

1. Child Adolesc Psychiatry Ment Health. 2011 Jan 28;5(1):3. [Epub ahead of print]
Dialectical Behavioral Therapy for Adolescents (DBT-A): a clinical Trial for Patients with suicidal and self-injurious Behavior and Borderline Symptoms with a one-year Follow-up.
Fleischhaker C, Bohme R, Sixt B, Bruck C, Schneider C, Schulz E.

Abstract

ABSTRACT:

BACKGROUND: To date, there are no empirically validated treatments of good quality for adolescents showing suicidality and non-suicidal self-injurious behavior. Risk factors for suicide are impulsive and non-suicidal self-injurious behavior, depression, conduct disorders and child abuse. Behind this background, we tested the main hypothesis of our study; that Dialectical Behavioral Therapy for Adolescents is an effective treatment for these patients.

METHODS: Dialectical Behavioral Therapy (DBT) has been developed by Marsha Linehan - especially for the outpatient treatment of chronically non-suicidal patients diagnosed with borderline personality disorder. The modified version of DBT for Adolescents (DBT-A) from Rathus & Miller has been adapted for a 16-24 week outpatient treatment in the German-speaking area by our group. The efficacy of treatment was measured by a pre-/ post-comparison and a one-year follow-up with the aid of standardized instruments (SCL-90-R, CBCL, YSR, ILC, CGI).

RESULTS: In the pilot study, 12 adolescents were treated. At the beginning of therapy, 83 % of patients fulfilled five or more DSM-IV criteria for borderline personality disorder. From the beginning of therapy to one year after its end, the mean value of these diagnostic criteria decreased significantly from 5.8 to 2.75. 75 % of patients were kept in therapy. For the behavioral domains according to the SCL-90-R and YSR, we have found effect sizes between 0.54 and 2.14. During treatment, non-suicidal self-injurious behavior reduced significantly. Before the start of therapy, 8 of 12 patients had attempted suicide at least once. There were neither suicidal attempts during treatment with DBT-A nor at the one-year follow-up.

CONCLUSIONS: The promising results suggest that the interventions were well accepted by the patients and their families, and were associated with improvement in multiple domains including suicidality, non-suicidal self-injurious behavior, emotion dysregulation and depression from the beginning of therapy to the one-year follow-up.

PMID: 21276211 [PubMed - as supplied by publisher]

Related citations

2. J Affect Disord. 2011 Jan 25. [Epub ahead of print]
Family history of psychiatric disorders and the outcome of psychiatric patients with DSM-IV major depressive disorder.
Holma KM, Melartin TK, Holma IA, Paunio T, Isometsä ET.

Mood, Depression, and Suicidal Behavior Unit, National Institute for Health and Welfare, Helsinki, Finland.

Abstract

BACKGROUND: Major Depressive Disorder (MDD) is often comorbid with other heritable disorders. The correlates of a family history (FH) of mood disorders but not of comorbid disorders among MDD patients have been investigated. Since bipolar disorder (BD) is highly heritable, latent BD may bias findings.

METHODS: The Vantaa Depression Study included 269 psychiatric out- and in-patients with DSM-IV MDD, diagnosed with semistructured interviews and followed-up for 5 years with a life-chart. The FH of mood, psychotic disorders, and alcoholism among first-degree relatives of 183 patients was investigated.

RESULTS: Three fourths (74.9%) of patients reported a FH of some major mental disorder; 60.7% of mood disorder, 36.6% alcoholism, and 10.9% psychotic disorder. In multivariate regression models, a FH of mood disorder was associated with high neuroticism (OR 1.08 [1.02-1.15], $p=0.014$); a FH of alcoholism with alcohol dependence, number of cluster B personality disorder symptoms, and dysthymia (OR 2.27 [1.01-5.08], $p=0.047$; OR=1.11 [1.01-1.23], $p=0.030$; and OR 4.35 [1.51-12.5], $p=0.007$), and a FH of psychotic disorder with more time spent with depressive symptoms (OR 1.03 [1.00-1.05], $p=0.043$). However, after excluding those who later switched to BD, several of the associations abated or lost significance.

LIMITATIONS: Family history was ascertained only by an interview of the proband.

CONCLUSIONS: The majority of MDD patients have a positive FH besides mood also of other disorders. A mood disorder FH may correlate with higher neuroticism, alcoholism FH with alcoholism or personality disorders. FH studies of MDD should take into account the impact of patients switching to BD.

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PMID: 21269706 [PubMed - as supplied by publisher]

Related citations



4. Brain Imaging Behav. 2011 Jan 25. [Epub ahead of print]
Neural correlates of personality dimensions and affective measures during the anticipation of emotional stimuli.

Brühl AB, Viebke MC, Baumgartner T, Kaffenberger T, Herwig U.

Clinic for Social and General Psychiatry, Psychiatric University Hospital Zürich, Militärstrasse

8, 8021, Zürich, Switzerland, annette.bruehl@puk.zh.ch.

Abstract

Neuroticism and extraversion are proposed personality dimensions for individual emotion processing. Neuroticism is correlated with depression and anxiety disorders, implicating a common neurobiological basis. Extraversion is rather inversely correlated with anxiety and depression. We examined neural correlates of personality in relation to depressiveness and anxiety in healthy adult subjects with functional magnetic resonance imaging during the cued anticipation of emotional stimuli. Distributed particularly prefrontal but also other cortical regions and the thalamus were associated with extraversion. Parieto-occipital and temporal regions and subcortically the caudate were correlated with neuroticism and affective measures. Neuroticism-related regions were partially cross-correlated with anxiety and depression and vice versa. Extraversion-related activity was not correlated with the other measures. The neural correlates of extraversion compared with those of neuroticism and affective measures fit with concepts of different neurobiological bases of the personality dimensions and point at predispositions for affective disorders.

PMID: 21264550 [PubMed - as supplied by publisher]

Related citations



5. Dev Psychopathol. 2011 Feb;23(1):305-13.

[Identity disturbance in adolescence: Associations with borderline personality disorder.](#)

Westen D, **Betan E**, **Defife JA**.

Emory University.

Abstract

Although establishing a coherent identity is often viewed as a normative developmental task of adolescence, an important question is whether forms of identity disturbance seen in adult personality disorders can also be distinguished in adolescents. If so, such disturbances would constitute an essential target for research and clinical interventions. The goal of this study is to investigate the nature of identity disturbance in an adolescent clinical sample and to explore its links with personality pathology, particularly borderline personality disorder. A national random sample of 139 psychiatrists and clinical psychologists completed a battery of instruments on a randomly selected adolescent patient in their care, including measures of Axis II symptoms and the Identity Disturbance Questionnaire-Adolescent Version, an instrument designed for clinically experienced observers that assesses a wide range of manifestations of potential identity disturbance among adolescents. Factor analysis of the Identity Disturbance Questionnaire-Adolescent Version yielded four clinically and conceptually coherent factors that resembled dimensions previously identified in adults: lack of normative commitment, role absorption, painful incoherence, and lack of consistency. As in adults, identity disturbance in adolescents is a clinically meaningful, multidimensional construct exhibiting significant relationships with different forms of severe personality pathology, most notably borderline

personality disorder. As such, identity disturbance can be a manifestation of psychopathology above and beyond the typical Sturm und Drang (storm and stress) of adolescence.

PMID: 21262056 [PubMed - in process]

Related citations



6. Soc Cogn Affect Neurosci. 2011 Jan 22. [Epub ahead of print]
[Modulating the processing of emotional stimuli by cognitive demand.](#)

Kellermann TS, Sternkopf MA, Schneider F, Habel U, Turetsky BI, Zilles K, Eickhoff SB.

Institute of Neuroscience and Medicine (INM-2), Research Center Jülich, D-52425 Jülich, Germany. ta.kellermann@fz-juelich.de.

Abstract

Emotional processing is influenced by cognitive processes and vice versa, indicating a profound interaction of these domains. The investigation of the neural mechanisms underlying this interaction is not only highly relevant for understanding the organization of human brain function. Rather, it may also help in understanding dysregulated emotions in affective disorders and in elucidating the neurobiology of cognitive behavioural therapy (e.g. in borderline personality disorder), which aims at modulating dysfunctional emotion processes by cognitive techniques, such as restructuring. In the majority of earlier studies investigating the interaction of emotions and cognition, the main focus has been on the investigation of the effects of emotional stimuli or, more general, emotional processing, e.g. instituted by emotional material that needed to be processed, on cognitive performance and neural activation patterns. Here we pursued the opposite approach and investigated the modulation of implicit processing of emotional stimuli by cognitive demands using an event-related functional magnetic resonance imaging--study on a motor short-term memory paradigm with emotional interferences. Subjects were visually presented a finger-sequence consisting either of four (easy condition) or six (difficult condition) items, which they had to memorize. After a short pause positive, negative or neutral International affective picture system pictures or a green dot (as control condition) were presented. Subjects were instructed to reproduce the memorized sequence manually as soon as the picture disappeared. Analysis showed that with increasing cognitive demand (long relative to short sequences), neural responses to emotional pictures were significantly reduced in amygdala and orbitofrontal cortex. In contrast, the more difficult task evoked stronger activation in a widespread frontoparietal network. As stimuli were task-relevant go-cues and hence had to be processed perceptually, we would interpret this as a specific attenuation of affective responses by concurrent cognitive processing--potentially reflecting a relocation of resources mediated by the frontoparietal network.

PMID: 21258093 [PubMed - as supplied by publisher]

Related citations



7. Psychoneuroendocrinology. 2011 Jan 21. [Epub ahead of print]
Tryptophan hydroxylase-2 (TPH2) in disorders of cognitive control and emotion regulation: A perspective.

Waider J, Araragi N, Gutknecht L, Lesch KP.

Molecular Psychiatry, Laboratory of Translational Neuroscience, Department of Psychiatry, Psychosomatics, and Psychotherapy, University of Wuerzburg, Fuechsleinstrasse 15, 97080 Wuerzburg, Germany.

Abstract

Based on genetic variation, there is accumulating evidence that altered function of tryptophan hydroxylase-2 (TPH2), the enzyme critical for synthesis of serotonin (5-HT) in the brain, plays a role in anxiety-, aggression- and depression-related personality traits and in the pathogenesis of disorders featuring deficits in cognitive control and emotion regulation. Here, we appraise the genetic and neurobiological evidence to illustrate the critical role of TPH2 in central 5-HT system function and in the pathophysiology of a wide spectrum of disorders of cognitive control and emotion regulation, ranging from depression to attention-deficit/hyperactivity disorder (ADHD), a phenotype commonly associated with difficulties in the control of emotion and with a high co-morbidity of depression. Findings from psychophysiological and functional imaging studies are indicative of various TPH2 polymorphisms directly influencing serotonergic function and thus impacting on mood disorders and on the response to antidepressant treatment. Especially a combination with uncontrollable stress seems to potentiate these effects linking gene-environment interaction directly with behavioral dysfunction in human and animal models. TPH2-deficient mice display increased anxiety-like behavior and alterations in fear conditioning which is accompanied by adaptational changes of 5-HT(1A) receptors and its associated signaling pathway. Mouse models in conjunction with cognitive neuroscience approaches in humans are providing unexpected results and it may well be that future research on TPH2 will provide an entirely new view of 5-HT in brain development and function related to neuropsychiatric disorders.

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PMID: 21257271 [PubMed - as supplied by publisher]

Related citations



8. Am J Psychiatry. 2011 Jan 18. [Epub ahead of print]
Relationship of Personality Disorders to the Course of Major Depressive Disorder in a Nationally Representative Sample.

Skodol AE, Grilo CM, Keyes KM, Geier T, Grant BF, Hasin DS.

Department of Psychiatry, Columbia University College of Physicians and Surgeons, New York; and the New York State Psychiatric Institute, New York.

Abstract

Objective: The purpose of this study was to examine the effects of specific personality disorder comorbidity on the course of major depressive disorder in a nationally representative sample. **Method:** Data were drawn from 1,996 participants in a national survey. Participants who met criteria for major depressive disorder at baseline in face-to-face interviews (in 2001-2002) were reinter-viewed 3 years later (in 2004-2005) to determine persistence and recurrence. Predictors included all DSM-IV personality disorders. Control variables included demographic characteristics, other axis I disorders, family and treatment histories, and previously established predictors of the course of major depressive disorder. **Results:** A total of 15.1% of participants had persistent major depressive disorder, and 7.3% of those who remitted had a recurrence. Univariate analyses indicated that avoidant, borderline, histrionic, paranoid, schizoid, and schizotypal personality disorders all elevated the risk for persistence. With axis I comorbidity controlled, all personality disorders except histrionic personality disorder remained significant. With all other personality disorders controlled, borderline and schizotypal disorders remained significant predictors. In final, multivariate analyses that controlled for age at onset of major depressive disorder, the number of previous episodes, duration of the current episode, family history, and treatment, borderline personality disorder remained a robust predictor of major depressive disorder persistence. Neither personality disorders nor other clinical variables predicted recurrence. **Conclusions:** In this nationally representative sample of adults with major depressive disorder, borderline personality disorder robustly predicted persistence, a finding that converges with recent clinical studies. Personality psychopathology, particularly borderline personality disorder, should be assessed in all patients with major depressive disorder, considered in prognosis, and addressed in treatment. PMID: 21245088 [PubMed - as supplied by publisher]

Related citations



10. J Psychiatr Res. 2011 Jan 14. [Epub ahead of print]

[Twelve-month prevalence of psychiatric disorders and treatment-seeking among Asian Americans/Pacific Islanders in the United States: Results from the National Epidemiological Survey on Alcohol and Related Conditions.](#)

Xu Y, Okuda M, Hser YI, Hasin D, Liu SM, Grant BF, Blanco C.

New York State Psychiatric Institute, New York, NY 10032, USA.

Abstract

To compare the 12-month prevalence of psychiatric disorders in Asian Americans/Pacific Islanders in contrast to non-Hispanic whites; and further compare persistence and treatment-seeking rates for psychiatric disorders among Asian American/Pacific Islanders and non-Hispanic whites, analyses from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions, Wave 1 (n=43,093) were conducted for the subsample of 1332 Asian Americans/Pacific Islanders (596 men and 736 women) and 24,507 non-Hispanic whites (10,845 men and 13,662 women). The past 12-month prevalence for any psychiatric disorder

was significantly lower in Asian American/Pacific Islander males and females than non-Hispanic white males and females. Asian American/Pacific Islander males were less likely than non-Hispanic white males to have any mood, anxiety, substance use, and personality disorders, whereas the prevalence of mood disorders among Asian American/Pacific Islander females did not differ from those of non-Hispanic white females. In some cases, such as drug use disorders, both male and female Asian Americans/Pacific Islanders were more likely to have more persistent disorders than non-Hispanic whites. Compared to non-Hispanic white females, Asian American/Pacific Islander females had lower rates of treatment-seeking for any mood/anxiety disorders. Although less prevalent than among non-Hispanic whites, psychiatric disorders are not uncommon among Asian Americans/Pacific Islanders. The lower treatment-seeking rates for mood/anxiety disorders in Asian American/Pacific Islander females underscore the unmet needs for psychiatric service among this population.

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PMID: 21238989 [PubMed - as supplied by publisher]

Related citations



11. Psychiatry Res. 2011 Jan 12. [Epub ahead of print]
[Aggression in psychiatry wards: A systematic review.](#)

Cornaggia CM, Beghi M, Pavone F, Barale F.

Department of Clinical Psychiatry, University of Milano-Bicocca, Monza, Italy; Organic Psychiatry Unit, Zucchi Clinical Institute, Carate Brianza, Italy.

Abstract

Although fairly frequent in psychiatric in-patient, episodes of aggression/violence are mainly limited to verbal aggression, but the level of general health is significantly lower in nurses who report 'frequent' exposure to violent incidents, and there is disagreement between patients and staff concerning predictors of these episodes. We searched the Pubmed, Embase and PsychInfo databases for English, Italian, French or German language papers published between 1 January 1990 and 31 March 2010 using the key words "aggress*" (aggression or aggressive) "violen*" (violence or violent) and "in-patient" or "psychiatric wards", and the inclusion criterion of an adult population (excluding all studies of selected samples such as a specific psychiatric diagnosis other than psychosis, adolescents or the elderly, men/women only, personality disorders and mental retardation). The variables that were most frequently associated with aggression or violence in the 66 identified studies of unselected psychiatric populations were the existence of previous episodes, the presence of impulsiveness/hostility, a longer period of hospitalisation, non-voluntary admission, and aggressor and victim of the same gender; weaker evidence indicated alcohol/drug misuse, a diagnosis of psychosis, a younger age and the risk of suicide. Alcohol/drug misuse, hostility, paranoid thoughts and acute psychosis were the factors most frequently involved in 12 studies of psychotic patients. Harmony among staff (a good working climate) seems to be more useful in preventing aggression than some of the other strategies used in psychiatric wards, such as the presence of

male nurses.

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PMID: 21236497 [PubMed - as supplied by publisher]

[Related citations](#)



12. Assessment. 2011 Jan 10. [Epub ahead of print]
[Level of Agreement Between Self and Spouse in the Assessment of Personality Pathology.](#)

South SC, Oltmanns TF, Johnson J, Turkheimer E.

Purdue University.

[Abstract](#)

Informant reports can provide important information regarding the presence of pathological personality traits, and they can serve as useful supplements to self-report instruments. Ratings from a spouse may be a particularly valuable source of personality assessment because spouses are very well acquainted with the target person, have typically known the person for a long time, and witness behaviors across a variety of situations. In the current study, self- and spouse report measures based on the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) personality disorder criteria were collected from a nonclinical sample of 82 couples ($N = 164$). Agreement between self- and spouse report for several pathological personality factors was significant and somewhat higher than has been found for self and peer agreement. Nevertheless, the magnitude of self-spouse agreement was still moderate in size (mean $r = .36$). Findings are discussed with regard to using spouse report in the assessment of personality pathology.

PMID: 21220382 [PubMed - as supplied by publisher]

[Related citations](#)



13. J Affect Disord. 2011 Jan 4. [Epub ahead of print]
[Dorsolateral prefrontal cortex and hippocampus sustain impulsivity and aggressiveness in borderline personality disorder.](#)

Sala M, Caverzasi E, Lazzaretti M, Morandotti N, De Vidovich G, Marraffini E, Gambini F, Isola M, De Bona M, Rambaldelli G, d'Allio G, Barale F, Zappoli F, Brambilla P.

Department of Mental Health, Azienda Sanitaria Locale Alessandria, Alessandria Italy;
Interdepartmental Centre for research on Personality Disorders, Department of Applied and Behavioural Health Sciences, Section of Psychiatry, University of Pavia, Pavia, Italy.

[Abstract](#)

BACKGROUND: Borderline Personality Disorder (BPD) patients are characterized by increased levels of aggressivity and reduction of impulse control, which are behavioural dimensions mainly sustained by hippocampus and dorsolateral prefrontal cortex (DLPFC). In this study we aimed at investigating whether hippocampus and DLPFC anatomy may sustain impulsive and aggressive behaviours in BPD.

METHODS: Fifteen DSM-IV BPD patients (11 females, 4 males) and fifteen 1:1 matched healthy controls (11 females, 4 males) were studied with a 1.5T magnetic resonance imaging (MRI) and underwent a psychopathological assessment in order to measure the severity of aggressive and impulsive traits.

RESULTS: Right hippocampal volumes were significantly reduced in BPD patients compared to healthy subjects ($p=0.027$), particularly in those with a history of childhood abuse ($p=0.01$). Moreover, in patients but not in controls, right hippocampal volumes significantly inversely correlated with aggressiveness and DLPFC grey matter volumes significantly inversely associated with impulsiveness ($p<0.05$).

CONCLUSIONS: Our results provide evidence that hippocampus and DLPFC play a separate and unique role in sustaining the control of impulse and aggressive behaviours in BPD patients.

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PMID: 21211852 [PubMed - as supplied by publisher]

[Related citations](#)



14. Addiction. 2011 Jan 6. doi: 10.1111/j.1360-0443.2010.03300.x. [Epub ahead of print]
[Prevalence of Comorbid Disorders in Problem and Pathological Gambling: Systematic Review and Meta-Analysis of Population Surveys.](#)

Lorains FK, Cowlshaw S, Thomas SA.

Problem Gambling Research and Treatment Centre, School of Primary Health Care, Monash University. 1/270 Ferntree Gully Road, Notting Hill, Victoria, Australia, 3168.

Abstract

Aims: This paper reviews evidence pertaining to the prevalence of common comorbid disorders, including alcohol use disorder, depression, substance use disorders, nicotine dependence, anxiety disorders, and antisocial personality disorder, in population representative samples of problem and pathological gamblers. **Methods:** A systematic search was conducted for peer-reviewed and unpublished articles reported between January 1(st) 1998 and September 20(th) 2010. Only studies which examined the prevalence of comorbid conditions in problem and/or pathological gamblers from a general population sample using randomised sampling methods and standardised measurement tools were

included. Meta-analysis techniques were then performed to synthesise the included studies and estimate the weighted mean effect size and heterogeneity across studies. Results: Eleven eligible studies were identified from the literature. Results from across the studies indicated that problem and pathological gamblers had high rates of other comorbid disorders. The highest mean prevalence was for nicotine dependence (60.1%), followed by a substance use disorder (57.5%), any type of mood disorder (37.9%), and any type of anxiety disorder (37.4%). However, there was evidence of moderate heterogeneity across studies, suggesting that rate estimates do not necessarily converge around a single population figure, and that weighted means should be interpreted with caution. Conclusions: Problem and pathological gamblers experience high levels of other comorbid mental health disorders and screening for comorbid disorders upon entering treatment for gambling problems is recommended. Further research is required to explore the underlying causes of variability observed in the prevalence estimates.

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PMID: 21210880 [PubMed - as supplied by publisher]

Related citations



16 *J Psychiatr Res.* 2011 Jan 3. [Epub ahead of print]

. [Birth characteristics and schizotypy: Evidence of a potential "second hit"](#)

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href="<http://www.ncbi.nlm.nih.gov/pubmed?term=%22Cohen%20AS%22%5BAuthor%5D>">Cohen AS, Najolia GM.

Department of Psychology, Louisiana State University, 236 Audubon Hall, Baton Rouge, LA 70808, USA.

Abstract

Schizophrenia is associated with a modest increase in winter births as well as increased odds of being born in more densely populated and midrange latitude regions. It is unclear the degree to which these findings hold for individuals with schizotypy, defined in terms of the personality organization that is a potential precursor to schizophrenia-spectrum disorders. This issue is important for understanding whether birth factors contribute to general schizophrenia vulnerability or whether they reflect a secondary "hit" that increases the likelihood of psychosis onset in vulnerable individuals. The present project examined season of birth, birthplace population and birth location in a large group of young adults from the southeastern United States. Individuals with extreme schizotypy scores did not differ from those without schizotypy in season of birth, birthplace latitude or population. However, 60% of individuals within the schizotypy group who reported a diagnosis of schizophrenia or prior hospitalization were born during winter months; a dramatic difference from other individuals within the schizotypy group. We also found that individuals with negative/schizoid traits showed a birthplace population less than half that of other individuals with schizotypy. Season of birth appears to be a "second hit" that is related to expression of psychopathology

onset in vulnerable individuals. This finding, and the unexpected inverse relationship between birthplace population and negative/schizoid traits, is discussed.

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PMID: 21208628 [PubMed - as supplied by publisher]

[Related citations](#)



PubMed Results

Items 1 - 43 of 43

1. Lancet. 2011 Feb 24. [Epub ahead of print]

[Reclassifying personality disorders.](#)

Tyrer P, Crawford M, Mulder R; on behalf of the ICD-11 Working Group for the Revision of Classification of Personality Disorders.

Centre for Mental Health, Department of Medicine, Imperial College, London W6 8RP, UK.

PMID: 21353696 [PubMed - as supplied by publisher]

2. Nord J Psychiatry. 2011 Feb 25. [Epub ahead of print]

[Exposure to teacher bullying in schools: A study of patients with personality disorders.](#)

Monsvold T, Bendixen M, Hagen R, Helvik AS.

Department of Public Health and General Practice, Faculty of Medicine, Norwegian

University of Science and Technology (NTNU), Trondheim, Norway, and St. Olav's Hospital

University, Trondheim, Norway.

Abstract

Background: The aim of this study was to examine the level and affect of exposure to teacher bullying in primary and secondary schools on patients with personality disorders (PD).

Method: The study group contained 116 people (18-60 years old); 49 patients diagnosed with PD undergoing psychiatric treatment in 10 different psychiatric outpatient clinics in the Southern and Middle part of Norway, and a control group consisting of 67 people who worked in an institution for somatic/elderly people and an institution for people with drug/alcohol dependency in the Middle part of Norway. All study participants filled out a self-report questionnaire, which included demographic data, one item about whether they have been bullied by one or several teachers, and 28 items regarding subjection to negative acts from teachers based on the Negative Acts Questionnaire -Revised (NAQ-R). **Results:** Patients diagnosed with PD reported significantly more bullying by teachers in both primary school (OR 7.3; 95% CI 1.9-27.7) and secondary school (OR 5.8; 95% CI 1.1-30.5) than healthy controls. Patients with PD also reported a higher prevalence of negative acts from teachers

than healthy controls in both primary and secondary schools, such as differential treatment, ridicule, humiliation, and being ignored or neglected at least once weekly. Conclusion: Our findings indicate a correlation between bullying from teachers, as reported by PD patients, and the development of PD in adulthood. The problem of teacher bullying deserves more attention with regard to this possible correlation between student victimization and the development of PD.

PMID: 21351821 [PubMed - as supplied by publisher]

3. Compr Psychiatry. 2011 Feb 22. [Epub ahead of print]

[Axis II comorbidity in borderline personality disorder is influenced by sex, age, and clinical severity.](#)

Barrachina J, Pascual JC, Ferrer M, Soler J, Rufat MJ, Andi3n O, Tiana T, Mart3n-Blanco A, Casas M, P3rez V.

Centre de Psicoterapia de Barcelona Serveis Salut Mental (CPB-SSM) (Universitat Aut3noma de Barcelona), Barcelona, Spain.

Abstract

Borderline personality disorder (BPD) is a severe psychiatric disorder that has a high clinical heterogeneity and frequent co-occurrence with other personality disorders (PDs). Although several studies have been performed to assess axis II comorbidity in BPD, more research is needed to clarify associated factors. The aim of this study was to determine the prevalence of co-occurrent axis II disorders in a large sample of patients with BPD and to investigate the influence of sex, age, and severity on this comorbidity. Data were collected from 484 patients with BPD through 2 semistructured interviews. We analyzed the frequency of axis II comorbidity and assessed differences regarding sex, age, and severity of BPD. About 74% of patients with BPD had at least 1 co-occurrent axis II disorder. The most common were paranoid, passive-aggressive, avoidant, and dependent PDs. Significant sex differences were found. Women presented more comorbidity with dependent PD, whereas men showed higher rates of comorbidity with antisocial PD. We also observed a significant positive correlation between age and the number of co-occurrent axis II disorders in women with BPD. Another finding was the positive correlation between BPD severity and the number of co-occurrent axis II disorders. These findings suggest that comorbidity with other axis II disorders and sex, age, and severity should be taken into account when developing treatment strategies and determining the prognosis of BPD.

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PMID: 21349508 [PubMed - as supplied by publisher]



6. PLoS One. 2011 Feb 9;6(2):e14659.

[Does work affect personality? A study in horses.](#)

Hausberger M, Muller C, Lunel C.

Université de Rennes 1, UMR 6552 Ethologie Animale et Humaine, Unité Mixte de Recherche CNRS, Campus de Beaulieu, Rennes, France.

Abstract

It has been repeatedly hypothesized that job characteristics are related to changes in personality in humans, but often personality models still omit effects of life experience. Demonstrating reciprocal relationships between personality and work remains a challenge though, as in humans, many other influential factors may interfere. This study investigates this relationship by comparing the emotional reactivity of horses that differed only by their type of work. Horses are remarkable animal models to investigate this question as they share with humans working activities and their potential difficulties, such as "interpersonal" conflicts or "suppressed emotions". An earlier study showed that different types of work could be associated with different chronic behavioural disorders. Here, we hypothesised that type of work would affect horses' personality. Therefore over one hundred adult horses, differing only by their work characteristics were presented standardised behavioural tests. Subjects lived under the same conditions (same housing, same food), were of the same sex (geldings), and mostly one of two breeds, and had not been genetically selected for their current type of work. This is to our knowledge the first time that a direct relationship between type of work and personality traits has been investigated. Our results show that horses from different types of work differ not as much in their overall emotional levels as in the ways they express emotions (i.e. behavioural profile). Extremes were dressage horses, which presented the highest excitation components, and voltige horses, which were the quietest. The horses' type of work was decided by the stall managers, mostly on their jumping abilities, but unconscious choice based on individual behavioural characteristics cannot be totally excluded. Further research would require manipulating type of work. Our results nevertheless agree with reports on humans and suggest that more attention should be given to work characteristics when evaluating personalities.

Free Article

PMID: 21347405 [PubMed - in process]

Related citations



8. J Affect Disord. 2011 Feb 17. [Epub ahead of print]

Association between affective temperaments and season of birth in a general student population.

Rihmer Z, Erdos P, Ormos M, Fountoulakis KN, Vazquez G, Pompili M, Gonda X.

Department of Clinical and Theoretical Mental Health, Kutvolgyi Clinical Center, Semmelweis University; Kutvolgyi ut 4., 1125 Budapest, Hungary.

Abstract

BACKGROUND: Several studies indicate a significant association between birth season and personality and neuropsychiatric disorders. The aim of our present study was to investigate the association between affective temperaments and season of birth in a nonclinical sample.

METHODS: 366 university students completed the standardized Hungarian version of the Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Auto-questionnaire (TEMPS-A). Ordinary Least Squares regression was applied to explain the relationship between TEMPS-A subscale and birth season of the respondents.

RESULTS: We found a significant association between temperament scores and birth season in the case of the Hyperthymic, Cyclothymic, Irritable and Depressive temperaments, while no significant results emerged for the Anxious temperament.

LIMITATIONS: The relatively small sample size, especially in the case of seasonal and monthly subsamples limits generalization of our results.

CONCLUSIONS: Our results support the evidence that there is a strong association between season of birth and personality, extending the results to affective temperaments as well. Furthermore, our results are in line with clinical observations concerning the seasonal variation of onset and hospitalization due to affective episodes. This is especially important, since affective temperaments are conceived as the subaffective and subclinical manifestations of major and minor affective disorders indicating a risk for the development of these disorders and also exerting a possible pathoplastic effect, thus our results also have clinical significance.

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PMID: 21334071 [PubMed - as supplied by publisher]

Related citations



9. J Gambl Stud. 2011 Feb 18. [Epub ahead of print]

[Rates and Correlates of Pathological Gambling Among VA Mental Health Service Users.](#)

Edens EL, Rosenheck RA.

VA New England Mental Illness Research, Education, and Clinical Center (MIRECC), West Haven, CT, USA, ellen.edens@va.gov.

Abstract

The rate and correlates of diagnosed pathological gambling (PG) among mental health patients in the Veterans Health Administration, the only national system of mental health care, have not been studied. Using fiscal year 2009 (FY2009) VA administrative data, a case-control study compared those with an ICD code of 312.31 (PG) versus those without. The analytic group was limited to 1,102,846 Veterans Affairs (VA) specialty mental health (MH) services users because 94.5% of all those diagnosed with PG in the U.S. VA health system received such

services. Chi-square tests and logistic regression assessed associations between demographic and clinical factors and PG diagnosis. The past-year rate of PG diagnosis among veterans treated in specialty MH program was 0.2%, significantly lower than prevalence rates in other treatment samples and the general U.S population, suggesting under-diagnosis and/or a low-income sample. Being female, ages 40-74, and higher income increased the risk of PG diagnosis, as did past-year homelessness (Odds Ratio (OR) = 2.2), alcohol use disorders (OR = 2.8), bipolar disorder (OR = 2.1) and personality disorders (OR = 2.1). Depression, schizophrenia, and anxiety disorders other than PTSD, were also positively associated with PG diagnosis. Drug use disorder had no significant independent association with PG. PTSD, dementia, and living in isolated rural areas conferred reduced risk. More systematic screening and surveillance of PG among MH service users generally, and veterans with heavy alcohol use, severe mental illness, and homelessness specifically, appears warranted.

PMID: 21331515 [PubMed - as supplied by publisher]

Related citations

10. Eat Weight Disord. 2011 Feb 16. [Epub ahead of print]

Obesity, alexithymia and psychopathology: A case-control study.

Pinna F, Lai L, Pirarba S, Orrù W, Velluzzi F, Loviselli A, Carpiniello B.

Department of Public Health, Section of Psychiatry, University of Cagliari, Italy.

Abstract

Objective: The relationship between psychopathology and alexithymia in obese patients is uncertain. The present study was performed to evaluate this relationship in a clinical sample of patients attending a centre for the diagnosis and treatment of obesity compared to a matched sample of non-obese subjects. Methods: 293 consecutive obese patients (48 Males, 245 females, mean age 45.41+/-13.55 yrs; mean BMI 35.60+/-6.20) were compared with a control group made of 293 non-obese subjects (48 Males, 245 females, mean age 45.66+/-13.86 yrs; mean BMI 21.8+/-2.06); all subjects were interviewed by means of SCID I and SCID II together with several self-evaluation instruments including the TAS-20 (Toronto Alexithymia Scale) and SCL-90 (Symptom Check List, Revised). Results: Alexithymia was significantly more frequent among obese patients compared to "normal" controls (12.9% vs 6.9%, p=0.010); moreover obese patients achieved significantly higher mean scores on subscales 1 and 2 and on overall scale of the Toronto Alexithymia Scale; comorbidity with axis I/II disorders, in particular Binge Eating Disorder, was associated with a significantly higher frequency of alexithymic traits and higher scores at TAS. Conclusions: alexithymia and psychopathology are strongly correlated among obese patients seeking treatment. Routine evaluation of personality traits and comorbid psychopathology may be relevant in treatment of obesity.

PMID: 21330781 [PubMed - as supplied by publisher]

Related citations



11. Psychiatry Res. 2011 Feb 15. [Epub ahead of print]

Metacognitive mastery dysfunctions in personality disorder psychotherapy.

Carcione A, Nicolò G, Pedone R, Popolo R, Conti L, Fiore D, Procacci M, Semerari A, Dimaggio G.

Terzo Centro di Psicoterapia Cognitiva - Scuola di Psicoterapia Cognitiva (SPC) Training School in Cognitive Psychotherapy, Rome, Italy.

Abstract

Individuals with Personality Disorders (PDs) have difficulties to modulate mental states and cope with interpersonal problems according to a mentalistic formulation of the problem. In this article we analyzed the first 16 psychotherapy sessions of 14 PD patients in order to explore whether their abilities to master distress and interpersonal problems were actually impaired and how they changed during the early therapy phase. We used the Mastery Section of the Metacognition Assessment Scale, which assesses the use of mentalistic knowledge to solve problems and promote adaptation. We explored the hypotheses that a) PD patients had problems in using their mentalistic knowledge to master distress and solve social problems; b) the impairments were partially stable and only a minimal improvement could be observed during the analyzed period; c) patients' mastery preferences differed from one another; d) at the beginning of treatment the more effective strategies were those involving minimal knowledge about mental states. Results seemed to support the hypotheses; the patients examined had significant difficulties in mastery abilities and these difficulties persisted after 16 sessions. Moreover the attitudes towards problem-solving were not homogenous across the patients. We finally discuss implications for assessment and treatment of metacognitive disorders in psychotherapy.

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PMID: 21329989 [PubMed - as supplied by publisher]

Related citations



12. Clin Rheumatol. 2011 Feb 16. [Epub ahead of print]

[Long-term functioning following whiplash injury: the role of social support and personality traits.](#)

Nijs J, Inghelbrecht E, Daenen L, Hachimi-Idrissi S, Hens L, Willems B, Roussel N, Cras P, Bernheim J.

Department of Human Physiology, Faculty of Physical Education & Physiotherapy, Vrije Universiteit Brussel, Building L-Mfys, Pleinlaan 2, BE-1050, Brussels, Belgium,
Jo.Nijs@vub.ac.be.

Abstract

Transition from acute whiplash injury to either recovery or chronicity and the development of

chronic whiplash-associated disorders (WAD) remains a challenging issue for researchers and clinicians. The roles of social support and personality traits in long-term functioning following whiplash have not been studied concomitantly. The present study aimed to examine whether social support and personality traits are related to long-term functioning following whiplash. One hundred forty-three subjects, who had experienced a whiplash injury in a traffic accident 10-26 months before the study took place, participated. The initial diagnoses were a 'sprain of the neck' (ICD-9 code 847.0); only the outcome of grades I-III acute WAD was studied. Long-term functioning was considered within the biopsychosocial model: it was expressed in terms of disability, functional status, quality of life and psychological well-being. Participants filled out a set of questionnaires to measure the long-term functioning parameters (i.e. the Neck Disability Index, Medical Outcome Study Short-Form General Health Survey, Anamnestic Comparative Self-Assessment measure of overall well-being and the Symptom Checklist-90) and potential determinants of long-term functioning (the Dutch Personality Questionnaire and the Social Support List). The results suggest that social support (especially the discrepancies dimension of social support) and personality traits (i.e. inadequacy, self-satisfaction and resentment) are related to long-term functioning following whiplash injury (Spearman rho varied between 0.32 and 0.57; $p < 0.01$). Within the discrepancy dimension, everyday emotional support, emotional support during problems, appreciative support and informative support were identified as important correlates of long-term functioning. Future prospective studies are required to confirm the role of social support and personality traits in relation to long-term functioning following whiplash. For such studies, a broad view of long-term functioning within the biopsychological model should be applied.

PMID: 21327685 [PubMed - as supplied by publisher]

Related citations



14. Int J Eat Disord. 2011 Feb 14. doi: 10.1002/eat.20920. [Epub ahead of print]
"Do you still want to be seen?": The pros and cons of active waiting list management.

Tatham M, Stringer H, Perera S, Waller G.

Vincent Square Eating Disorders Clinic, Central and North West London NHS Foundation Trust, London, United Kingdom.

Abstract

OBJECTIVE: This study examined the impact on a clinic waiting list of introducing an "opt-in" system for patients awaiting individual outpatient cognitive behavioral therapy. The proportion of patients opting in was identified, along with demographic, eating, and psychopathological factors that might make some more likely to opt out.

METHOD: The sample consisted of 116 patients with eating disorder. Each completed measures of eating and axis 1 and 2 characteristics at assessment. They received one opt-in letter and a reminder. Those who opted in immediately or after a reminder were compared

with those who did not.

RESULTS: Just over two-thirds of the patients opted to remain on the waiting list. No demographic or eating characteristics differentiated those individuals. Those who did not opt in immediately had higher levels of depression, psychoticism, and borderline personality disorder cognitions. However, that difference disappeared when the reminder letter was sent.

DISCUSSION: Waiting list reductions can be achieved through an active "opt-in" mechanism, and this approach does not disadvantage specific individuals but speeds access to treatment for the majority of patients. However, further research is needed to track pathways of care to determine whether such initiatives have longer term positive or negative impacts. © 2011 by Wiley Periodicals, Inc.

Copyright © 2011 Wiley Periodicals, Inc.

PMID: 21321990 [PubMed - as supplied by publisher]

Related citations



15. Int J Eat Disord. 2011 Feb 14. doi: 10.1002/eat.20902. [Epub ahead of print]
[Compulsive exercise: The role of personality, psychological morbidity, and disordered eating.](#)

Goodwin H, Haycraft E, Willis AM, Meyer C.

Loughborough University Centre for Research into Eating Disorders, Loughborough University, Leicestershire, United Kingdom.

Abstract

OBJECTIVE: Compulsive exercise has been closely linked with eating disorders, and has been widely reported in both clinical and nonclinical settings. It has been shown to have a negative impact on eating disorder treatment and outcome. However, the risk factors for compulsive exercise have not been examined. This study aimed to provide a first step in identifying potential cross-sectional predictors of compulsive exercise.

METHOD: The sample consisted of 1,488 male and female adolescents, aged 12-14 years old, recruited from schools in the United Kingdom. Participants completed measures of compulsive exercise, personality, psychological morbidity, and disordered eating attitudes during a school class period.

RESULTS: Multiple stepwise regressions showed that the strongest cross-sectional predictors of compulsive exercise were a drive for thinness, perfectionism, and obsessive-compulsiveness.

DISCUSSION: These results are discussed in terms of the role that personal factors may play

in the development of compulsive exercise. © 2011 by Wiley Periodicals, Inc.

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PMID: 21321986 [PubMed - as supplied by publisher]

Related citations



16. Int J Neuropsychopharmacol. 2011 Feb 15:1-32. [Epub ahead of print]
[Evidence-based pharmacotherapy for personality disorder s.](#)

Ripoll LH, Triebwasser J, Siever LJ.

Mental Illness Research Education and Clinical Center, James J. Peters VA Medical Center, Bronx, NY, USA.

Abstract

Patients with personality disorders are prescribed psychotropic medications with greater frequency than almost any other diagnostic group. Prescribing practices in these populations are often based on anecdotal evidence rather than rigorous data. Although evidence-based psychotherapy remains an integral part of treatment, Axis II psychopathology is increasingly conceptualized according to neurobiological substrates that correspond to specific psychopharmacological strategies. We summarize the best available evidence regarding medication treatment of personality disordered patients and provide optimal strategies for evidence-based practice. Most available evidence is concentrated around borderline and schizotypal personality disorders, with some additional evidence concerning the treatment of avoidant and antisocial personality disorders. Although maladaptive personality symptoms respond to antidepressants, antipsychotics, mood stabilizers, and other medications, evidence-based pharmacotherapy is most useful in treating circumscribed symptom domains and induces only partial improvement. Most available evidence supports use of medication in reducing impulsivity and aggression, characteristic of borderline and antisocial psychopathology. Efforts have also begun to reduce psychotic-like symptoms and improve cognitive deficits characteristic of schizotypy. Indirect evidence is also provided for psychopharmacological reduction of social anxiety central to avoidant personality disorder. Evidence-based practice requires attention to domains of expected clinical improvement associated with a medication, relative to the potential risks. The development of future rational pharmacotherapy will require increased understanding of the neurobiological underpinnings of personality disorders and their component dimensions. Increasing efforts to translate personality theory and social cognitive neuroscience into increasingly specific neurobiological substrates may provide more effective targets for pharmacotherapy.

PMID: 21320390 [PubMed - as supplied by publisher]

Related citations



17. J Abnorm Psychol. 2011 Feb;120(1):198-209.

The joint structure of DSM-IV Axis I and Axis II disorders.

Røysamb E, Kendler KS, Tambs K, Orstavik RE, Neale MC, Aggen SH, Torgersen S, Reichborn-Kjennerud T.

University of Oslo.

Abstract

The Diagnostic and Statistical Manual (4th ed. [DSM-IV]; American Psychiatric Association, 1994) distinction between clinical disorders on Axis I and personality disorders on Axis II has become increasingly controversial. Although substantial comorbidity between axes has been demonstrated, the structure of the liability factors underlying these two groups of disorders is poorly understood. The aim of this study was to determine the latent factor structure of a broad set of common Axis I disorders and all Axis II personality disorders and thereby to identify clusters of disorders and account for comorbidity within and between axes. Data were collected in Norway, through a population-based interview study (N = 2,794 young adult twins). Axis I and Axis II disorders were assessed with the Composite International Diagnostic Interview (CIDI) and the Structured Interview for DSM-IV Personality (SIDP-IV), respectively. Exploratory and confirmatory factor analyses were used to investigate the underlying structure of 25 disorders. A four-factor model fit the data well, suggesting a distinction between clinical and personality disorders as well as a distinction between broad groups of internalizing and externalizing disorders. The location of some disorders was not consistent with the DSM-IV classification; antisocial personality disorder belonged primarily to the Axis I externalizing spectrum, dysthymia appeared as a personality disorder, and borderline personality disorder appeared in an interspectral position. The findings have implications for a meta-structure for the DSM. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

PMID: 21319931 [PubMed - in process]

Related citations



18. Psychol Assess. 2011 Feb 14. [Epub ahead of print]

The psychometric properties and utility of the Short Sadistic Impulse Scale (SSIS).

O'Meara A, Davies J, Hammond S.

Abstract

Sadistic personality disorder (SPD) has been underresearched and often misunderstood in forensic settings. Furthermore, personality disorders in general are the subject of much controversy in terms of their classification (i.e., whether they should be categorical or dimensional). The Sadistic Attitudes and Behaviors Scale (SABS; Davies & Hand, 2003; O'Meara, Davies, & Barnes-Holmes, 2004) is a recently developed scale for measuring sadistic inclinations. Derived from this is the Short Sadistic Impulse Scale (SSIS), which has proved to be a strong unidimensional measure of sadistic inclination. Through cumulative scaling, it was investigated whether the SSIS could measure sadism on a continuum of

interest, thus providing a dimensional view of the construct. Further, the SSIS was administered along with a number of other measures related to sadism in order to assess the validity of the scale. Results showed that the SSIS has strong construct and discriminant validity and may be useful as a screening measure for sadistic impulse. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID: 21319907 [PubMed - as supplied by publisher]

Related citations

19. J Abnorm Psychol. 2011 Feb 14. [Epub ahead of print]

[Externalizing psychopathology and gain-loss feedback in a simulated gambling task: Dissociable components of brain response revealed by time-frequency analysis.](#)

Bern at EM, Nelson LD, Steele VR, Gehring WJ, Patrick CJ.

Abstract

Externalizing is a broad construct that reflects propensity toward a variety of impulse control problems, including antisocial personality disorder and substance use disorders. Two event-related potential responses known to be reduced among individuals high in externalizing proneness are the P300, which reflects postperceptual processing of a stimulus, and the error-related negativity (ERN), which indexes performance monitoring based on endogenous representations. In the current study, the authors used a simulated gambling task to examine the relation between externalizing proneness and the feedback-related negativity (FRN), a brain response that indexes performance monitoring related to exogenous cues, which is thought to be highly related to the ERN. Time-frequency (TF) analysis was used to disentangle the FRN from the accompanying P300 response to feedback cues by parsing the overall feedback-locked potential into distinctive theta (4-7 Hz) and delta (<3 Hz) TF components. Whereas delta-P300 amplitude was reduced among individuals high in externalizing proneness, theta-FRN response was unrelated to externalizing. These findings suggest that in contrast with previously reported deficits in endogenously based performance monitoring (as indexed by the ERN), individuals prone to externalizing problems show intact monitoring of exogenous cues (as indexed by the FRN). The results also contribute to a growing body of evidence indicating that the P300 is attenuated across a broad range of task conditions in high-externalizing individuals. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID: 21319875 [PubMed - as supplied by publisher]

Related citations

20. Neurosci Behav Physiol. 2011 Feb 12. [Epub ahead of print]

[Characteristics of Stress-Induced Mental Disorders in Combatants Who Have Committed Criminal Actions.](#)

Fastovtsov GA.

Serbskii State Scientific Center for Social and Forensic Psychiatry, Moscow, Russia,
fgrigo@yandex.ru.

Abstract

The aim of the present work was to identify the symptoms of post-traumatic stress disorder (PTSD) affecting the manifestation of aggressive behavior in combatants and to develop approaches to the prophylaxis of this behavior. A total of 174 veterans taking part in combat actions (aged 22-43 years) who had committed illegal acts were studied. Aggressive illegal behavior was most commonly seen in veterans with prolonged experience of participating in combat operations, especially after exposure to particularly severe (extremely severe) combat stress and who had had difficulty returning to peaceful life because of PTSD and characteristic personality changes. The results showed that all illegal acts were committed on the background of acute stress reactions of different degrees of severity, associated with interpersonal conflict (occurring suddenly or building up slowly). In these conditions, some PTSD symptoms in combatants masked the real circumstances of the psychologically traumatizing conflict situation, creating the impression of irreconcilable confrontation.
PMID: 21318546 [PubMed - as supplied by publisher]

Related citations

21. Neuron. 2011 Feb 10;69(3):563-71.

[Fear-conditioning mechanisms associated with trait vulnerability to anxiety in humans.](#)

Indovina I, Robbins TW, Núñez-Elizalde AO, Dunn BD, Bishop SJ.

Behavioural and Clinical Neuroscience Institute, Department of Experimental Psychology, University of Cambridge, Downing Street, Cambridge, CB2 3EB, UK; Laboratory of Neuromotor Physiology, Santa Lucia Foundation, via Ardeatina 306, 00179 Rome, Italy.

Abstract

Investigations of fear conditioning in rodents and humans have illuminated the neural mechanisms underlying cued and contextual fear. A critical question is how personality dimensions such as trait anxiety act through these mechanisms to confer vulnerability to anxiety disorders, and whether humans' ability to overcome acquired fears depends on regulatory skills not characterized in animal models. In a neuroimaging study of fear conditioning in humans, we found evidence for two independent dimensions of neurocognitive function associated with trait vulnerability to anxiety. The first entailed increased amygdala responsivity to phasic fear cues. The second involved impoverished ventral prefrontal cortical (vPFC) recruitment to downregulate both cued and contextual fear prior to omission (extinction) of the aversive unconditioned stimulus. These two dimensions may contribute to symptomatology differences across anxiety disorders; the amygdala mechanism affecting the development of phobic fear and the frontal mechanism influencing the maintenance of both specific fears and generalized anxiety.

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PMID: 21315265 [PubMed - in process]

Related citations

Cell Press

23. J Pers Disord. 2011 Feb;25(1):128-33.

Brief report-associations of personality disorder with early separation anxiety in patients with adult separation anxiety disorder.

Silove D, Marnane C, Wagner R, Manicavasagar V.

Abstract

A recent study has suggested a link between early separation anxiety and personality disorder. It is possible that this relationship is mediated or confounded by the presence of adult separation anxiety disorder (ASAD). In a clinic study of 397 anxiety patients, we found that ASAD patients with heightened early separation anxiety had higher rates of any Cluster C personality disorder compared to ASAD patients without elevated early separation anxiety, and higher rates of any Cluster B or C personality disorder compared to anxiety patients with low early separation anxiety and no ASAD. Although cross-sectional in design, the study supports a direct link between early separation anxiety and some adult personality disorders, irrespective of the type of adult anxiety disorder present, including ASAD.

PMID: 21309628 [PubMed - in process]

Related citations



24. J Pers Disord. 2011 Feb;25(1):101-14.

Severity of childhood attention-deficit hyperactivity disorder-a risk factor for personality disorders in adult life?

Matthies S, van Elst LT, Feige B, Fischer D, Scheel C, Krogmann E, Perlov E, Ebert D, Philipsen A.

Abstract

Some evidence points to an increased rate of cluster B and C personality disorders (PDs) in adult ADHD patients. In order to assess axis II disorders comprehensively we used the diagnostic instrument of the WHO. In sixty adult out-patients with ADHD according to DSM-IV criteria PDs were assessed with the International PD Examination (IPDE) and severity of childhood ADHD with the Wender-Utah-Rating Scale (WURS). We found at least one PD in 25% of cases. Cluster C PDs were most common (36.6%) followed by Cluster B (23.3%) and A (8.3%). Avoidant (21.7%) and borderline (18.3%) were the most frequent single PD entities. ADHD patients with PD suffered from significantly more severe childhood ADHD compared to those without co-occurring PD. Applying the IPDE we confirmed a high number of PDs among adult ADHD patients. Our findings point to a higher vulnerability for the development of PDs in patients with severe childhood ADHD.

PMID: 21309626 [PubMed - in process]

Related citations



25. J Pers Disord. 2011 Feb;25(1):41-58.

Extended schema mode conceptualizations for specific personality disorders: an empirical study.

Bamelis LL, Renner F, Heidkamp D, Arntz A.

Abstract

The aim of this study was to investigate newly formulated schema mode models for cluster-C, paranoid, histrionic and narcissistic personality disorders. In order to assess 18 hypothesized modes, the Schema Mode Inventory (SMI) was modified into the SMI-2. The SMI-2 was administered to a sample of 323 patients (with a main diagnosis on one of the PDs mentioned) and 121 nonpatients. The SMI-2 was successful in distinguishing patients and controls. Newly formulated modes proved to be appropriate for histrionic, avoidant, and dependent PD. The modification of the Overcontroller mode into the Perfectionistic and Suspicious Overcontroller mode was valuable for characterizing paranoid and obsessive-compulsive PD. The results support recent theoretical developments in Schema Therapy, and are useful for application in clinical practice.

PMID: 21309622 [PubMed - in process]

Related citations



26. J Pers Disord. 2011 Feb;25(1):16-27.

Interpersonal competence across domains: relevance to personality pathology. Muralidharan A, Sheets ES, Madsen J, Craighead LW, Craighead WE.

Abstract

Interpersonal problems are significant markers of personality disorders (PDs). There is little research examining the specific interpersonal problems which lead to social impairment in PD. This study used canonical correlation analyses to examine the relationship between interpersonal competence and PDs, first as categorized by DSM-IV diagnoses, then as categorized by empirically-derived factors, in a sample at risk for recurrence of major depression. The most significant sources of shared variance were social inhibition and self-disclosure competence. The empirically-derived PD categories accounted for more variance in interpersonal competence than the DSM-IV diagnostic categories. Social skills training in initiation and self-disclosure may be useful for treating individuals with PD who experience interpersonal problems. Empirically-derived categories of PD symptoms may capture interpersonal problems experienced by individuals with PD which DSM-IV categories do not.

PMID: 21309620 [PubMed - in process]

Related citations



27. Depress Anxiety. 2011 Feb 9. doi: 10.1002/da.20785. [Epub ahead of print]

Predictors of treatment outcome in modular cognitive therapy for obsessive-compulsive

disorder.

Steketee G, Siev J, Fama JM, Keshaviah A, Chosak A, Wilhelm S.

Boston University, Boston, Massachusetts. steketee@bu.edu.

Abstract

Background: The present study sought to identify predictors of outcome for a comprehensive cognitive therapy (CT) developed for patients with obsessive-compulsive disorder (OCD). **Methods:** Treatment was delivered over 22 sessions and included standard CT methods, as well as specific strategies designed for subtypes of OCD including religious, sexual, and other obsessions. This study of 39 participants assigned to CT examined predictors of outcomes assessed on the Yale-Brown Obsessive Compulsive Scale. A variety of baseline symptom variables were examined as well as treatment expectancy and motivation. **Results:** Findings indicated that participants who perceived themselves as having more severe OCD at baseline remained in treatment but more severe symptoms were marginally associated with worse outcome for those who completed therapy. Depressed and anxious mood did not predict post-test outcome, but more Axis I comorbid diagnoses (mainly major depression and anxiety disorders), predicted more improvement, as did the presence of sexual (but not religious) OCD symptoms, and stronger motivation (but not expectancy). A small rebound in OCD symptoms at 1-year follow-up was significantly predicted by higher scores on personality traits, especially for schizotypal (but not obsessive-compulsive personality) traits. **Conclusions:** Longer treatment may be needed for those with more severe symptoms at the outset. CT may have positive effects not only on OCD symptoms but also on comorbid depressive and anxious disorders and associated underlying core beliefs. Findings are discussed in light of study limitations and research on other predictors. *Depression and Anxiety* 0:1-7, 2011. © 2011 Wiley-Liss, Inc.

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PMID: 21308884 [PubMed - as supplied by publisher]

Related citations



28. *Depress Anxiety*. 2011 Feb 9. doi: 10.1002/da.20773. [Epub ahead of print]
[Separation anxiety disorder in OCD.](#)

Mroczkowski MM, Goes FS, Riddle MA, Grados MA, Joseph Bienvenu O 3rd, Greenberg BD, Fyer AJ, McCracken JT, Rauch SL, Murphy DL, Knowles JA, Piacentini J, Cullen B, Rasmussen SA, Geller DA, Pauls DL, Liang KY, Nestadt G, Samuels JF.

Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, Maryland.

Abstract

Background: A history of separation anxiety disorder (SAD) is frequently reported by patients with obsessive-compulsive disorder (OCD). The purpose of this study was to determine if there are clinical differences between OCD-affected individuals with, versus without, a history of SAD. **Methods:** Using data collected during the OCD Collaborative Genetic Study, we studied 470 adult OCD participants; 80 had a history of SAD, whereas 390 did not. These two groups were compared as to onset and severity of OCD, lifetime prevalence of Axis I disorders, and number of personality disorder traits. **Results:** OCD participants with a history of SAD were significantly younger than the non-SAD group (mean, 34.2 versus 42.2 years; $P < .001$). They had an earlier age of onset of OCD symptoms (mean, 8.0 versus 10.5 years; $P < .003$) and more severe OCD, as measured by the Yale-Brown Obsessive Compulsive Scale (mean, 27.5 versus 25.0; $P < .005$). In addition, those with a history of SAD had a significantly greater lifetime prevalence of agoraphobia (odds ratio (OR) = 2.52, 95% confidence interval (CI) = 1.4-4.6, $P < .003$), panic disorder (OR = 1.84, CI = 1.03-3.3 $P < .04$), social phobia (OR = 1.69, CI 1.01-2.8, $P < .048$), after adjusting for age at interview, age at onset of OCD, and OCD severity in logistic regression models. There was a strong relationship between the number of dependent personality disorder traits and SAD (adjusted OR = 1.42, CI = 1.2-1.6, $P < .001$). **Conclusions:** A history of SAD is associated with anxiety disorders and dependent personality disorder traits in individuals with OCD. *Depression and Anxiety* 0:1-7, 2011. © 2011 Wiley-Liss, Inc.

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PMID: 21308883 [PubMed - as supplied by publisher]

Related citations



29. *J Forensic Sci.* 2011 Feb 9. doi: 10.1111/j.1556-4029.2010.01691.x. [Epub ahead of print]
[The Prevalence of Mental Disorders in Prisoners in the City of Salvador, Bahia, Brazil*](#)

Pondé MP, Freire AC, Mendonça MS.

Bahia School of Medicine and Public Health (EBMSP), Salvador, Bahia, Brazil. Medical Residency Program, Department of Psychiatry, Teaching Hospital, Federal University of Bahia, Av. Centenario, 2883, S. 410, Salvador, Bahia 40155-150, Brazil. Federal University of Bahia, Salvador, Bahia 40155-150, Brazil.

Abstract

The number of individuals affected by serious psychiatric disorders in Brazilian prisons is unknown. This cross-sectional study was conducted in prison complexes within the city of Salvador, Bahia, Brazil. The sample consisted of 497 prisoners, and the outcome measure was the Brazilian Portuguese version of the Mini International Neuropsychiatric Interview. The prevalence rates found in the closed and semi-open prison systems, respectively, were as follows: depression 17.6% and 18.8%; bipolar mood disorder 5.2% and 10.1%; anxiety disorders 6.9% and 14.4%; borderline personality disorder 19.7% and 34.8%; antisocial personality disorder 26.9% and 24.2%; alcohol addiction 26.6% and 35.3%; drug addiction

27.9% and 32.4%; psychosis 1.4% and 12.6%; attention deficit/hyperactivity disorder (ADHD) in childhood 10.3% and 22.2%; and ADHD in adulthood 4.1% and 5.3%. This study revealed higher rates of substance-related disorders and lower rates of psychotic and mood disorders compared to other prevalence studies carried out in prison populations.

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PMID: 21306379 [PubMed - as supplied by publisher]

Related citations



30. J Med Toxicol. 2011 Feb 8. [Epub ahead of print]

[Mass Psychogenic Illness: Psychological Predisposition and Iatrogenic Pseudo-vocal Cord Dysfunction and Pseudo-reactive Airways Disease Syndrome.](#)

Staudenmayer H, Christopher KL, Repsher L, Hill RH.

, Denver, CO, USA, hstaudenmayer@msn.com.

Abstract

A multidisciplinary team assessed five patients who alleged chronic medically unexplained multiorgan system symptoms described by idiopathic environmental intolerance allegedly triggered by exposure to solvents used in membrane roofing repair work on an office building. The event precipitated an incident of mass psychogenic illness (MPI). Treating physicians diagnosed irritant-associated vocal cord dysfunction (IVCD) and reactive airways disease syndrome (RADS) resulting from exposure. The authors conducted medical, psychological, and industrial hygiene evaluations. Air monitoring data for total volatile organic compounds obtained during the 2-day exposure period, measurements of emissions during membrane roofing repair at a similar site, mathematical modeling of air contaminant concentrations, and injection of tracer gas into the incident building revealed exposure levels well below those doses anticipated to cause clinical symptoms. There was no objective medical evidence validating symptoms. Review of the medical records indicated that the video laryngoscopy data, pulmonary function tests, and medical examinations relied upon by the treating physicians were inconsistent with published criteria for IVCD and RADS. Psychological evaluation identified defensiveness and self-serving misrepresentations of exaggerated health concerns associated with somatization and malingering. Each case had personality traits associated with at least one personality disorder. Social histories identified premorbid life events and stressors associated with distress. This is the first study to assess psychological predisposition, social interaction among the plaintiffs, and iatrogenic reinforcement of beliefs by diagnoses of pseudo-disorders associated with patient misrepresentation of exaggerated health concerns in an incident of MPI.

PMID: 21302017 [PubMed - as supplied by publisher]

Related citations

31. Arch Womens Ment Health. 2011 Feb 7. [Epub ahead of print]

[Personality disorders in women with severe premenstrual syndrome.](#)

Sassoon SA, Colrain IM, Baker FC.

Neuroscience Program, SRI International, 333 Ravenswood Ave., BN-165, Menlo Park, CA, 94025, USA, stephanie.sassoon@sri.com.

Abstract

Premenstrual syndrome (PMS) and its more severe form, premenstrual dysphoric disorder, affect up to 18% of women. Both are commonly associated with other mood-related disorders such as major depression, and cause significant life impairment, but their relationship with personality disorders is less clear. After completing the Structured Clinical Interview for DSM-IV-TR disorders, 33 women with severe PMS and 26 asymptomatic women, counterbalanced for menstrual cycle phase, were administered the Structured Interview for DSM-IV Personality Disorders, a diagnostic interview with low transparency, strong inter-rater reliability, and good diagnostic clarity. Women with severe PMS had a higher prevalence of personality disorders ($p = 0.003$) than asymptomatic women (27% versus 0%), and were more likely to have odd-eccentric, dramatic-erratic, and anxious-fearful personality disorder traits ($p < 0.05$). Obsessive-compulsive personality disorder (OCPD) was the most common character pathology in the PMS group ($n = 6$, 18%). OCPD, although not necessarily associated with greater severity of premenstrual symptoms, was related to poorer life functioning in women with PMS. The comorbidity of a personality disorder and severe PMS places an additive burden on general life functioning and may have implications for psychiatric treatment or medication given to those with severe premenstrual symptoms.

PMID: 21298551 [PubMed - as supplied by publisher]

Related citations



32. Value Health. 2011 Feb 4. [Epub ahead of print]

[Cost-Effective Psychotherapy for Personality Disorders in The Netherlands: The Value of Further Research and Active Implementation.](#)

Soeteman DI, Busschbach JJ, Verheul R, Hoomans T, Kim JJ.

Viersprong Institute for Studies on Personality Disorders (VISPD), Halsteren, The Netherlands; Department of Medical Psychology and Psychotherapy, Erasmus Medical Center, Rotterdam, The Netherlands; Department of Clinical Psychology, University of Amsterdam, The Netherlands.

Abstract

OBJECTIVE: In a budget-constrained health care system, decisions regarding resource allocation towards research and implementation are critical and can be informed by cost-effectiveness analysis. The objective of this study was to assess the societal value of conducting further research to inform reimbursement decisions and implementation of cost-effective psychotherapy for clusters B and C personality disorders (PDs).

METHODS: Value of information and value of implementation analyses were conducted using previously developed cost-effectiveness models for clusters B and C PDs to evaluate the parameters that contribute to most of the decision uncertainty, and to calculate the population expected values of perfect information (pEVPI) and perfect implementation (pEVPIM).

RESULTS: The pEVPI was estimated to be €425 million for cluster B PDs and €315 million for cluster C PDs, indicating that gathering additional evidence is expected to be cost-effective. The categories of parameters for which reduction of uncertainty would be most valuable were transition probabilities and health state costs. The pEVPIM was estimated to be €595 million for cluster B PDs and €1,372 million for cluster C PDs, suggesting that investing in implementation of cost-effective psychotherapy is likely to be worthwhile.

CONCLUSIONS: The societal value of additional research on psychotherapy for clusters B and C PDs is substantial, especially when prioritizing information on transition probabilities and health state costs. Active implementation of cost-effective treatment strategies into clinical practice is likely to improve the efficiency of health care provision in The Netherlands.

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PMID: 21296601 [PubMed - as supplied by publisher]

Related citations



33. Eur Psychiatry. 2011 Feb 4. [Epub ahead of print]
[Psychometric properties of the Spanish version of the Diagnostic Interview for Depressive Personality.](#)

Irastorza LJ, Rojano P, Gonzalez-Salvador T, Cotobal J, Leira M, Rojas C, Rubio G, Rodríguez-Rieiro C, Bellon JM, Alvarez M, Rodríguez C, Arango C.

Mental Health Centre, Arganda del Rey, Hospital Virgen de la Torre, 28500 Madrid, Spain.

Abstract

The aim of this study was to evaluate the reliability and validity of the Spanish-language version of the Diagnostic Interview for Depressive Personality (DIDP). The DIDP was administered to 328 consecutive outpatients and the test-retest and inter-rater reliability were assessed. Factor analysis was used in search of factors capable of explaining the scale and a cutoff point was established. The DIDP scales showed adequate Cronbach's α values and acceptable test-retest and inter-rater reliability coefficients. Convergent and discriminant validity were explored, the latter with respect to avoidant and borderline personality disorders. The results of the factor analysis were consistent with the four-factor structure of the DIDP scales. The receiver operating characteristic (ROC) analysis revealed the area under the curve to be 0.848. We found 30 to be a good cutoff point, with a sensitivity of 74.5% and

a specificity of 78.5%. The DIDP proved to be a reliable and valid instrument for assessing depressive personality disorder, at least among our outpatients. The psychometric properties of the DIDP support its clinical usefulness in assessing depressive personality.

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PMID: 21296561 [PubMed - as supplied by publisher]

Related citations



34. Compr Psychiatry. 2011 Mar-Apr;52(2):225-30. Epub 2010 Jul 29.
The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Defensive Functioning Scale: a validity study.

Porcerelli JH, Cogan R, Markova T, Miller K, Mickens L.

Department of Family Medicine & Public Health Sciences, Wayne State University School of Medicine, Detroit, MI.

Abstract

OBJECTIVE: We assess the convergent and predictive validity of the Defensive Functioning Scale (DFS) with measures of life events, including childhood abuse and adult partner victimization; dimensions of psychopathology, including axis I (depressive) and axis II (borderline personality disorder) symptoms; and quality of object relations.

METHOD: One hundred and ten women from a university-based urban primary care clinic completed a research interview from which defense mechanisms were assessed. The quality of object relations was also assessed from interview data. The women completed self-report measures assessing depression, borderline personality disorder symptoms, childhood physical and sexual abuse, and adult partner physical and sexual victimization.

RESULTS: Inter-rater reliability of the scoring of the DFS levels was good. High adaptive defenses were positively correlated with the quality of object relations and pathological defenses were positively correlated with childhood and adult victimization and symptom measures. Although major image distorting defenses were infrequently used, they were robustly correlated with all study variables. In a stepwise multiple regression analysis, major image distorting defenses, depressive symptoms, and minor image distorting defenses significantly predict childhood victimization, accounting for 37% of the variance. In a second stepwise multiple regression analysis, borderline personality disorder symptoms and disavowal defenses combined to significantly predict adult victimization, accounting for 16% of the variance.

CONCLUSIONS: The DFS demonstrates good convergent validity with axis I and axis II symptoms, as well as with measures of childhood and adult victimization and object relations. The DFS levels add nonredundant information to Diagnostic and Statistical Manual

of Mental Disorders, Fourth Edition beyond axis I and axis II.

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PMID: 21295230 [PubMed - in process]

[Related citations](#)



35. Compr Psychiatry. 2011 Mar-Apr;52(2):195-207. Epub 2010 Jul 1.

[Sex difference in the rates and co-occurring conditions of psychiatric symptoms in incoming college students in Taiwan.](#)

Chien YL, Gau SS, Gadow KD.

Department of Psychiatry, National Taiwan University Hospital, Yun Lin Branch 64041, Taiwan; Department of Psychiatry, National Taiwan University Hospital, Taipei 10002, Taiwan.

Abstract

OBJECTIVE: The authors investigated the sex difference in the rates and co-occurring patterns in Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-referenced psychiatric symptoms among incoming first-year college students in Taiwan.

METHODS: This was a college-based questionnaire survey. The participants included 2731 incoming first-year college students (male, 52.4%; mean age, 19.3 ± 2.6 years). The participants completed the Chinese version of the Adult Self Report Inventory-4 for the assessment of a wide range of psychiatric symptoms according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition symptom criteria. The participant rate was 74.1%.

RESULTS: There were 55% of the participants having at least one psychiatric symptom. Symptoms of agoraphobia, body dysmorphic, and gender identity disorder were more prevalent in women; those of obsession-compulsion, tics, conduct problems, schizoid personality, and kleptomania were more prevalent in men. The magnitude of symptom correlations between compulsion and gender identity disorder, dysthymia, and antisocial personality, and between gender identity disorder and schizophrenia was significantly greater in male participants, whereas that between conduct problems and obsession and motor tics was significantly greater in female participants.

CONCLUSIONS: The Chinese version of the Adult Self Report Inventory-4 identified similar sex difference in psychiatric symptoms as Western studies. The sex difference in co-occurring psychiatric conditions warrants further investigation.

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PMID: 21295227 [PubMed - in process]

[Related citations](#)

36. Compr Psychiatry. 2011 Mar-Apr;52(2):188-94. Epub 2010 Jul 8.
Monoamine oxidase A regulates antisocial personality in whites with no history of physical abuse.

Reti IM, Xu JZ, Yanofski J, McKibben J, Uhart M, Cheng YJ, Zandi P, Bienvenu OJ, Samuels J, Willour V, Kasch-Semenza L, Costa P, Bandeen-Roche K, Eaton WW, Nestadt G.

The School of Medicine, Johns Hopkins University, Baltimore, MD, USA.

Abstract

OBJECTIVE: Preclinical and human family studies clearly link monoamine oxidase A (MAOA) to aggression and antisocial personality (ASP). The 30-base pair variable number tandem repeat in the MAOA promoter regulates MAOA levels, but its effects on ASP in humans are unclear.

METHODS: We evaluated the association of the variable number tandem repeat of the MAOA promoter with Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, ASP disorder (ASPD) traits in a community sample of 435 participants from the Hopkins Epidemiology of Personality Disorders Study.

RESULTS: We did not find an association between the activity of the MAOA allele and ASPD traits; however, among whites, when subjects with a history of childhood physical abuse were excluded, the remaining subjects with low-activity alleles had ASPD trait counts that were 41% greater than those with high-activity alleles ($P < .05$).

CONCLUSION: The high-activity MAOA allele is protective against ASP among whites with no history of physical abuse, lending support to a link between MAOA expression and antisocial behavior.

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PMID: 21295226 [PubMed - in process]

Related citations

37. Compr Psychiatry. 2011 Mar-Apr;52(2):119-25. Epub 2010 Jul 8.
Intermittent explosive disorder: development of integrated research criteria for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

Coccaro EF.

Abstract

This study was designed to develop a revised diagnostic criteria set for intermittent explosive disorder (IED) for consideration for inclusion in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). This revised criteria set was developed by integrating previous research criteria with elements from the current DSM-IV set of diagnostic criteria. Evidence supporting the reliability and validity of IED-IR ("IED Integrated Criteria") in a new and well-characterized group of subjects with personality disorder is presented. Clinical, phenomenologic, and diagnostic data from 201 individuals with personality disorder were reviewed. All IED diagnoses were assigned using a best-estimate process (eg, kappa for IED-IR >0.85). In addition, subjects meeting IED-IR criteria had higher scores on dimensional measures of aggression and had lower global functioning scores than non-IED-IR subjects, even when related variables were controlled. The IED-IR criteria were more sensitive than the DSM-IV criteria only in identifying subjects with significant impulsive-aggressive behavior by a factor of 16. We conclude that the IED-IR criteria can be reliably applied and have sufficient validity to warrant consideration as DSM-V criteria for IED.

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PMID: 21295216 [PubMed - in process]

[Related citations](#)



38. Acta Odontol Scand. 2011 Feb 7. [Epub ahead of print]

[Dental fear and alexithymia among adults in Finland.](#)

[Pohjola V, Mattila AK, Joukamaa M, Lahti S.](#)

Department of Community Dentistry, Institute of Dentistry, University of Oulu, Oulu, Finland.

[Abstract](#)

Abstract Objectives. The aim of this study was to investigate the association between dental fear and alexithymia in a nationally representative adult population sample, controlling for age, gender, education and marital status as well as depressive and anxiety disorders. An additional aim was to evaluate whether gender modified this association. **Material and methods.** The two-stage stratified cluster sample (n = 8028) represented the Finnish population aged 30 years and older. Participants (n = 5241) answered the question "How afraid are you of visiting a dentist?" They also filled out the 20-Item Toronto Alexithymia Scale (TAS-20), which included three sub-scales, i.e. difficulties in identifying feelings (DIF), difficulties in describing feelings (DDF) and externally oriented thinking (EOT). Anxiety and depressive disorders were assessed with a standardized structured psychiatric interview according to DSM-IV criteria. To evaluate the association between dental fear and alexithymia, multiple logistic regression analyses were performed, adjusting simultaneously for the effects of possible confounding variables. **Results.** Gender modified the association between dental fear and alexithymia. Among women, those reporting higher scores for TAS-20, DIF and EOT sub-scale scores were more likely to have high dental fear than were those

reporting lower scores. Among men no such association was observed. Those participants who reported high DDF sub-scale scores were more likely to have high dental fear than were those reporting lower scores. Conclusions. Alexithymics are more likely to have high dental fear than non-alexithymics are. The findings support the suggestion that some people with dental fear may have internal personality vulnerability to anxiety disorders.

PMID: 21294672 [PubMed - as supplied by publisher]

Related citations



40. J Neurosci Res. 2011 Apr;89(4):562-75. doi: 10.1002/jnr.22593. Epub 2011 Feb 2.

Differential effects of the HESR/HEY transcription factor family on dopamine transporter reporter gene expression via variable number of tandem repeats.

Kanno K, Ishiura S.

Department of Life Sciences, Graduate School of Arts and Sciences, The University of Tokyo, Tokyo, Japan; Department of Biological Sciences, Graduate School of Science, The University of Tokyo, Tokyo, Japan.

Abstract

The 3'-untranslated region (UTR) of the human dopamine transporter (DAT1) gene contains a variable number of tandem repeats (VNTR) domain, which is thought to be associated with dopamine-related psychiatric disorders, personality, and behavior. However, the molecular and neuronal functions of polymorphisms within the VNTR domain are unknown. We previously identified the transcription factor HESR1 (HEY1) as a VNTR-binding protein. Hesr1 knockout mice exhibit DAT up-regulation in the brain and low levels of spontaneous activity. Other members of the HESR (HEY) family, including HESR2 (HEY2) and 3 (HEYL), have similar DNA-binding domains. In this study, we analyzed the effects of HESR1, -2, and -3 on DAT1 expression in human neuroblastoma SH-SY5Y cells using luciferase reporter assays. We found that the VNTR domain played an inhibitory role in DAT1 reporter gene expression and that HESR1 and -2 inhibited expression via both the core promoter and the VNTR. The inhibitory effects of HESR family members on DAT reporter gene expression differed depending on the number of repeats in the VNTR domain. We also found that each Hesr was expressed in the dopaminergic neurons in the mouse midbrain. These results suggest that the HESR family is involved in DAT expression via the VNTR domain. © 2011 Wiley-Liss, Inc.

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PMID: 21290414 [PubMed - in process]

Related citations



41. Eur Arch Psychiatry Clin Neurosci. 2011 Feb 3. [Epub ahead of print]

BDNF serum levels, but not BDNF Val66Met genotype, are correlated with personality traits

in healthy subjects.

Minelli A, Zanardini R, Bonvicini C, Sartori R, Pedrini L, Gennarelli M, Bocchio-Chiavetto L.

Genetic Unit, I.R.C.C.S. "San Giovanni di Dio" Fatebenefratelli, Via Pilastroni, 4, Brescia, Italy.

Abstract

Consistent evidence in animal models has suggested that alterations in brain-derived neurotrophic factor (BDNF) brain expression and release are involved in the pathogenesis of mental illnesses, such as, mood, anxiety, and eating disorders. This hypothesis is supported by data emerging from biochemical studies on serum BDNF levels and genetic studies on the functional polymorphism Val66Met in the BDNF gene in patients and control subjects. Anxiety-related personality traits are associated with several mental disorders. However, they are also measurable in non-affected subjects and, so, may represent a useful "endophenotype" to study the biological correlation of the vulnerability factors in the general population. In this study, we analyzed putative correlations in subjects unaffected by mental disorders between personality traits, serum BDNF levels (N = 107), and the BDNF Val66Met genotype (N = 217). Furthermore, we tested the possible interactions between these variables. A significant correlation has been observed between high scores of harm avoidance (HA) measured by the temperament and character inventory (TCI), and low BDNF serum concentration ($r = -0.253$, $P = 0.009$). In addition, an association has been evidenced between low BDNF levels in serum and the BDNF Val/Val genotype ($P = 0.021$). By analyzing putative concomitant effects of different variables on HA scores in a regression model, we observed a significant correlation only with BDNF serum concentrations ($P = 0.022$). The study results suggest that a decrease in serum BDNF concentrations may represent a biochemical marker associated with anxiety personality traits also retrievable in the general population.

PMID: 21290143 [PubMed - as supplied by publisher]

Related citations



42. J Abnorm Psychol. 2011 Jan 31. [Epub ahead of print]

[Suicidality as a function of impulsivity, callous-unemotional traits, and depressive symptoms in youth.](#)

Javdani S, Sadeh N, Verona E.

Abstract

Suicidality represents one of the most important areas of risk for adolescents, with both internalizing (e.g., depression, anxiety) and externalizing-antisocial (e.g., substance use, conduct) disorders conferring risk for suicidal ideation and attempts (e.g., Bridge, Goldstein, & Brent, 2006). However, no study has attended to gender differences in relationships

between suicidality and different facets of psychopathic tendencies in youth. Further, very little research has focused on disentangling the multiple manifestations of suicide risk in the same study, including behaviors (suicide attempts with intent to die, self-injurious behavior) and general suicide risk marked by suicidal ideation and plans. To better understand these relationships, we recruited 184 adolescents from the community and in treatment. As predicted, psychopathic traits and depressive symptoms in youth showed differential associations with components of suicidality. Specifically, impulsive traits uniquely contributed to suicide attempts and self-injurious behaviors, above the influence of depression. Indeed, once psychopathic tendencies were entered in the model, depressive symptoms only explained general suicide risk marked by ideation or plans but not behaviors. Further, callous-unemotional traits conferred protection from suicide attempts selectively in girls. These findings have important implications for developing integrative models that incorporate differential relationships between (a) depressed mood and (b) personality risk factors (i.e., impulsivity and callous-unemotional traits) for suicidality in youth. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

PMID: 21280931 [PubMed - as supplied by publisher]

Related citations

43. J Behav Ther Exp Psychiatry. 2011 Mar;42(1):96-103. Epub 2010 Jul 22.
[Trouble ahead, trouble behind: Narcissism and early maladaptive schemas.](#)

[Zeigler-Hill V](#), [Green BA](#), [Arnau RC](#), [Sisemore TB](#), [Myers EM](#).

Department of Psychology, University of Southern Mississippi, 118 College Drive #5025, Hattiesburg, MS 39406, United States. virgil@usm.edu

Abstract

Narcissism is a multifaceted construct that is inconsistently defined and assessed between clinical psychology and social-personality psychology. The purpose of the present study was to examine the similarities and differences in the cognitive schemas underlying various forms of narcissism. This was accomplished by examining the associations of normal and pathological forms of narcissism with the early maladaptive schemas. The results showed important similarities in these associations (e.g., all of the narcissism scales were positively associated with the entitlement schema) as well as differences (e.g., vulnerable narcissism was the only form of narcissism that was positively associated with subjugation). Discussion focuses on the implications of these results for the ways in which individuals with these forms of narcissism perceive and navigate their social environments.

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PMID: 20705282 [PubMed - indexed for MEDLINE]

Related citations



1. J Nerv Ment Dis. 2011 Apr;199(4):244-50.

Effects of motive-oriented therapeutic relationship in early-phase treatment of borderline personality disorder: a pilot study of a randomized trial.

Kramer U, Berger T, Kolly S, Marquet P, Preisig M, de Roten Y, Despland JN, Caspar F.

*Department of Psychiatry-CHUV, Institute of Psychotherapy, University of Lausanne, Prilly-Lausanne, Switzerland; †Karl Jaspers, Department of Psychiatry-CHUV, University of Lausanne, Prilly-Lausanne, Switzerland; and ‡Department of Clinical Psychology and Psychotherapy, University of Berne, Berne, Switzerland.

Abstract

Motive-oriented therapeutic relationship (MOTR, also called complementary therapeutic relationship) was postulated to be a particularly helpful therapeutic ingredient in the early-phase treatment of patients with personality disorders, in particular borderline personality disorder (BPD). The present pilot study of randomized controlled trial using an add-on design aims to investigate the effects of MOTR in early-phase treatment (up to session 10), with BPD patients on therapeutic alliance, session impact, and outcome. In total, N = 25 patients participated in the study. BPD patients were randomly allocated to a manual-based investigation process in 10 sessions or to the same investigation process infused with MOTR. Adherence ratings were performed and yielded satisfactory results. The results suggested a specific effectiveness of MOTR on the interpersonal problem area, on the quality of the therapeutic alliance and the quality of the therapeutic relationship, as rated by the patient. These results may have important clinical implications for the early-phase treatment of patients presenting with BPD.

PMID: 21451348 [PubMed - in process]

Related citations

2. J Nerv Ment Dis. 2011 Apr;199(4):230-238.

Identifying Schizophrenia and Other Psychoses With Psychological Scales in the General Population.

Miettunen J, Veijola J, Isohanni M, Paunio T, Freimer N, Jääskeläinen E, Taanila A, Ekelund J, Järvelin MR, Peltonen L, Joukamaa M, Lichtermann D.

*Department of Psychiatry, Oulu University and Oulu University Hospital, Oulu, Finland; †Academy of Finland, Helsinki, Finland; ‡Public Health Genomics Unit, National Institute for Health and Welfare, Helsinki, Finland; §Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland; ¶Center for Neurobehavioral Genetics, Seman Institute for Neuroscience and Human Behavior, UCLA, Los Angeles, CA; ||Institute of Health Sciences, University of Oulu, Oulu, Finland; **Unit of General Practice, Oulu University Hospital, Oulu, Finland; ††Department of Mental Health and Substance Abuse Services, National Institute for Health and Welfare, Helsinki, Finland; ‡‡Department of Epidemiology and Public Health, Imperial College London, United Kingdom; §§Lifecourse and Services Department,

National Institute for Health and Welfare, Oulu, Finland; ¶¶Biocenter Oulu, University of Oulu, Oulu, Finland; |||Human Genetics Section, Wellcome Trust Sanger Institute, Cambridge, United Kingdom; ***Social Psychiatry Unit, Tampere School of Public Health, University of Tampere, Tampere, Finland; †††Department of Psychiatry, Tampere University Hospital, Tampere, Finland; and ‡‡‡Methadone Maintenance Clinic "Café Ersatz", Bonn, Germany.

Abstract

We study the predictive power and associations of several psychopathology and temperament scales with respect to schizophrenia and other psychotic disorders. Measures of psychopathology (Physical and Social Anhedonia Scales, Perceptual Aberration Scale, Hypomanic Personality Scale, Bipolar II Scale, and Schizoidia Scale) and the Temperament and Character Inventory were included in the 31-year follow-up of the prospective Northern Finland 1966 birth cohort (N = 4926). The Perceptual Aberration Scale was the best scale for concurrent validity in psychoses, and also the best psychopathology scale in terms of discriminant validity. Participants scoring high in hypomanic personality were at the highest risk for developing psychosis during the 11-year follow-up. Harm avoidance was a dominant temperament dimension in individuals with psychosis compared with participants without psychiatric diagnoses. These scales are useful as vulnerability markers in studying psychoses. PMID: 21451346 [PubMed - as supplied by publisher]

Related citations

3. J Psychiatr Res. 2011 Mar 28. [Epub ahead of print]
[Association between a serotonin transporter promoter polymorphism \(5HTTLPR\) and personality disorder traits in a community sample.](#)

Blom RM, Samuels JF, Riddle MA, Joseph Bienvenu O, Grados MA, Reti IM, Eaton WW, Liang KY, Nestadt G.

Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine, 600 North Wolfe Street, Meyer 113, Baltimore, MD 21287, USA; Department of Psychiatry, Academic Medical Center, University of Amsterdam, room PA3-127, Meibergreef 5, 1105 AZ Amsterdam, The Netherlands.

Abstract

BACKGROUND: The serotonin transporter (SERT) polymorphism (5HTTLPR) has been reported to be associated with several psychiatric conditions. Specific personality disorders could be intermediate factors in the known relationship between 5HTTLPR and psychiatric disorders. This is the first study to test the association between this polymorphism and dimensions of all DSM-IV personality disorders in a community sample.

METHODS: 374 white participants were assessed by clinical psychologists using the International Personality Disorder Examination (IPDE). Associations between dimensions of each DSM-IV personality disorder and the long (l) and short (s) alleles of the 5HTTLPR were

evaluated using non-parametric tests and regression models.

RESULTS: The s allele of the 5HTTLPR polymorphism was significantly associated with higher avoidant personality trait scores in the whole sample. Males with the s allele had a significantly lower likelihood of higher obsessive-compulsive personality disorder (OCPD) trait scores, whereas females with the s allele were likely to have higher OCPD personality trait scores.

CONCLUSION: This paper provides preliminary data on the relationship between personality disorders and the 5HTTLPR polymorphism. The relationship of the s allele and avoidant PD is consistent with findings of a nonspecific relationship of this polymorphism to anxiety and depressive disorders. Concerning the unusual sexual dimorphic result with OCPD, several hypotheses are presented. These findings need further replication, including a more detailed study of additional variants in SERT.

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PMID: 21450307 [PubMed - as supplied by publisher]

Related citations

4. Int J Eat Disord. 2011 Mar 29. doi: 10.1002/eat.20909. [Epub ahead of print]
[Stressful life events predict eating disorder relapse following remission: Six-year prospective outcomes.](#)

Grilo CM, Pagano ME, Stout RL, Markowitz JC, Ansell EB, Pinto A, Zinarini MC, Yen S, Skodol AE.

Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut.
carlos.grilo@yale.edu.

Abstract

OBJECTIVE: To examine prospectively the natural course of bulimia nervosa (BN) and eating disorder not-otherwise-specified (EDNOS) and test for the effects of stressful life events (SLE) on relapse after remission from these eating disorders.

METHOD: 117 female patients with BN (N = 35) or EDNOS (N = 82) were prospectively followed for 72 months using structured interviews performed at baseline, 6- and 12-months, and then yearly thereafter. ED were assessed with the structured clinical interview for DSM-IV, and monitored over time with the longitudinal interval follow-up evaluation. Personality disorders were assessed with the diagnostic interview for DSM-IV-personality-disorders, and monitored over time with the follow-along-version. The occurrence and specific timing of SLE were assessed with the life events assessment interview. Cox proportional-hazard-regression-analyses tested associations between time-varying levels of SLE and ED relapse, controlling for comorbid psychiatric disorders, ED duration, and time-varying personality-disorder status.

RESULTS: ED relapse probability was 43%; BN and EDNOS did not differ in time to relapse. Negative SLE significantly predicted ED relapse; elevated work and social stressors were

significant predictors. Psychiatric comorbidity, ED duration, and time-varying personality-disorder status were not significant predictors.

DISCUSSION: Higher work and social stress represent significant warning signs for triggering relapse for women with remitted BN and EDNOS. © 2011 Wiley Periodicals, Inc.

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PMID: 21448971 [PubMed - as supplied by publisher]

Related citations



5. J Pers. 2011 Mar 29. doi: 10.1111/j.1467-6494.2011.00735.x. [Epub ahead of print]
[Oddity, Schizotypy/Dissociation, and Personality.](#)

Ashton MC, Lee K.

Brock University University of Calgary.

Abstract

The construct of Oddity was examined in relation to the dimensions of normal personality variation and a dimension of schizotypy and dissociation. In two studies involving samples of community adults (N=409) and college students (N=378), Oddity-as operationalized in terms of perceived strangeness or eccentricity-was found to be moderately related to a Schizotypy/Dissociation factor and also to factors of normal personality variation, particularly Openness to Experience. The modest loading of Oddity on the Schizotypy/Dissociation factor, along with the somewhat stronger projection of Oddity within the space of normal personality dimensions, indicates that the Schizotypy/Dissociation factor should not be interpreted as a dimension of Oddity. The interpretation of the Schizotypy/Dissociation factor is discussed, as are the implications of these results for proposed dimensional models of personality disorders.

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PMID: 21446948 [PubMed - as supplied by publisher]

Related citations

6. Proc Natl Acad Sci U S A. 2011 Mar 28. [Epub ahead of print]
[The long shadow cast by childhood physical and mental problems on adult life.](#)

Goodman A, Joyce R, Smith JP.

Institute for Fiscal Studies, London WC1E 7AE, United Kingdom.

Abstract

In this article we assess and compare long-term adult socioeconomic status impacts from having experienced psychological and physical health problems in childhood. To do so, we use unique prospective data from the British National Child Development Study, a continuing

panel study of a cohort of 17,634 children born in Great Britain during a single week in March 1958. To date there have been nine waves for this birth cohort to monitor their physical, educational, and social development, during childhood (at birth and 7, 11, and 16 y) and adulthood (age 23, 33, 42, 46, and 50 y). Excellent contemporaneous information exists throughout childhood on physical and psychological health, captured by doctor and nurse-led medical examinations and detailed parental and teacher questionnaires. This information is combined with a wealth of contemporaneous information on adult health and economic experiences collected from cohort members. Information includes their economic circumstances (earnings, labor supply, and other sources of family income), physical and psychological health, and relationship status. Large effects are found due to childhood psychological problems on the ability of affected children to work and earn as adults and on intergenerational and within-generation social mobility. Adult family incomes are reduced by 28% by age 50 y, with sustained impacts on labor supply, marriage stability, and the conscientiousness and agreeableness components of the "Big Five" personality traits. Effects of psychological health disorders during childhood are far more important over a lifetime than physical health problems.

PMID: 21444801 [PubMed - as supplied by publisher]

Related citations



7. Pharmacol Rev. 2011 Mar 28. [Epub ahead of print]
[Neuropharmacology of the Naturally Occurring \$\kappa\$ -Opioid Hallucinogen Salvinorin A.](#)
Cunningham CW, Rothman RB, Prisinzano TE.

Department of Medicinal Chemistry, the University of Kansas, Lawrence, Kansas (C.W.C., T.E.P.); and Clinical Psychopharmacology Section, Intramural Research Program, National Institute on Drug Abuse, National Institutes of Health, Department of Health and Human Services, Baltimore, Maryland (R.B.R.).

Abstract

Salvia divinorum is a perennial sage native to Oaxaca, Mexico, that has been used traditionally in divination rituals and as a treatment for the "semimagical" disease *panzón de borrego*. Because of the intense "out-of-body" experiences reported after inhalation of the pyrolyzed smoke, *S. divinorum* has been gaining popularity as a recreational hallucinogen, and the United States and several other countries have regulated its use. Early studies isolated the neoclerodane diterpene salvinorin A as the principal psychoactive constituent responsible for these hallucinogenic effects. Since the finding that salvinorin A exerts its potent psychotropic actions through the activation of KOP receptors, there has been much interest in elucidating the underlying mechanisms behind its effects. These effects are particularly remarkable, because 1) salvinorin A is the first reported non-nitrogenous opioid receptor agonist, and 2) its effects are not mediated by the 5-HT(2A) receptor, the classic target of hallucinogens such as lysergic acid diethylamide and mescaline. Rigorous investigation into the structural features of salvinorin A responsible for opioid receptor affinity and selectivity has produced numerous receptor probes, affinity labels, and tools for evaluating the biological processes responsible

for its observed psychological effects. Salvinorin A has therapeutic potential as a treatment for pain, mood and personality disorders, substance abuse, and gastrointestinal disturbances, and suggests that nonalkaloids are potential scaffolds for drug development for aminergic G-protein coupled receptors.

PMID: 21444610 [PubMed - as supplied by publisher]

Related citations



8. J Abnorm Psychol. 2011 Mar 28. [Epub ahead of print]

Comparing the temporal stability of self-report and interview assessed personality disorder.

Samuel DB, Hopwood CJ, Ansell EB, Morey LC, Sanislow CA, Markowitz JC, Yen S, Shea MT, Skodol AE, Grilo CM.

Abstract

Findings from several large-scale, longitudinal studies over the last decade have challenged the long-held assumption that personality disorders (PDs) are stable and enduring. However, the findings, including those from the Collaborative Longitudinal Personality Disorders Study (CLPS; Gunderson et al., 2000), rely primarily on results from semistructured interviews. As a result, less is known about the stability of PD scores from self-report questionnaires, which differ from interviews in important ways (e.g., source of the ratings, item development, and instrument length) that might increase temporal stability. The current study directly compared the stability of the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV) PD constructs assessed via the Schedule for Nonadaptive and Adaptive Personality (SNAP-2; Clark, Simms, Wu, & Casillas, in press) with those from the Diagnostic Interview for DSM-IV Personality Disorders (Zanarini, Frankenburg, Sickel, & Yong, 1996) over 2 years in a sample of 529 CLPS participants. Specifically, we compared dimensional and categorical representations from both measures in terms of rank-order and mean-level stability. Results indicated that the dimensional scores from the self-report questionnaire had significantly greater rank-order (mean $r = .69$ vs. $.59$) and mean-level (mean $d = 0.21$ vs. 0.30) stability. In contrast, categorical diagnoses from the two measures evinced comparable rank-order (mean $\kappa = .38$ vs. $.37$) and mean-level stability (median prevalence rate decrease of 3.5% vs. 5.6%). These findings suggest the stability of PD constructs depends at least partially on the method of assessment and are discussed in the context of previous research and future conceptualizations of personality pathology. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

PMID: 21443287 [PubMed - as supplied by publisher]

Related citations

9. Psychiatry Res. 2011 Mar 24. [Epub ahead of print]

Psychiatric literacy and personality disorders.

Furnham A, Abajian N, McClelland A.

Research Department of Clinical, Educational and Health Psychology, University College

London, United Kingdom.

Abstract

Past literature suggests that mental health literacy among the general public is lamentably poor. The study aimed to examine the effect of demographics, knowledge of psychology and psychiatry, and experience of mental illness as predictors for understanding and recognising personality disorders from vignette descriptions. An opportunistic sample of 187 participants with a mean age of 28 years completed an on-line questionnaire in which they were asked to describe and evaluate vignettes of 10 personality disorders. The results revealed major differences between the personality disorders in terms of recognition, and identification and perceived adjustment. The results showed that those who were female, older and had experienced a mental health problem were more accurate and mental health literate.

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PMID: 21440310 [PubMed - as supplied by publisher]

Related citations



10. *Curr Opin Pharmacol*. 2011 Mar 23. [Epub ahead of print]

[Human serotonin transporter gene \(SLC6A4\) variants: their contributions to understanding pharmacogenomic and other functional G×G and G×E differences in health and disease.](#)

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Laboratory of Clinical Science, NIMH Intramural Research Program, Bethesda, MD 20892, USA.

Abstract

Recent major findings from studies of SLC6A4 and its corresponding protein, the serotonin (5-HT) transporter (SERT) in humans, rodents and non-human primates indicate that combinations of SLC6A4 non-coding 5', 3' UTRs and intronic regions plus coding variants acting together can change 5HT transport as much as 40-fold in vitro. In vivo, SLC6A4 variants in humans and other species lead to marked physiological changes, despite mitigating neurodevelopmental adaptations in 5-HT receptors plus compensatory alterations in 5-HT synthesis and metabolism. Polymorphisms in SLC6A4 are associated with differences in emotional, endocrine, and personality characteristics as well as many diseases. This gene, in combinations with gene×gene (G×G) and gene×environment (G×E) interactions nonetheless remains incompletely understood, with some association findings remaining controversial. Considering its primary importance in the regulation and function of the entire serotonergic system (as evidenced by the consequences of SERT-mediated reuptake inhibition by SRIs like fluoxetine in humans and of genetically engineered changes in mice and rats), it seems likely that SLC6A4 and SERT will remain areas of high interest in our field's attempts to better understand and treat 5-HT-related disorders.

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PMID: 21439906 [PubMed - as supplied by publisher]

Related citations



11. J Affect Disord. 2011 Mar 23. [Epub ahead of print]

Difference in Temperament and Character Inventory scores between depressed patients with bipolar II and unipolar major depressive disorders.

Sasayama D, Hori H, Teraishi T, Hattori K, Ota M, Matsuo J, Kawamoto Y, Kinoshita Y, Hashikura M, Koga N, Okamoto N, Sakamoto K, Higuchi T, Amano N, Kunugi H.

Department of Mental Disorder Research, National Institute of Neuroscience, National Center of Neurology and Psychiatry, 4-1-1, Ogawahigashi, Kodaira, Tokyo, 187-8502, Japan; Department of Psychiatry, Shinshu University School of Medicine, Japan.

Abstract

BACKGROUND: Although some core personality variables are known to be characteristic of unipolar or bipolar depression, few studies have compared the personality profile between these two disorders.

METHODS: Temperament and Character Inventory (TCI) was employed to assess the personality of 36 depressed patients with bipolar II disorder (BPII), 90 patients with unipolar major depressive disorder (UP), and 306 healthy controls. The TCI was administered during the depressive episode in BPII and UP patients so that the results can be applied in a clinical setting.

RESULTS: Significantly higher scores in harm avoidance ($p < 0.0001$) and lower scores in self-directedness ($p < 0.0001$) and cooperativeness ($p < 0.05$) were observed in both BPII and UP patients compared to controls. Lower novelty seeking in UP patients compared to BPII patients and controls was observed in females ($p < 0.0001$, $p < 0.01$, respectively). A significant difference in self-transcendence score was observed between BPII and UP patients in females ($p < 0.0005$), with higher scores in BPII ($p = 0.009$) and lower scores in UP ($p = 0.046$) patients compared to controls. A logistic regression model predicted BPII in depressed females based on novelty seeking and self-transcendence scores with a sensitivity of 89% and a specificity of 73%, but did not accurately predict BPII in males.

LIMITATIONS: Patients in our study were limited to those receiving outpatient treatments, and bipolar patients were limited to those with BPII.

CONCLUSIONS: Novelty seeking and self-transcendence scores of TCI might be useful in the differentiation of UP and BPII in female patients.

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PMID: 21439649 [PubMed - as supplied by publisher]

Related citations



12. J Child Psychol Psychiatry. 2011 Mar 25. doi: 10.1111/j.1469-7610.2011.02404.x. [Epub ahead of print]

Moderation of the association between childhood maltreatment and neuroticism by the corticotropin-releasing hormone receptor 1 gene.

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Abstract

Background: Neuroticism is a personality trait reflecting the tendency to experience negative affect. It is a major risk for psychopathology, especially depression and anxiety disorders. Childhood maltreatment is another major risk factor for psychopathology and may influence personality. Maltreatment may interact with genotype to predict developmental outcomes. Variation in three polymorphisms of the CRHR1 gene has been found to moderate the association of childhood maltreatment with depression, and we hypothesized that it would also be linked to neuroticism. **Methods:** Variation in three CRHR1 SNPs (rs110402, rs242924, rs7209436) was assessed in 339 maltreated and 275 demographically similar nonmaltreated children, who participated in a day camp research program. Maltreated children were further categorized based on the number of types of maltreatment they had experienced and the most severe form of maltreatment experienced. Genotype and maltreatment status were used to predict the Big Five personality traits, as assessed by camp counselors following a week of interaction with children. **Results:** CRHR1 genotype significantly moderated the association of maltreatment with neuroticism but none of the other traits. Having two copies of the TAT haplotype of CRHR1 was associated with higher levels of neuroticism among maltreated children relative to nonmaltreated children, with the exception of sexually abused children and children who had experienced 3 or 4 types of abuse. Effects sizes of these interactions ranged from $\eta(2) = (.01)$ ($p = .02$) to $\eta(2) = (.03)$ ($p = .006$). **Conclusions:** Variation in CRHR1 moderates the association of maltreatment with neuroticism. The effects of specific types of maltreatment on neuroticism are differentially moderated by CRHR1 genotype, as are the effects of experiencing more or fewer types of maltreatment.

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PMID: 21438878 [PubMed - as supplied by publisher]

Related citations



13. Pain Pract. 2011 Mar 25. doi: 10.1111/j.1533-2500.2011.00448.x. [Epub ahead of print]
The Pain Anxiety Symptoms Scale Fails to Discriminate Pain or Anxiety in a Chronic

Disabling Occupational Musculoskeletal Disorder Population.

Brede E, Mayer TG, Neblett R, Williams M, Gatchel RJ.

PRIDE Research Foundation, Dallas, Texas Department of Orthopedic Surgery, University of Texas Southwestern Medical Center, Dallas, Texas Department of Psychology, College of Science, The University of Texas at Arlington, Arlington, Texas, U.S.A.

Abstract

Background: The Pain Anxiety Symptoms Scale (PASS) was developed to measure fear and anxiety responses to pain. Many studies have found associations between PASS scores and self-report measures of pain, anxiety, and disability as well as among inhibited movement patterns and activity avoidance behaviors (eg, kinesophobia). This study aimed to identify clinically meaningful cut-off points to identify high or low levels of pain anxiety and to determine if the PASS provides additional useful information in a functional restoration (FR) treatment program for chronic disabling occupational musculoskeletal disorder (CDOMD) patients. **Methods:** A consecutive cohort of 551 patients with CDOMD, who entered and completed a FR program, was administered a battery of psychosocial assessments, including the PASS, at admission and discharge. Socioeconomic outcomes were collected 1 year after discharge. After identifying clinical ranges for mild, moderate, and severe pain anxiety, the three groups were compared on self-report measures of psychosocial distress, clinical diagnoses of psychosocial disorders, and 1-year socioeconomic outcomes. **Results:** Correlations between the PASS and all measures of pain, anxiety, and disability were statistically significant. However, only the Pain Disability Questionnaire showed a large correlation coefficient ($r > 0.5$). Patients with the highest PASS scores were more likely to be diagnosed with a number of Axis I (depression, opioid dependence) or Axis II (Borderline Personality) psychiatric disorders. They were more likely to display treatment-seeking behavior at 1 year after discharge. However, the PASS failed to differentiate between any other 1-year outcomes. **Conclusions:** The PASS is elevated when other measures of psychosocial distress are also elevated. However, the PASS fails to discriminate between different indices of depression and anxiety and it is not highly related to 1-year outcomes in a CDOMD cohort. If time and resources are limited, a different measure of psychosocial distress that does relate to socioeconomic outcomes might be a better option in a CDOMD evaluation process.

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PMID: 21435161 [PubMed - as supplied by publisher]

Related citations



15. Am J Geriatr Psychiatry. 2011 Apr;19(4):305-15.

Prevalence and correlates of generalized anxiety disorder in a national sample of older adults.

Mackenzie CS, Reynolds K, Chou KL, Pagura J, Sareen J.

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Abstract

OBJECTIVES: : The objectives of this study are to provide current estimates of the prevalence and correlates of generalized anxiety disorder (GAD).

METHODS: : The authors used Wave 2 data from the National Epidemiologic Survey on Alcohol and Related Conditions, which included 12,312 adults 55+ and older. In addition to examining the prevalence of GAD in the past year, this study explored psychiatric and medical comorbidity, health-related quality of life, and rates of help-seeking and self-medication.

RESULTS: : The past-year prevalence of GAD in this sample was 2.80%, although only 0.53% had GAD without Axis I or II comorbidity. The majority of individuals with GAD had mood or other anxiety disorders, and approximately one quarter had a personality disorder. Individuals with GAD were also more likely to have various chronic health problems although these associations disappeared after controlling for psychiatric comorbidity. Health-related quality of life was reduced among older adults with GAD, even after controlling for health conditions and comorbid major depression. Finally, only 18% of those without and 28.3% with comorbid Axis I disorders sought professional help for GAD in the past year. Self-medication for symptom relief was rare (7.2%).

CONCLUSIONS: : GAD is a common and disabling disorder in later life that is highly comorbid with mood, anxiety, and personality disorders; psychiatric comorbidity is associated with an increased risk of medical conditions in this population. Considering that late-life GAD is associated with impaired quality of life but low levels of professional help-seeking increased effort is needed to help individuals with this disorder to access effective treatments.

PMID: 21427639 [PubMed - in process]

Related citations



16. *Perspect Psychiatr Care*. 2011 Apr;47(2):66-73. doi: 10.1111/j.1744-6163.2010.00273.x. Epub 2010 Aug 12.

[Population-Based Comparison of Health-Related Quality of Life Between Healthy Subjects and Those With Specific Psychiatric or Somatic Diseases.](#)

Saharinen T, Hintikka J, Kylmä J, Koivumaa-Honkanen H, Honkalampi K, Lehto SM, Nikkonen M, Haatainen K, Viinamäki H.

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Abstract

PURPOSE: The purpose of this study was to compare health-related quality of life (HRQL) of healthy subjects and those with psychiatric or somatic diseases.

DESIGN AND METHODS: Eight dimensions of the RAND 36-Item Health Survey 1.0 (RAND-36) were investigated in a population-based sample.

FINDINGS: Scores in all 8 RAND dimensions were lower in subjects with psychiatric diagnoses than in healthy subjects. In logistic regression models, poor social functioning (odds ratio [OR] 1.07-1.12) associated with psychiatric diagnoses. Lowered energy (OR 1.06) associated with major depression, poor general health with personality disorders (OR 1.06) and heart disease (OR 1.06), and physical limitations with heart (OR 1.04) and musculoskeletal disease (OR 1.07).

PRACTICE IMPLICATIONS: Acknowledging the lowest HRQL dimensions among subjects with psychiatric diagnoses may help to promote mental, physical, and social well-being more efficiently.

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PMID: 21426351 [PubMed - as supplied by publisher]

Related citations



17. Occup Environ Med. 2011 Mar 19. [Epub ahead of print]
[Socio-economic differences in long-term psychiatric work disability: prospective cohort study of onset, recovery and recurrence.](#)

Virtanen M, Kawachi I, Oksanen T, Salo P, Tuisku K, Pulkki-Råback L, Pentti J, Elovainio M, Vahtera J, Kivimäki M.

Unit of Expertise in Work and Organizations, Finnish Institute of Occupational Health, Helsinki, Finland.

Abstract

Objectives To examine the associations between socio-economic position (SEP) and the onset of psychiatric work disability, return to work and recurrence of disability. **Methods** Prospective observational cohort study (1997-2005) including register data on 141 917 public-sector employees in Finland. Information on International Classification of Diseases, 10th Revision diagnosis-specific psychiatric work disability (≥ 90 days) was obtained from national registers. **Results** During a mean follow-up of 6.3 years, 3938 (2.8%) participants experienced long-term psychiatric work disability. Of these, 2418 (61%) returned to work, and a further 743 (31%) experienced a recurrent episode. SEP was inversely associated with onset of disability owing to depressive disorders, anxiety disorders, personality disorders, schizophrenia and substance-use disorders. No association was found between SEP and disability owing to bipolar disorders or reaction to severe stress and adjustment disorders. High SEP was associated with a greater likelihood of a return to work following depressive disorders, personality disorders, schizophrenia and substance-use disorders, but not bipolar disorders, anxiety disorders or reaction to severe stress and adjustment disorders. Low SEP predicted recurrent episodes of work disability. **Conclusions** High SEP is associated with lower onset of work disability owing to mental disorders, as well as return to work and lower rates of recurrence. However, the socio-economic advantage is diagnosis-specific. SEP predicted neither the onset and recovery from disability owing to bipolar disorders and reaction to severe stress and adjustment disorders, nor recovery from disability owing to anxiety disorders. SEP should be taken into account in the attempts to reduce long-term work disability owing to mental disorders.

PMID: 21422005 [PubMed - as supplied by publisher]

Related citations

18. Nord J Psychiatry. 2011 Mar 18. [Epub ahead of print]
[Interpersonal psychotherapy for Finnish community patients with moderate to severe major depression and comorbidities: A pilot feasibility study.](#)

Karlsson H, Säteri U, Markowitz JC.

University of Turku, 20014 Turku, Finland.

Abstract

Objective: Interpersonal psychotherapy (IPT) has shown efficacy in randomized controlled trials. No reports exist on IPT for depressed patients with severe psychiatric comorbidities in public outpatient clinics. This pilot feasibility study assessed preliminary effectiveness and patient satisfaction with IPT for depressed patients with psychiatric comorbidities in municipal outpatient care in Turku, Finland. Because lengthy treatment strains mental healthcare resources, this trial also assessed the potential for IPT, a time-limited treatment, to discharge patients successfully. **Method:** Seven clinicians in two municipal clinics were

briefly trained to deliver IPT, while clinicians in two other clinics provided treatment as usual (TAU). Twenty-six patients with moderate to severe major depressive disorder received IPT for 16 weeks, and a control group (n = 20) received TAU. Seventy-six percent of patients had concurrent anxiety disorders, 73% personality disorders and 20% alcohol dependence. As 61% of patients received concurrent pharmacotherapy, the study lacked statistical power to find outcome differences between treatment groups. Results: Depressive symptoms, social functioning and self-perceived health improved notably in both groups. The mean Hamilton Depression Rating Scale (HAMD) score decreased from 20 to 10. Using $HAMD \leq 7$ as a cutoff, 28.3% of patients achieved remission. Patients receiving IPT reported significantly greater satisfaction with their treatment and were more often able to terminate treatment after 16 sessions. Conclusions: Both treatments were effective in this small, highly comorbid sample. Conducting IPT appeared feasible in municipal outpatient clinics and offered some advantages over TAU. It was possible to train staff quickly. These results warrant a further, larger randomized trial.

PMID: 21417681 [PubMed - as supplied by publisher]

Related citations



19. Aust N Z J Psychiatry. 2011 Mar 21. [Epub ahead of print]

Clinical and cognitive correlates of psychiatric comorbidity in delusional disorder outpatients.

de Portugal E, Martínez C, González N, Del Amo V, Haro JM, Cervilla JA.

Department of Psychiatry & Institute of Neurosciences, University of Granada, Spain; Unidad de Hospitalización en Salud Mental, Hospital Universitario San Cecilio, & CIBERSAM, Universidad de Granada, Granada, Spain.

Abstract

Objectives: The aims of this study were to investigate the prevalence, as well as the clinical, cognitive, and functional correlates of psychiatric comorbidity in patients with delusional disorder (DD). **Methods:** Eighty-six outpatients with DSM-IV DD were evaluated for psychiatric comorbidity on Axis I disorders using the Mini International Neuropsychiatry Interview (MINI). The following instruments were administered: the Standardized Assessment of Personality (SAP), the Positive and Negative Symptom Scale (PANSS), the Montgomery-Asberg Depression Rating Scale (MADRS), a neuropsychological battery (consisting of measures for attention, verbal and working memory, and executive functions), the Sheehan Disability Inventory (SDI), and the Global Assessment of Functioning (GAF) scale. A socio-demographic and clinical questionnaire was also completed. **Results:** Forty-six percent of the subjects had at least one additional lifetime psychiatric diagnosis, the most common being depressive disorders (N = 16, 32.6%), followed by anxiety disorders (N = 8, 14%). DD with comorbid Axis I disorders (N = 40, 46.5%) was associated with a specific syndromic constellation (more common cluster C personality psychopathology, somatic delusions, olfactory and gustatory hallucinations, and suicide risk), and greater severity of the psychopathology, particularly as regards emotional dysregulation (total and general PANSS

scales, MADRS, and perceived stress SDI scoring). In contrast, DD without psychiatric comorbidity - "pure" DD - (N = 46, 53.5%) was associated with worse overall neurocognitive performance, mainly in working memory. There were no differences in functionality between the two groups (as per the GAF and SDI total, work, social and family life disability scores). Conclusions: Our findings reveal one type of DD with associated psychiatric comorbidity with greater emotion-related psychopathology and another "pure" DD, without psychiatric comorbidity, related to worse global cognitive functioning. Treatment for DD should address both types of processes.

PMID: 21417554 [PubMed - as supplied by publisher]

Related citations



21. Prog Neuropsychopharmacol Biol Psychiatry. 2011 Mar 13. [Epub ahead of print]
Comorbid obsessive-compulsive personality disorder in Obsessive-Compulsive Disorder (OCD): A marker of severity.

Lochner C, Serebro P, der Merwe LV, Hemmings S, Kinnear C, Seedat S, Stein DJ.

MRC Unit on Anxiety and Stress Disorders, Department of Psychiatry, University of Stellenbosch, South Africa.

Abstract

INTRODUCTION: Comorbid obsessive-compulsive personality disorder (OCPD) is well-described in obsessive-compulsive disorder (OCD). It remains unclear, however, whether OCPD in OCD represents a distinct subtype of OCD or whether it is simply a marker of severity in OCD.

MATERIALS AND METHODS: The aim of this study was to compare a large sample of OCD subjects (n=403) with and without OCPD on a range of demographic, clinical and genetic characteristics to evaluate whether comorbid OCPD in OCD represents a distinct subtype of OCD, or is a marker of severity.

RESULTS: Our findings suggest that OCD with and without OCPD are similar in terms of gender distribution and age at onset of OC symptoms. Compared to OCD-OCPD (n=267, 66%), those with OCD+OCPD (n=136, 34%) are more likely to present with the OC symptom dimensions which reflect the diagnostic criteria for OCPD (e.g. hoarding), have significantly greater OCD severity, comorbidity, functional impairment, and poorer insight. Furthermore there are no differences in distribution of gene variants, or response to treatment in the two groups.

CONCLUSION: The majority of our findings suggest that in OCD, patients with OCPD do not have a highly distinctive phenomenological or genetic profile, but rather that OCPD represents a marker of severity.

PMID: 21411045 [PubMed - as supplied by publisher]

Related citations



22. J Behav Ther Exp Psychiatry. 2011 Mar 14;42(3):349-354. [Epub ahead of print]
[Psychotic-like cognitive biases in borderline personality disorder.](#)

Moritz S, Schilling L, Wingenfeld K, Köther U, Wittkind C, Terfehr K, Spitzer C.

University Medical Center Hamburg-Eppendorf, Department of Psychiatry and Psychotherapy, Martinistr. 52, D-20246 Hamburg, Germany.

Abstract

Whereas a large body of research has linked borderline personality disorder (BPD) with affective rather than psychotic disorders, BPD patients frequently display psychotic and psychosis-prone symptoms, respectively. The present study investigated whether cognitive biases implicated in the pathogenesis of psychotic symptoms, especially delusions, are also evident in BPD. A total of 20 patients diagnosed with BPD and 20 healthy controls were administered tasks measuring neuropsychological deficits (psychomotor speed, executive functioning) and cognitive biases (e.g., one-sided reasoning, jumping to conclusions, problems with intentionalizing). Whereas BPD patients performed similar to controls on standard neuropsychological tests, they showed markedly increased scores on four out of five subscales of the Cognitive Biases Questionnaire for Psychosis (CBQp) and displayed a one-sided attributional style on the revised Internal, Personal and Situational Attributions Questionnaire (IPSAQ-R) with a marked tendency to attribute events to themselves. The study awaits replication with larger samples, but we tentatively suggest that the investigation of psychosis-related cognitive biases may prove useful for the understanding and treatment of BPD.

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PMID: 21411041 [PubMed - as supplied by publisher]

Related citations



23. Br J Pharmacol. 2011 Mar 15. doi: 10.1111/j.1476-5381.2011.01323.x. [Epub ahead of print]
[The utility of rat models of impulsivity in developing pharmacotherapies for impulse control disorders.](#)

Winstanley CA.

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 ADHD, 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.

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PMID: 21410459 [PubMed - as supplied by publisher]

Related citations



24. Compr Psychiatry. 2011 Mar 10. [Epub ahead of print]

[Temperament traits and psychopathy in a group of patients with antisocial personality disorder.](#)

Basoglu C, Oner O, Ates A, Algul A, Bez Y, Ebrinc S, Cetin M.

Department of Psychiatry, GATA Haydarpaşa Training Hospital, 34668 Uskudar/Istanbul, Turkey.

Abstract

OBJECTIVE: The Psychopathy Checklist Revised (PCL-R) and Temperament and Character Inventory (TCI) have been used extensively in research of personality disorders; however, no previous study has investigated the relation between psychopathy factors and temperament and character traits in patients with antisocial personality disorder (ASPD). Our aim was to fill this gap in the literature.

METHODS: The PCL-R Factor scores and the TCI temperament and character scores were evaluated in 68 men with ASPD and 65 healthy male controls.

RESULTS: The ASPD cases had significantly higher PCL-R Factor 1, Factor 2, and Total scores, as well as significantly higher TCI Novelty Seeking and Harm Avoidance scores, whereas the control group had higher TCI Reward Dependence, Persistence, Self-Directedness, and Cooperativeness scores. Correlation analysis revealed that, in the whole study group, PCL-R Factor 1, Factor 2, and Total scores were positively correlated with Novelty Seeking and Harm Avoidance scores and negatively correlated with Reward Dependence, Persistence, Self-Directedness, and Cooperativeness scores. When each group was analyzed separately, the correlations were not significant. Regression analysis supported the main findings.

CONCLUSION: Our results showed that both PCL-R Factor 1 score, which is claimed to reflect "core psychopathy," and PCL-R Factor 2 score, which reflects criminal behaviors, were positively correlated with Novelty Seeking and Harm Avoidance and were negatively correlated with Reward Dependence in the whole sample. The reduced variance of PCL-R in each group might lead to nonsignificant associations within groups. Without the subjects with severe psychopathy in the present study, it might not be possible to show the association.

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PMID: 21397221 [PubMed - as supplied by publisher]

[Related citations](#)



25. Soc Cogn Affect Neurosci. 2011 Mar 7. [Epub ahead of print]
[The error-related negativity relates to sadness following mood induction among individuals with high neuroticism.](#)

[Olvet DM, Hajcak G.](#)

The RAP Program, 75-59 263rd Street, Glen Oaks, NY 11004, USA. dolvet@nshs.edu.

[Abstract](#)

The error-related negativity (ERN) is an event-related potential (ERP) that indexes error monitoring. Research suggests that the ERN is increased in internalizing disorders, such as depression and anxiety. Although studies indicate that the ERN is insensitive to state-related fluctuations in anxiety, few studies have carefully examined the effect of state-related changes in sadness on the ERN. In the current study, we sought to determine whether the ERN would be altered by a sad mood induction using a between-subjects design. Additionally, we explored if this relationship would be moderated by individual differences in neuroticism—a personality trait related to both anxiety and depression. Forty-seven undergraduate participants were randomly assigned to either a sad or neutral mood induction prior to performing an arrow version of the flanker task. Participants reported greater sadness following the sad than neutral mood induction; there were no significant group differences on behavioral or ERP measures. Across the entire sample, however, participants with a larger increase in sad mood from baseline to post-induction had a larger (i.e. more negative) ERN. Furthermore, this effect was larger among individuals reporting higher neuroticism. These

data indicate that neuroticism moderates the relationship between the ERN and changes in sad mood.

PMID: 21382967 [PubMed - as supplied by publisher]

Related citations



26. *Law Hum Behav.* 2011 Mar 5. [Epub ahead of print]

[Stopping the Revolving Door: A Meta-Analysis on the Effectiveness of Interventions for Criminally Involved Individuals with Major Mental Disorders.](#)

Martin MS, Dorken SK, Wamboldt AD, Wootten SE.

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Abstract

Faced with high and increasing rates of mental disorder within the criminal justice system (CJS), a range of interventions have been implemented in an effort to prevent continued involvement in criminal activities among this population. A meta-analytic review was undertaken to consider the effectiveness of interventions for criminally involved adults with a mental disorder targeting either improved criminal justice or mental health outcomes. Furthermore, characteristics that were hypothesized to predict better outcomes were examined. Studies that considered sex offender interventions, or focused solely on antisocial personality, intellectual and cognitive, or substance use disorders were excluded. Results assuming a fixed-effects model combining 37 effect sizes from 25 studies ($N = 15,678$) support the effectiveness of these interventions in terms of reductions in any CJS involvement ($d = 0.19$ excluding one outlier). Interventions had no significant effect on an aggregate mental health outcome ($d = 0.00$). However, when considering distinct mental health outcomes, intervention participants had significantly better functioning ($d = 0.20$) and fewer symptoms ($d = 0.12$). There were no significant effects of the interventions on mental health service or medication use. Moderator analyses identified seven sample, intervention, and design characteristics that were related to the magnitude of the effect sizes for criminal justice outcomes, and suggest implications for service provision, policy, and research. Results suggested some relationship between intervention effects on mental health and criminal justice reinvolvement, although future research is needed in this area, especially given the absence of mental health outcome data in many studies.

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Related citations



27. *Psychol Med.* 2011 Mar 4:1-12. [Epub ahead of print]

[Latent class analysis of co-morbidity in the Adult Psychiatric Morbidity Survey in England 2007: implications for DSM-5 and ICD-11.](#)

Weich S, McBride O, Hussey D, Exeter D, Brugha T, McManus S.

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Abstract

BACKGROUND: Psychiatric co-morbidity is complex and ubiquitous. Our aim was to describe the extent, nature and patterning of psychiatric co-morbidity within a representative sample of the adult population of England, using latent class analysis. Method Data were used from the 2007 Adult Psychiatric Morbidity Survey, a two-phase national household survey undertaken in 2007 comprising 7325 participants aged 16 years and older living in private households in England. The presence of 15 common mental health and behavioural problems was ascertained using standardized clinical and validated self-report measures, including three anxiety disorders, depressive episode, mixed anxiety depressive disorder, psychosis, antisocial and borderline personality disorders, eating disorders, post-traumatic stress disorder, attention deficit disorder, alcohol and drug dependencies, problem gambling and attempted suicide.

RESULTS: A four-class model provided the most parsimonious and informative explanation of the data. Most participants (81.6%) were assigned to a non-symptomatic or 'Unaffected' class. The remainder were classified into three qualitatively different symptomatic classes: 'Co-thymia' (12.4%), 'Highly Co-morbid' (5.0%) and 'Addictions' (1.0%). Classes differed in mean numbers of conditions and impairments in social functioning, and these dimensions were correlated.

CONCLUSIONS: Our findings confirm that mental disorders typically co-occur and are concentrated in a relatively small number of individuals. Conditions associated with the highest levels of disability, mortality and cost - psychosis, suicidality and personality disorders - are often co-morbid with more common conditions. This needs to be recognized when planning services and when considering aetiology.

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Related citations



28. Int J Eat Disord. 2011 Mar 3. doi: 10.1002/eat.20903. [Epub ahead of print]
[Inpatient costs and predictors of costs in the psychosomatic treatment of anorexia nervosa.](#)

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Abstract

OBJECTIVE: In German inpatient psychosomatics per diem lump sums will be introduced as reimbursement rates by 2013. It was the aim to calculate total inpatient costs per case for the psychosomatic treatment of patients with anorexia nervosa and to identify cost predictors.

METHOD: The sample comprised of 127 inpatients. Cost calculation was executed from the hospital's perspective, mainly using microcosting. Medical records provided data on patient characteristics and individual resource use. Two generalized linear models with gamma distribution and log link function were estimated to determine cost predictors by means of demographic data, comorbidities, and body-mass-index at admission.

RESULTS: Inpatient costs amounted to 4,647 €/6,831 US\$ per case (standard deviation 3,714 €/5,460 US\$). The admission BMI and "Disorders of Adult Personality and Behavior" were significant cost predictors ($p < 0.05$).

DISCUSSION: The formation of patient groups within the diagnosis anorexia nervosa should be oriented towards the determined cost predictors. © 2011 by Wiley Periodicals, Inc. (Int J Eat Disord 2011;).

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