamphetamine Polydrug Users.](#)

Di Iorio CR, Watkins TJ, Dietrich MS, Cao A, Blackford JU, Rogers B, Ansari MS, Baldwin RM, Li R, Kessler RM, Salomon RM, Benningfield M, Cowan RL.

[Source](#)

School of Medicine (Ms Di Iorio, Drs Dietrich, Blackford, Ansari, Kessler, Salomon, Benningfield, and Cowan, and Messrs Watkins and Li), Psychiatric Neuroimaging Program (Ms Di Iorio, Drs Dietrich, Cao, Blackford, and Cowan, and Mr Watkins), Addiction Center (Ms Di Iorio and Drs Dietrich, Cao, Blackford, and Cowan), School of Nursing (Dr Dietrich), and Institute of Imaging Science (Drs Cao and Rogers), Vanderbilt University, Nashville, Tennessee; and Institute for Neurodegenerative Disorders, New Haven, Connecticut (Dr Baldwin).

Abstract

CONTEXT:

MDMA (3,4-methylenedioxymethamphetamine, also popularly known as "ecstasy") is a popular recreational drug that produces loss of serotonin axons in animal models. Whether MDMA produces chronic reductions in serotonin signaling in humans remains controversial.

OBJECTIVE:

To determine whether MDMA use is associated with chronic reductions in serotonin signaling in the cerebral cortex of women as reflected by increased serotonin(2A) receptor levels.

DESIGN:

Cross-sectional case-control study comparing serotonin(2A) receptor levels in abstinent female MDMA polydrug users with those in women who did not use MDMA (within-group design assessing the association of lifetime MDMA use and serotonin(2A) receptors). Case participants were abstinent from MDMA use for at least 90 days as verified by analysis of hair samples. The serotonin(2A) receptor levels in the cerebral cortex were determined using serotonin(2A)-specific positron emission tomography with radioligand fluorine 18-labeled setoperone as the tracer.

SETTING:

Academic medical center research laboratory.

PARTICIPANTS:

A total of 14 female MDMA users and 10 women who did not use MDMA (controls). The main exclusion criteria were nondrug-related DSM-IV Axis I psychiatric disorders and general medical illness.

MAIN OUTCOME MEASURES:

Cortical serotonin(2A) receptor nondisplaceable binding potential (serotonin(2A)BP(ND)).

RESULTS:

MDMA users had increased serotonin(2A)BP(ND) in occipital-parietal (19.7%), temporal (20.5%), occipitotemporal-parietal (18.3%), frontal (16.6%), and frontoparietal (18.5%) regions (corrected $P < .05$). Lifetime MDMA use was positively associated with serotonin(2A)BP(ND) in frontoparietal ($\beta = 0.665$; $P = .007$), occipitotemporal ($\beta = 0.798$; $P = .002$), frontolimbic ($\beta = 0.634$; $P = .02$), and frontal ($\beta = 0.691$; $P = .008$) regions. In contrast, there were no regions in which MDMA use was inversely associated with receptor

levels. There were no statistically significant effects of the duration of MDMA abstinence on serotonin(2A)BP(ND).

CONCLUSIONS:

The recreational use of MDMA is associated with long-lasting increases in serotonin(2A) receptor density. Serotonin(2A) receptor levels correlate positively with lifetime MDMA use and do not decrease with abstinence. These results suggest that MDMA use produces chronic serotonin neurotoxicity in humans. Given the broad role of serotonin in human brain function, the possibility for therapeutic MDMA use, and the widespread recreational popularity of this drug, these results have critical public health implications.

PMID:

22147810

[PubMed - as supplied by publisher]

Related citations



2. Arch Gen Psychiatry. 2011 Dec 5. [Epub ahead of print]

Association of Depression With Increased Risk of Dementia in Patients With Type 2 Diabetes: The Diabetes and Aging Study.

Katon W, Lyles CR, Parker MM, Karter AJ, Huang ES, Whitmer RA.

Source

School of Medicine (Dr Katon), and Department of Health Services, School of Public Health (Drs Lyles and Karter), University of Washington, Seattle; Kaiser Permanente Division of Research, Oakland, California (Ms Parker and Drs Karter and Whitmer); and University of Chicago, Chicago, Illinois (Dr Huang).

Abstract

CONTEXT:

Although depression is a risk factor for dementia in the general population, its association with dementia among patients with diabetes mellitus has not been well studied.

OBJECTIVE:

To determine whether comorbid depression in patients with type 2 diabetes increases the risk of development of dementia.

DESIGN:

The Diabetes and Aging Study was a cohort investigation that surveyed a racially/ethnically stratified random sample of patients with type 2 diabetes.

SETTING:

A large, integrated, nonprofit managed care setting in Northern California.

PARTICIPANTS:

A sample of 19 239 diabetes registry members 30 to 75 years of age.

MAIN OUTCOME MEASURES:

The Patient Health Questionnaire 8, International Classification of Diseases, Ninth Revision (ICD-9) diagnoses of depression, and/or antidepressant prescriptions in the 12 months prior to baseline were used to identify prevalent cases of depression. Clinically recognized dementia was identified among subjects with no prior ICD-9 Clinical Modification (ICD-9-CM) diagnoses of dementia. To exclude the possibility that depression was a prodrome of dementia, dementia diagnoses were only based on ICD-9-CM diagnoses identified in years 3 to 5 postbaseline. The risk of dementia for patients with depression and diabetes relative to patients with diabetes alone was estimated using Cox proportional hazard regression models that adjusted for sociodemographic, clinical, and health risk factors and health use.

RESULTS:

During the 3- to 5-year period, 80 of 3766 patients (2.1%) with comorbid depression and diabetes (incidence rate of 5.5 per 1000 person-years) vs 158 of 15 473 patients (1.0%) with diabetes alone (incidence rate of 2.6 per 1000 person-years) had 1 or more ICD-9-CM diagnoses of dementia. Patients with comorbid depression had a 100% increased risk of dementia during the 3 to 5 years postbaseline (adjusted hazard ratio, 2.02; 95% confidence interval, 1.73-2.35).

CONCLUSION:

Depression in patients with diabetes was associated with a substantively increased risk for development of dementia compared with those with diabetes alone.

PMID:

22147809

[PubMed - as supplied by publisher]

Related citations



3. Arch Gen Psychiatry. 2011 Dec 5. [Epub ahead of print]

Prevalence, Persistence, and Sociodemographic Correlates of DSM-IV Disorders in the National Comorbidity Survey Replication Adolescent Supplement.

Kessler RC, Avenevoli S, Costello EJ, Georgiades K, Green JG, Gruber MJ, He JP, Koretz D, McLaughlin KA, Petukhova M, Sampson NA, Zaslavsky AM, Merikangas KR.

Source

Petukhova, and Zaslavsky, Mr Gruber, and Ms Sampson) and Division of General Pediatrics, Children's Hospital Boston (Dr McLaughlin), Harvard Medical School, School of Education, Boston University (Dr Green), and Office of the Provost, Harvard University (Dr Koretz), Boston, Massachusetts; Divisions of Developmental Translational Research (Dr Avenevoli) and Intramural Research Programs (Ms He and Dr Merikangas), National Institute of Mental Health, Bethesda, Maryland; Department of Psychiatry and Behavioral Sciences, Center for Developmental Epidemiology, Duke University School of Medicine, Durham, North Carolina (Dr Costello); and Department of Psychiatry and Behavioral Neurosciences, McMaster University, Hamilton, Ontario, Canada (Dr Georgiades).

Abstract

CONTEXT:

Community epidemiological data on the prevalence and correlates of adolescent mental disorders are needed for policy planning purposes. Only limited data of this sort are available.

OBJECTIVE:

To present estimates of 12-month and 30-day prevalence, persistence (12-month prevalence among lifetime cases and 30-day prevalence among 12-month cases), and sociodemographic correlates of commonly occurring DSM-IV disorders among adolescents in the National Comorbidity Survey Replication Adolescent Supplement.

DESIGN:

The National Comorbidity Survey Replication Adolescent Supplement is a US national survey of DSM-IV anxiety, mood, behavior, and substance disorders among US adolescents based on face-to-face interviews in the homes of respondents with supplemental parent questionnaires.

SETTING:

Dual-frame household and school samples of US adolescents.

PARTICIPANTS:

A total of 10 148 adolescents aged 13 to 17 years (interviews) and 1 parent of each adolescent (questionnaires).

MAIN OUTCOME MEASURES:

The DSM-IV disorders assessed with the World Health Organization Composite International Diagnostic Interview and validated with blinded clinical interviews based on the Schedule for Affective Disorders and Schizophrenia for School-Age Children. Good concordance (area under the receiver operating characteristic curve ≥ 0.80) was found between Composite International Diagnostic Interview and Schedule for Affective Disorders and Schizophrenia for School-Age Children diagnoses.

RESULTS:

The prevalence estimates of any DSM-IV disorder are 40.3% at 12 months (79.5% of lifetime cases) and 23.4% at 30 days (57.9% of 12-month cases). Anxiety disorders are the most common class of disorders, followed by behavior, mood, and substance disorders. Although relative disorder prevalence is quite stable over time, 30-day to 12-month prevalence ratios are higher for anxiety and behavior disorders than mood or substance disorders, suggesting that the former are more chronic than the latter. The 30-day to 12-month prevalence ratios are generally lower than the 12-month to lifetime ratios, suggesting that disorder persistence is due more to episode recurrence than to chronicity. Sociodemographic correlates are largely consistent with previous studies.

CONCLUSIONS:

Among US adolescents, DSM-IV disorders are highly prevalent and persistent. Persistence is higher for adolescents than among adults and appears to be due more to recurrence than chronicity of child-adolescent onset disorders.

PMID:

22147808

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Related citations



4. Arch Gen Psychiatry. 2011 Dec 5. [Epub ahead of print]
Psychiatric Disorders With Postpartum Onset: Possible Early Manifestations of Bipolar Affective Disorders.

Munk-Olsen T, Laursen TM, Meltzer-Brody S, Mortensen PB, Jones I.

Source

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Abstract

CONTEXT:

Childbirth has an important influence on the onset and course of bipolar affective disorder, and it is well established that there may be a delay of many years before receiving a diagnosis of bipolar disorder following an initial episode of psychiatric illness.

OBJECTIVE:

To study to what extent psychiatric disorders with postpartum onset are early manifestations of an underlying bipolar affective disorder.

DESIGN:

Survival analyses were performed in a register-based cohort study linking information from the Danish Civil Registration System and the Danish Psychiatric Central Register.

SETTING:

Denmark.

PARTICIPANTS:

A total of 120 378 women with a first-time psychiatric inpatient or outpatient contact with any type of mental disorder excluding bipolar affective disorder.

MAIN OUTCOME MEASURES:

Each woman was followed up individually from the day of discharge, with the outcome of interest being an inpatient or outpatient contact during the follow-up period with a first-time diagnosis of bipolar affective disorder.

RESULTS:

A total of 3062 women were readmitted or had an outpatient contact with bipolar affective disorder diagnoses. A postpartum onset of symptoms within 0 to 14 days after delivery

predicted subsequent conversion to bipolar disorder (relative risk = 4.26; 95% CI = 3.11-5.85). Approximately 14% of women with first-time psychiatric contacts during the first postpartum month converted to a bipolar diagnosis within the 15-year follow-up period compared with 4% of women with a first psychiatric contact not related to childbirth. Postpartum inpatient admissions were also associated with higher conversion rates to bipolar disorder than outpatient contacts (relative risk = 2.16; 95% CI = 1.27-3.66).

CONCLUSIONS:

A psychiatric episode in the immediate postpartum period significantly predicted conversion to bipolar affective disorder during the follow-up period. Results indicate that the presentation of mental illness in the early postpartum period is a marker of possible underlying bipolarity.

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