

1. J Am Acad Child Adolesc Psychiatry. 2010 May;49(5):514-23.

Psychiatric morbidity, violent crime, and suicide among children and adolescents exposed to parental death.

[Wilcox HC](#), [Kuramoto SJ](#), [Lichtenstein P](#), [Långström N](#), [Brent DA](#), [Runeson B](#).

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Abstract

OBJECTIVE:: This retrospective cohort study examined the risk for suicide, psychiatric hospitalization, and violent criminal convictions among offspring of parents who died from suicide, accidents, and other causes. **METHOD::** Population-based data from multiple Swedish national registers were linked from 1969 to 2004. Participants were 44,397 offspring of suicide decedents, 41,467 offspring of accident decedents, 417,365 offspring of parents who died by other causes, and 3,807,867 offspring of alive parents. We estimated risk by mode of parental death (suicide, accident, other) and offspring age at parental death (childhood, adolescence, young adulthood). **RESULTS::** Offspring of suicide decedents were at greater risk for suicide than offspring of alive parents (incidence rate ratio [IRR] = 1.9; 95% confidence interval [CI] = 1.4 to 2.5), whereas offspring of accident decedents and other parental death were not at increased risk ($p < .001$). The risk for offspring suicide differed by the developmental period during which parental suicide occurred. Child and adolescent offspring of suicide decedents were at threefold greater risk for suicide (IRR = 3.0; 95% CI = 1.7 to 5.3; IRR = 3.1, 95% CI = 2.1 to 4.6, respectively). Young adults were not at increased risk for suicide (IRR = 1.3; 95% CI = 0.9 to 1.9). Offspring of suicide decedents had an especially high risk of hospitalization for suicide attempt, depressive, psychotic, and personality disorders. Child survivors of parental suicide were at particularly high risk for hospitalization for drug disorders and psychosis. All offspring who experienced parental death, regardless of mode or age, were at increased risk for violent criminal convictions. **CONCLUSIONS::** Mode of parental death and offspring age at parental death are associated with offspring long-term risk for suicide and hospitalization for specific psychiatric disorders.

PMID: 20431471 [PubMed - in process]

2. Neuro Endocrinol Lett. 2010 Apr 29;31(2):250-255. [Epub ahead of print]

Plasma corticotropin releasing hormone during the feeling of induced emotions.

[Marti n Martins J](#), [Vale SD](#), [Ferreira F](#), [Fagundes MJ](#), [Carmo ID](#), [Saldanha C](#), [Martins E Silva J](#).

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Abstract

OBJECTIVES: Central neuropeptides modulate behaviour. Plasma levels of neuropeptides may reflect central levels due to specific brain-to-blood transport systems. We purposed to show the modulation of plasma corticotropin releasing hormone (CRH) levels in relation to induced emotions. **DeSign:** Three groups were defined. For experimental groups A and B, an emotionally significant movie fragment was projected for 20 min, while no film projection occurred in group C. Peripheral venous blood samples were collected before, 10 and 60 min after the film or at 0 and 30 min for group C. Total CRH was measured in plasma. Personality was evaluated by the Minnesota Multiphasic Personality Inventory (MMPI). **RESULTS:** Plasma CRH levels did not change in the condition with no movie projection - group C - 346+/-198 vs. 327+/-143 pg/mL. Plasma CRH levels dramatically increased with the projection of a dramatic movie - group A - 394+/-147 vs. 791+/-636 vs. 803+/-771 pg/mL, $p<0.05$. Plasma CRH increased less markedly in the condition with the projection of a comic movie - group B - 364+/-138 vs. 486+/-260 vs. 483+/-228 pg/mL, $p<0.05$ for differences between samples 1 and 3. Baseline plasma CRH was significantly and independently related to the neurotic triad and psychotic dyad - partial $r=0.328$ and 0.267 , respectively, $p<0.05$. **CONCLUSIONS:** We conclude that plasma CRH levels increase with experimental emotion induction and that baseline levels are significantly related to behavioural traits. Plasma levels of neuropeptides may reflect central levels and may be useful in clinical medicine and in the study of behavioural disorders. PMID: 20424581 [PubMed - as supplied by publisher]

[Related citations](#)

3. Eur Addict Res. 2010 Apr 26;16(3):146-151. [Epub ahead of print]

[The Millon Clinical Multiaxial Inventory II: Stability over Time? A Seven-Year Follow-Up Study of Substance Abusers in Treatment.](#)

[Ravndal E](#), [Vaglum P](#).

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Abstract

Measuring personality disorders among substance abusers may entail special problems related to the reliability and validity of the instruments. The Millon Clinical Multiaxial Inventory II (MCMI-II), a well-known self-reporting instrument, was used in a prospective study of drug abusers from 21 treatment programs in Norway ($n = 481$) to

investigate the influence of substance abuse on the reliability and stability of the MCMI personality traits at intake to treatment and after 7 years (n = 342). As regards the drug-abusing and drug-free subgroups, the MCMI-II dimensional scores were equally reliable and stable in both groups, and were not influenced by the abusing state. Using the MCMI-II in a categorical diagnostic way did not show sufficient predictive validity. The MCMI-II dimensional scores should therefore be used to measure personality disorder traits among help-seeking and former drug abusers. Copyright © 2010 S. Karger AG, Basel.

PMID: 20424459 [PubMed - as supplied by publisher]

[Related citations](#)



4. J Psychiatry Neurosci. 2010 May;35(3):177-84.

[**Pain sensitivity and neural processing during dissociative states in patients with borderline personality disorder with and without comorbid posttraumatic stress disorder: a pilot study.**](#)

[Ludäscher P](#), [Valerius G](#), [Stiglmayr C](#), [Mauchnik J](#), [Lanius RA](#), [Bohus M](#), [Schmahl C](#).

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Abstract

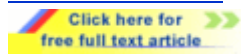
Background: Stress-induced dissociative states involving analgesia are a common feature of borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD). Our aim was to investigate the psychologic, somatosensory (pain sensitivity) and neural correlates of dissociative states in patients with these disorders. **Methods:** We included 15 women with BPD who were not taking medication; 10 of these women had comorbid PTSD. While undergoing functional magnetic resonance imaging at 1.5 Tesla, participants were exposed to a script describing a personalized dissociation-inducing situation and a personalized script describing a neutral situation. We assessed dissociative psychopathology and pain sensitivity. **Results:** Dissociative psychopathology scores were significantly higher and pain sensitivity was lower after the dissociation-inducing script was read compared with the neutral script. The blood oxygen level-dependent (BOLD) signal was significantly increased in the left inferior frontal gyrus (Brodmann area [BA] 9) during the presentation of the dissociation-inducing script. Regression analyses revealed positive correlations between BOLD signal and dissociative psychopathology in the left superior frontal gyrus (BA 6) and negative correlations in the right middle (BA 21) and inferior temporal gyrus (BA 20). In the subgroup of participants with comorbid PTSD, we also found increased activity in the left cingulate gyrus (BA 32) during script-driven imagery-induced dissociation, a

positive correlation between dissociation scores and activity in the right and left insula (BA 13) and a negative correlation in the right parahippocampal gyrus (BA 35).
Limitations: The main limitation of this pilot study is the absence of a control group. Therefore, the results may also reflect the neural correlates of non-BPD/PTSD specific dissociative states or the neural correlates of emotionally stressful or "loaded" memories. Another limitation is the uncorrected statistical level of the functional magnetic resonance imaging results. Conclusion: Our results showed that the script-driven imagery method is capable of inducing dissociative states in participants with BPD with and without comorbid PTSD. These states were characterized by reduced pain sensitivity and a frontolimbic activation pattern, which resembles the findings in participants with PTSD while in dissociative states.

Free Article

PMID: 20420768 [PubMed - in process]

[Related citations](#)



5. Ann Gen Psychiatry. 2010 Apr 27;9(1):19. [Epub ahead of print]

[Outcome of crisis intervention for borderline personality disorder and post traumatic stress disorder: a model for modification of the mechanism of disorder in complex post traumatic syndromes.](#)

[Laddis A.](#)

Abstract

ABSTRACT: BACKGROUND: This study investigates the outcome of crisis intervention for chronic post traumatic disorders with a model based on the theory that such crises manifest trauma in the present. The sufferer's behavior is in response to the current perception of dependency and entrapment in a mistrusted relationship. The mechanism of disorder is the sufferer's activity, which aims to either prove or disprove the perception of entrapment, but, instead, elicits more semblances of it in a circular manner. Patients have reasons to keep such activity private from therapy and are barely aware of it as the source of their symptoms. **METHODS:** The hypothesis is that the experimental intervention will reduce symptoms broadly within 8 to 24 h from initiation of treatment, compared to treatment as usual. The experimental intervention sidesteps other symptoms to engage patients in testing the trustworthiness of the troubled relationship with closure, thus ending the circularity of their own ways. The study compares 32 experimental subjects with 26 controls at similar crisis stabilization units. **RESULTS:** The results of the Brief Psychiatric Rating Scale (BPRS) supported the hypothesis (both in total score and for four of five subscales), as did results with Client Observation, a pilot instrument designed specifically for the circular behavior targeted by the experimental intervention. Results were mostly non-significant from

two instruments of patient self-observation, which provided retrospective pretreatment scores. CONCLUSIONS: The discussion envisions further steps to ascertain that this broad reduction of symptoms ensues from the singular correction that distinguishes the experimental intervention. Trial registration Protocol Registration System NCT00269139. The PRS URL is <https://register.clinicaltrials.gov>.

Free Article

PMID: 20420716 [PubMed - as supplied by publisher]

[Related citations](#)



6. *Cult Med Psychiatry*. 2010 Apr 23. [Epub ahead of print]

[Association of Trauma-Related Disorders and Dissociation with Four Idioms of Distress Among Latino Psychiatric Outpatients.](#)

[Lewis-Fernández R](#), [Gorritz M](#), [Raggio GA](#), [Peláez C](#), [Chen H](#), [Guarnaccia PJ](#).

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Abstract

Past research on idioms of distress among U.S. Latinos has revealed that *ataque de nervios* and altered perceptions, such as hearing and seeing things when alone, are independent markers of higher morbidity and mental health utilization despite having no one-to-one relationships with any single psychiatric diagnosis. It has been proposed that the idioms exert this effect because they are signs of distressing dissociative capacity associated with traumatic exposure. This study examines the relationships in an ethnically diverse Latino psychiatric outpatient sample (N = 230) among interpersonal trauma, posttraumatic stress disorder (PTSD), major depressive disorder, dissociative capacity and four cultural idioms of distress associated with the popular overall category of *nervios*. We particularly explore how these relationships change with varied measures of traumatic exposure, including trauma severity and timing or persistence of trauma. A series of adjusted bivariate regressions assessed the matrix of associations between the idioms and the clinical variables. In this highly traumatized population, we identified a strong 'nexus' of associations between dissociation and three of the idioms: currently being ill with nerves, *ataque de nervios* and altered perceptions. These idioms were largely independent from PTSD and depression and were associated with trauma persistence and severity. A fourth idiom, being nervous since childhood, was not associated with any other variable and may represent a personality trait rather than a diagnosable condition. Our results validate the clinical utility of the construct of *nervios* as a set of specific idioms associated with dissociation

that are useful markers of mental health need among Latinos independently of their association with clinical diagnoses.

PMID: 20414799 [PubMed - as supplied by publisher]

[Related citations](#)



7. Scand J Caring Sci. 2010 Apr 14. [Epub ahead of print]

[Recovery from severe mental illness, a gender perspective.](#)

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Abstract

Scand J Caring Sci; 2010 Recovery from severe mental illness, a gender perspective
Background and research objectives: Recovery from mental illness is an individual process characterized by regaining a positive sense of self and developing a new meaning. Knowledge concerning differences between male and female recovery processes is, however, limited. The objective of this study was to determine gender diversity in what individuals described as decisive factors for their recovery. Subjects and methods: In this qualitative study based on grounded theory, 30 first-person accounts of recovery from mental illness are examined. After informed consent from the participants, data were collected through in-depth interviews with people in recovery from psychosis, bipolar disorders or personality disorders. Results: The results show that in spite of structural gender inequalities, female gender norms seem to be an advantage in the recovery process. The female participants were focused on making sense and meaning in their recovery process, while the male participants were focused on control over symptoms and reinforcement of traditional roles such as occupation and independence. Another result showed psychiatric hospitalization to mainly contribute to male recovery processes. Conclusion: These results provide new insights into gender as an important factor in understanding recovery processes and in providing care to facilitate these processes.

PMID: 20409052 [PubMed - as supplied by publisher]

[Related citations](#)

8. J Pers Assess. 2010 May;92(3):232-40.

[A comparison of obsessive-compulsive personality disorder scales.](#)

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Abstract

In this study, we utilized a large undergraduate sample (N = 536), oversampled for the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision [DSM-IV-TR]; American Psychiatric Association, 2000) obsessive-compulsive personality disorder (OCPD) pathology, to compare 8 self-report measures of OCPD. No prior study has compared more than 3 measures, and the results indicate that the scales had only moderate convergent validity. We also went beyond the existing literature to compare these scales to 2 external reference points: their relationships with a well-established measure of the five-factor model of personality (FFM) and clinicians' ratings of their coverage of the DSM-IV-TR criterion set. When the FFM was used as a point of comparison, the results suggest important differences among the measures with respect to their divergent representation of conscientiousness, neuroticism, and agreeableness. Additionally, an analysis of the construct coverage indicated that the measures also varied in terms of their representation of particular diagnostic criteria. For example, whereas some scales contained items distributed across the diagnostic criteria, others were concentrated more heavily on particular features of the DSM-IV-TR disorder.

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[Related citations](#)

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- Research Support, U.S. Gov't, Non-P.H.S.

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9. Psychother Psychosom Med Psychol. 2010 Apr 19. [Epub ahead of print]

[Childhood Trauma and its Relation to Diagnoses and Psychic Complaints in Patients of an Psychosomatic University Ambulance.](#)

[Subic-Wrana C](#), [Tschan R](#), [Michal M](#), [Zwerenz R](#), [Beutel M](#), [Wiltink J](#).

Universitätsmedizin Mainz, Klinik für Psychosomatische Medizin und Psychotherapie.

Abstract

The Childhood Trauma Questionnaire (CTQ) was given to 1 439 patients of the outpatient- and consultation/liaison unit of the psychosomatic department of a university hospital. Self-reported emotional, sexual and physical abuse and emotional and physical neglect were related to the mental diagnoses and distress. Patients with childhood trauma (41,4%) reported higher levels of social anxiety, distress and physical complaints than patients without traumatizing childhood experiences. We found relations between emotional abuse and depression and personality disorders, physical abuse and somatoform disorders and sexual abuse and posttraumatic stress disorder. The observed relation between specific dimensions of childhood trauma and psychiatric diagnoses is consistent with reports on other clinical samples. © Georg Thieme Verlag KG Stuttgart · New York.

PMID: 20405371 [PubMed - as supplied by publisher]

[Related citations](#)

10.J Voice. 2010 Apr 18. [Epub ahead of print]

[Pathophysiology and Treatment of Muscle Tension Dysphonia: A Review of the Current Knowledge.](#)

[Van Houtte E](#), [Van Lierde K](#), [Claeys S](#).

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Abstract

OBJECTIVE: Muscle tension dysphonia (MTD) is a clinical and diagnostic term describing a spectrum of disturbed vocal fold behavior caused by increased tension of the (para)laryngeal musculature. Recent knowledge introduced MTD as a bridge between functional and organic disorders. This review addresses the causal and contributing factors of MTD and evaluates the different treatment options.

METHODS: We searched MEDLINE (Pubmed, 1950-2009) and CENTRAL (The Cochrane Library, Issue 2, 2009). Studies were included if they reviewed the classification of functional dysphonia or the pathophysiology of MTD. Etiology and pathophysiology of MTD and circumlaryngeal manual therapy (CMT) were obligatory based on reviews and prospective cohort studies because randomized controlled trials (RCTs) are nonexistent. Concerning the treatment options of voice therapy and vocal hygiene, selection was based on RCTs and systematic reviews.

RESULTS: Etiological factors can be categorized into three new subgroups: (1) psychological and/or personality factors, (2) vocal misuse and abuse, and (3) compensation for underlying disease. The effective treatment options for MTD are (1) indirect therapy: vocal hygiene and patient education; (2) direct therapy: voice therapy and CMT; (3) medical treatment; and (4) surgery for secondary organic lesions.

CONCLUSIONS: MTD is the pathological condition in which an excessive tension of

the (para)laryngeal musculature, caused by a diverse number of etiological factors, leads to a disturbed voice. Etiological factors range from psychological/personality disorders and vocal misuse/abuse to compensatory vocal habits in case of laryngopharyngeal reflux, upper airway infections, and organic lesions. MTD needs to be approached in a multidisciplinary setting where close cooperation between a laryngologist and a speech language pathologist is possible. Copyright © 2009 The Voice Foundation. Published by Mosby, Inc. All rights reserved.

PMID: 20400263 [PubMed - as supplied by publisher]

[Related citations](#)



11. Compr Psychiatry. 2010 May-Jun;51(3):217-23. Epub 2009 Jul 10.

[Prevalence and correlates of fire-setting in the United States: results from the National Epidemiological Survey on Alcohol and Related Conditions.](#)

[Vaughn MG](#), [Fu Q](#), [Delisi M](#), [Wright JP](#), [Beaver KM](#), [Perron BE](#), [Howard MO](#).

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Abstract

Fire-setting is a serious and costly form of antisocial behavior. Our objective in this study was to examine the prevalence and correlates of intentional fire-setting behavior in the United States. Data were derived from a nationally representative sample of US residents 18 years and older. Structured psychiatric interviews (N = 43,093) were completed by trained lay interviewers between 2001 and 2002. Fire-setting as well as mood, anxiety, substance use, and personality disorders of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition were assessed with the Alcohol Use Disorder and Associated Disabilities Interview Schedule (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) version. The prevalence of lifetime fire-setting in the US population was 1.0%. Respondents who were men, white, 18 to 35 years old, born in the United States, and living in the western region of the United States had significantly higher rates of fire-setting than their counterparts. Fire-setting was significantly associated with a wide range of antisocial behaviors. Multivariate logistic regression analyses identified strong associations between lifetime alcohol and marijuana use disorders, conduct disorder, antisocial and obsessive-compulsive personality disorders, and family history of antisocial behavior. Intentional illicit fire-setting behavior is associated with a broad array of antisocial behaviors and psychiatric comorbidities. Given the substantial personal and social costs related to arson, prevention and treatment interventions targeting fire-setters

potentially could save lives and property. 2010 Elsevier Inc. All rights reserved.

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[Related citations](#)



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- Research Support, N.I.H., Extramural

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12. *Obes Surg.* 2010 Apr 16. [Epub ahead of print]

[Psychiatric Disorders and Participation in Pre- and Postoperative Counselling Groups in Bariatric Surgery Patients.](#)

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Abstract

BACKGROUND: Psychological and behavioural factors seem to influence the results of bariatric surgery and the ability to achieve sustained weight loss and subjective wellbeing after the operation. Adequate pre- and postoperative psychological counselling are suggested to improve the results of surgery. However, some patients are reluctant to participate in pre- and postoperative counselling. The aim of the present study was to investigate the possible influence of psychiatric disorders on willingness to participate in group counselling in patients accepted for bariatric surgery. **METHODS:** One hundred and forty-one patients referred to bariatric surgery (F/M: 103/38) with mean body mass index (BMI) of 45.2 kg/m² (SD = 5.3) and mean age of 42.0 years (SD = 10.4) were interviewed with Mini International Neuropsychiatric Interview (M.I.N.I.) and Structured Clinical Interview (SCID-II) preoperatively. **RESULTS:** The overall prevalence of current psychiatric disorders was 49%. Thirty-one percent did not want to participate in counselling groups. Patients who were unwilling to participate in counselling groups had significantly higher prevalence of social phobia (32%/ 12%, $p = 0.006$) and avoidant personality disorder (27%/ 12%, $p = 0.029$) than patients who agreed to participate.

CONCLUSIONS: Psychiatric disorders are prevalent among candidates for bariatric surgery. Social phobia and avoidant personality disorder seem to influence the willingness to participate in counselling groups. Individual counselling and/or web-based counselling might be recommended for bariatric surgery patients who are reluctant to participate in group counselling.

PMID: 20396993 [PubMed - as supplied by publisher]

[Related citations](#)



13. Issues Ment Health Nurs. 2010 May;31(5):336-44.

[Perceptions of diagnostic labels in forensic psychiatric practice: a survey of differences between nurses and other disciplines.](#)

[Mason T](#), [Caulfield M](#), [Hall R](#), [Melling K](#).

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Abstract

This paper reports on a study of nurses' and non-nurses' perceptions of labels of mental illness and personality disorder in forensic services in the UK. The objectives of the study were to establish if differences in perceptions existed within, and between, the two groups of professionals. The research method was a survey design with 1,200 questionnaires distributed to nurses and 300 to other professionals in disciplines on forensic units in the UK, with response rates of 34.6% and 43%, respectively. The target population included clinical health care staff who had patient contact, including nurses, psychiatrists, psychologists, social workers, and occupational therapists. The results indicate that there are statistically significant differences within both nursing and non-nursing groups and also between the groups in relation to a "management" perspective for individuals labelled with a personality disorder and a "clinical" focus for individuals who are labelled as mentally ill. This paper adds research into the arena of forensic mental health in relation to the diagnostic labels of mental illness and personality disorders. It also adds evidence of a clinical response or a management response to such diagnostic labels which may impact on the practice of forensic psychiatry.

PMID: 20394480 [PubMed - in process]

[Related citations](#)



14. Law Hum Behav. 2010 Apr 15. [Epub ahead of print]

[P psychopathy and Sexual Sadism.](#)

[Mokros A](#), [Osterheider M](#), [Hucker SJ](#), [Nitschke J](#).

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Abstract

Psychopathic personality disorder and sexual sadism share several common characteristics, such as emotional detachment from the suffering of others or the preparedness to inflict pain or injuries. Based on a sample of 100 male forensic patients (all of them sex offenders, half of them sadistic), the concept of psychopathy and sexual sadism as a unified construct was tested empirically. Pooling indicator variables for psychopathic and sexually sadistic disorders showed that a two-factorial solution yielded a better fit than a single-factor model. The two factors identified psychopathy and sexual sadism as separate latent variables. More specifically, the data were compatible with a path model in which affective deficits and behavioral disinhibition of the psychopathy domain are precursors to sexually sadistic conduct. PMID: 20393872 [PubMed - as supplied by publisher]

[Related citations](#)



15. Clin J Pain. 2010 May;26(4):348-53.

[Borderline personality disorder features and pain: the mediating role of negative affect in a pain patient sample.](#)

[Tragesser SL](#), [Bruns D](#), [Disorbio JM](#).

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Abstract

OBJECTIVES: There is considerable evidence that personality disorders, including borderline personality disorder (BPD), tend to co-occur with chronic pain. There is also evidence that mood disorders co-occur with chronic pain conditions. Given the central role of affective instability and negative mood states in BPD, we proposed that affective features of depression, anxiety, and hostility may account for the association between BPD features and the severity of pain reported in a patient sample.

METHODS: Seven hundred seventy-seven patient participants completed the Battery

for Health Improvement. This included measures of DSM-IV BPD features, affect scales (depression, anxiety, hostility), and pain items assessing the severity of pain and somatic symptoms. RESULTS: As predicted, individuals with higher levels of BPD features reported greater severity of pain and somatic complaints, including higher levels of maximum and minimum pain levels in the past month. In addition as predicted, this association was no longer significant after controlling for affect scales. In particular, depression was strongest in accounting for this association.

DISCUSSION: These results indicate that the association between BPD features and pain is accounted for by negative affect, primarily in the form of depression. This is consistent with current theoretical perspectives on BPD. This also suggests that clinicians observing or detecting BPD features among pain patients should consider negative affect, especially depression, in addressing these issues.

PMID: 20393271 [PubMed - in process]

[Related citations](#)



16. Psychiatr Q. 2010 Apr 14. [Epub ahead of print]

[Aggression in Borderline Personality Disorder.](#)

[Látalová K](#), [Praško J](#).

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Abstract

This review examined aggressive behavior in Borderline Personality Disorder (BPD) and its management in adults. Aggression against self or against others is a core component of BPD. Impulsiveness is a clinical hallmark (as well as a DSM-IV-TR diagnostic criterion) of BPD, and aggressive acts by BPD patients are largely of the impulsive type. BPD has high comorbidity rates with substance use disorders, Bipolar Disorder, and Antisocial Personality Disorder; these conditions further elevate the risk for violence. Treatment of BPD includes psychodynamic, cognitive behavioral, schema therapy, dialectic behavioral, group and pharmacological interventions. Recent studies indicate that many medications, particularly atypical antipsychotics and anticonvulsants, may reduce impulsivity, affective lability as well as irritability and aggressive behavior. But there is still a lack of large, double blind, placebo controlled studies in this area.

PMID: 20390357 [PubMed - as supplied by publisher]

[Related citations](#)



17. Eur J Dermatol. 2010 Apr 13. [Epub ahead of print]

Personality differences between patients with lichen simplex chronicus and normal population: A study of pruritus.

[Martín-Brufau R](#), [Corbalán-Berná J](#), [Ramirez-Andreo A](#), [Brufau-Redondo C](#), [Limiñana-Gras R](#).

Abstract

Itching is common to many skin disorders. The relationship between skin disease and psychological variables has been widely documented in the literature. The association between the exacerbation of skin lesions and increased levels of psychopathological conditions in response to stressful events has also been described. Lichen Simplex Chronicus (LSC) is a skin disorder characterized by itching, which seems to have a marked psychological component. However, examples of empirical evidence linking this skin disorder to personality variables, as measured by standardized personality questionnaires, are relatively few so far. The objective of this research was to investigate the involvement of certain personality variables in the development of LSC. The personality profiles of 60 patients with LSC were compared to a normative sample of the normal Spanish population, who were free of any kind of skin disease. The personality variables for the LSC group were obtained by administering the Millon Index of Personality Styles (MIPS). Participants with LSC presented personality characteristics that differed from the control group. The most significant variables were as follows: greater tendency to pain-avoidance, greater dependency on other peoples' desires, and more conforming and dutiful compared to the control group. Results are discussed in the light of other dermatological pathologies that might share some characteristics with LSC subjects. Lichen simplex chronicus patients may present differential personality characteristics that could be related to triggering and exacerbating skin lesions. Therefore, it is relevant to evaluate the personality profiles of these people to increase treatment efficiency.

PMID: 20388609 [PubMed - as supplied by publisher]

[Related citations](#)



18. J Clin Nurs. 2010 Apr 5. [Epub ahead of print]

Preventing aggressive incidents and seclusions in forensic care by means of the 'Early Recognition Method'

[Fluttert FA](#), [van Meijel B](#), [Nijman H](#), [Bjørkly S](#), [Grypdonck M](#).

Authors: Frans AJ Fluttert, MSc, RN, Researcher, Department of Nursing Science, Utrecht University, Utrecht and FPC Dr S. Van Mesdag/Forint, Groningen; Berno van

Meijel, PhD, Associate Professor, Applied Sciences Department, Research Group Mental Health Nursing, InHolland University, Alkmaar and Department Nursing Science, University Utrecht, Utrecht; Henk Nijman, PhD, Professor, Academic Centre for Social Science, Radboud University, Nijmegen and Division of Ortho- and Forensic Psychiatry, Altrecht, Mental Health Institute, Den Dolder, The Netherlands; Stål Bjørkly, PhD, Professor, Molde University College, Molde and Centre for Research and Education in Forensic Psychiatry, Ullevål University Hospital, Oslo, Norway; Mieke Grypdonck, PhD, Professor, Department of Nursing Science, Utrecht University, Utrecht, The Netherlands and Ghent University, Ghent, Belgium.

Abstract

Objective. The Early Recognition Method aims at improving collaboration between nurses and patients to prevent aggression in forensic psychiatric care. To achieve this goal, Early Recognition Method strongly focuses on early signs of aggression. In the current study, we investigated whether application of Early Recognition Method led to a significant decrease in inpatient incidents. **Background.** Nurses in forensic settings are often confronted with patients' aggression. Better collaboration between nursing staff and patients may improve patients' ability to self manage aggression and contribute to a decrease in inpatient aggression. **Design.** Naturalistic one-way case-crossover design. **Methods.** The Early Recognition Method was introduced on 16 wards of a maximum security forensic hospital. Using a one-way case-crossover design, where cases were their own controls, the effects of Early Recognition Method were assessed by comparing the number of incidents of 189 patients during 'Treatment As Usual' with the period after Early Recognition Method was implemented. The Early Recognition Method intervention involved weekly evaluations of signs of aggression between staff and patients. The outcome measures were the number of seclusions and the severity of inpatient incidents. **Results.** A significant decline in the number of seclusions was observed after Early Recognition Method was introduced. Apart from this decrease, the mean severity of inpatient incidents was also found to be lower during the post intervention period. The effect size was most pronounced for patients with substance abuse and personality disorders. Patients with schizophrenia, however, showed modest, yet significant, effect sizes. **Conclusions.** The results suggest that Early Recognition Method may be an innovative and effective risk management method for forensic psychiatric patients, in particular for patients with personality disorders. **Relevance to clinical practice.** This article aims to contribute to evidence-based risk management for nurses in collaboration with their patients, resulting in a decrease in inpatient aggression.

PMID: 20384661 [PubMed - as supplied by publisher]

[Related citations](#)



19. Psychiatry Res. 2010 May 15;177(1-2):1-11. Epub 2010 Apr 9.

[Sensitivity to reward and punishment in eating disorders.](#)

[Harrison A](#), [O'Brien N](#), [Lopez C](#), [Treasure J](#).

Institute of Psychiatry, Kings College London, UK.

Abstract

The aim of this review was to collate and summarise the self-report data regarding anomalies in sensitivity to reward and punishment in eating disorders (ED) with use of a meta-analysis where possible. Electronic databases were searched to December 2008. Studies were required to have a non-eating disorder healthy control group and include at least one self-report measure of sensitivity to reward or punishment in an eating disorder population. Findings were very heterogeneous and inconsistencies between studies and measures were highlighted. In general, patients with anorexia nervosa (restricting type) were less sensitive to reward than healthy controls, whereas patients with bulimia nervosa and anorexia nervosa (binge/purge) type were more sensitive. All ED groups report higher sensitivity to punishment than healthy controls. Individuals with eating disorders differ from healthy controls in measures of reward and punishment sensitivity as measured using the Temperament and Character Inventory, Tridimensional Personality Questionnaire and BIS/BAS scales, but further work is required as there is some heterogeneity in the data. Generating more research using behavioural measures may increase understanding of the findings. Copyright © 2009 Elsevier Ireland Ltd. All rights reserved.

PMID: 20381877 [PubMed - as supplied by publisher]

[Related citations](#)



20. Psychopathology. 2010;43(3):197-204. Epub 2010 Apr 6.

[The influence of comorbid personality disorder and neuroticism on treatment outcome in first episode depression.](#)

[Bock C](#), [Bukh JD](#), [Vinberg M](#), [Gether U](#), [Kessing LV](#).

Department of Psychiatry, University Hospital of Copenhagen, Denmark.

Abstract

BACKGROUND: It has never been investigated whether comorbid personality disorder or neuroticism predicts a poor treatment outcome in first episode depression.
METHODS: Medically treated patients discharged with a diagnosis of a single

depressive episode from a psychiatric in- or outpatient hospital setting were consecutively sampled from the Danish Psychiatric Central Research Register. The patients participated in an extensive interview including the Schedules for Clinical Assessment in Neuropsychiatry, the Structured Clinical Interview for DSM-IV Axis II Personality Disorders and a detailed assessment of medical treatment history using standardised procedures (Treatment Response to Antidepressants Questionnaire, TRAQ). Remission was defined as a score of $<$ or $=7$ on the Hamilton Depression Rating Scale, 17 items, and a score of $>$ or $=4$ on the TRAQ following (1) a first adequate trial of antidepressant treatment, and (2) 2 trials of antidepressant treatment. Further personality traits were assessed by means of the Eysenck Personality Questionnaire. **RESULTS:** Among a total of 301 patients with a single depressive episode, 31.9% fulfilled diagnostic criteria for at least 1 personality disorder of any kind. Comorbid personality disorder was associated with a 2.2-times (95% CI: 1.1-4.2) increased risk of non-remission following the first antidepressant trial, whereas no effect was found following the second antidepressant trial (OR: 1.6; 95% CI: 0.8-3.4). A high level of neuroticism was associated with non-remission in first as well as second trials. **CONCLUSION:** Comorbid personality disorder and high levels of neuroticism in first episode depression predict an increased risk of non-remission from depression. 2010 S. Karger AG, Basel.

PMID: 20375542 [PubMed - in process]

[Related citations](#)

KARGER Full Text

21. Front Neurol Neurosci. 2010;27:174-206. Epub 2010 Apr 6.

['A Man Can Be Destroyed but Not Defeated': Ernest Hemingway's Near-Death Experience and Declining Health.](#)

[Dieguez S.](#)

Laboratory of Cognitive Neuroscience, Ecole Polytechnique Fédérale de Lausanne, Lausanne, Switzerland.

Abstract

Ernest Hemingway is one of the most popular and widely acclaimed American writers of the 20th century. His works and life epitomize the image of the hyper-masculine hero, facing the cruelties of life with 'grace under pressure'. Most of his writings have a quasi-autobiographical quality, which allowed many commentators to draw comparisons between his personality and his art. Here, we examine the psychological and physical burdens that hindered Hemingway's life and contributed to his suicide. We first take a look at his early years, and review his psychopathology as an adult. A number of authors have postulated specific diagnoses to explain Hemingway's

behavior: borderline personality disorder, bipolar disorder, major depression, multiple head trauma, and alcoholism. The presence of hemochromatosis, an inherited metabolic disorder, has also been suggested. We describe the circumstances of his suicide at 61 as the outcome of accumulated physical deterioration, emotional distress and cognitive decline. Special attention is paid to the war wound he suffered in 1918, which seemed to involve a peculiar altered state of consciousness sometimes called 'near-death experience'. The out-of-body experience, paradoxical analgesia and conviction that dying is 'the easiest thing' seemed to influence his future work. The constant presence of danger, death, and violence in his works, as well as the emphasis on the typical Hemingway 'code hero', can all be traced to particular psychological and neurological disorders, as well as his early brush with death. Copyright © 2010 S. Karger AG, Basel.

PMID: 20375531 [PubMed - as supplied by publisher]

[Related citations](#)

KARGER Full Text

22. Alcohol Clin Exp Res. 2010 Apr 5. [Epub ahead of print]

[Prospective Follow-Up of Empirically Derived Alcohol Dependence Subtypes in Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions \(NESARC\): Recovery Status, Alcohol Use Disorders and Diagnostic Criteria, Alcohol Consumption Behavior, Health Status, and Treatment Seeking.](#)

[Moss HB](#), [Chen CM](#), [Yi HY](#).

From the National Institute on Alcohol Abuse, Alcoholism, Bethesda, Maryland 20892; and Alcohol Epidemiologic Data System, CSR, Incorporated, Arlington, Virginia 22201.

Abstract

Background: We have previously reported on an empirical classification of Alcohol Dependence (AD) individuals into subtypes using nationally representative general population data from the 2001 to 2002 Wave 1 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) and latent class analysis. Our results suggested a typology of 5 separate clusters based upon age of onset of AD, multigenerational familial AD, rates of antisocial personality disorder (ASPD), endorsement of specific AD and Alcohol Abuse (AA) criteria, and the presence of comorbid mood, anxiety, and substance use disorders (SUD). In this report, we focus on the clinical follow-up of these cluster members in Wave 2 of the NESARC (2004 to 2005). Methods: The mean interval between NESARC Wave 1 and NESARC Wave 2 interviews was 36.6 (SD = 2.6) months. For these analyses, we utilized a

Wave 2 NESARC sample that was comprised of a total of 1,172 individuals who were initially ascertained as having past-year AD at NESARC Wave 1 and initially subtyped into one of 5 groupings using latent class analysis. We identified these subtypes as: (i) Young Adult, characterized by very early age of onset, minimal family history, and low rates of psychiatric and SUD comorbidity; (ii) Functional, characterized by older age of onset, higher psychosocial functioning, minimal family history, and low rates of psychiatric and SUD comorbidity; (iii) Intermediate Familial, characterized by older age of onset, significant familial AD, and elevated comorbid rates of mood disorders SUD; (iv) Young Antisocial, characterized by early age of onset and elevated rates of ASPD, significant familial AD, and elevated rates of comorbid mood disorders and SUD; (v) Chronic Severe, characterized by later onset, elevated rates of ASPD, significant familial AD, and elevated rates of comorbid mood disorders and SUD. In this report, we examine Wave 2 recovery status, health status, alcohol consumption behavior, and treatment episodes based upon these subtypes. Results: Significantly fewer of the Young Adult and Functional subtypes continued to meet full DSM-IV AD criteria in Wave 2 than did the Intermediate Familial, the Young Antisocial, and the Chronic Severe subtypes. However, we did not find that treatment seeking for alcohol problems increased over Wave 1 reports. In Wave 2, Young Antisocial and Chronic Severe subtypes had highest rates of past-year treatment seeking. In terms of health status, the Intermediate Familial, the Young Antisocial, and the Chronic Severe subtypes had significantly worse mental health scores than the Young Adult and Functional subtypes. For physical health status, the Functional, Intermediate Familial, Young Antisocial, and the Chronic Severe subtypes had significantly worse scores than the Young Adult subtype. In terms of alcohol consumption behavior, the Young Adult, Functional, and Young Antisocial subtypes significantly reduced their risk drinking days between Wave 1 and Wave 2, whereas the Intermediate Familial and the Chronic Severe subtypes did not. Discussion: The results suggest that the empirical AD typology predicts differential clinical outcomes 3 years later. Persistence of full AD, treatment seeking, and worse mental health status were associated most strongly with those subtypes manifesting the greatest degree of psychiatric comorbidity. Reductions in alcohol consumption behavior and good physical health status were seen among the 2 younger subtypes. Overall, the least prevalent subtype, the Chronic Severe, showed the greatest stability in the manifestations of AD, despite having the highest rate of treatment seeking.

PMID: 20374206 [PubMed - as supplied by publisher]

[Related citations](#)



23. Eur J Public Health. 2010 Apr 5. [Epub ahead of print]

[Gender, hospitalization and mental disorders among homeless people compared with the general population in Stockholm.](#)

[Beijer U](#), [Andréasson S](#).

1 Department of Public Health Sciences, Karolinska Institute, Stockholm, Sweden.

Abstract

BACKGROUND: The aim was to study the prevalence of mental disorders among homeless men and women admitted for inpatient treatment in hospitals. **METHODS:** Hospital care utilization of homeless people, 1364 men and 340 women, was compared with a control group consisting of 3750 men and 1250 women from the general population, 1996-2002. **RESULTS:** Homeless women ran a higher risk for mental disorders than women in the population [risk ratio (RR) 20.88]; their risk was also higher than the risk for homeless men (RR 1.20). Younger homeless women had the highest risk (RR 2.17). Alcohol use disorders were equally common among homeless men and women, but women had more drug use disorders (RR 1.32). Women had higher risk of schizophrenia (RR 2.79), and personality disorders (RR 2.73). When adjustment was made for substance use disorders, no increased risk for mental disorder was found in the homeless group. **CONCLUSION:** The elevated risk for mental disorders among the homeless was mainly related to substance use problems. Younger homeless women had the highest risk of mental disorder. PMID: 20371499 [PubMed - as supplied by publisher]

[Related citations](#)



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PMID: 20156524 [PubMed - indexed for MEDLINE]

[Related citations](#)

1. Psychosom Med. 2010 May 27. [Epub ahead of print]

[Comorbidity and Associated Severity of Borderline Personality Disorder and Physical Health Conditions in a](#)

[Nationally Representative Sample.](#)

[El-Gabalawy R](#), [Katz LY](#), [Sareen J](#).

Departments of Psychology (R.E.-G.), Psychiatry (R.E.-G., L.Y.K., J.S.), and Community Health Sciences (J.S.), University of Manitoba, Winnipeg, Manitoba, Canada.

Abstract

Objective: To investigate the comorbidity and severity of borderline personality disorder and physical health conditions in a nationally representative sample. Despite the recent trend of examining the relationship between physical and mental health, there has been limited research examining the association of physical health conditions and personality disorders, in particular, borderline personality disorder. **Methods:** The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Wave 2 (n = 34,653; cumulative response rate, 70.2%; age, ≥ 20 years) was used in the current study. The Alcohol Use Disorder and Associated Disabilities Interview Schedule-Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition was used to assess mental disorders, and self-reports were used to assess physical health conditions. Multiple logistic regression models examined the comorbidity of physical health conditions with borderline personality disorder and associated suicide attempts. **Results:** After adjusting for sociodemographic variables, common Axis I mental disorders, and Axis II personality disorders, the presence of borderline personality disorder was significantly associated with arteriosclerosis or hypertension, hepatic disease, cardiovascular disease, gastrointestinal disease, arthritis, venereal disease, and "any assessed medical condition" (adjusted odds ratios, range 1.46-2.80). In the most stringent adjusted model, diabetes, stroke, and obesity were not associated with borderline personality disorder. Furthermore, a greater likelihood of suicide attempts was associated with cardiovascular disease, venereal disease, and "any assessed medical condition" with comorbid borderline personality disorder than borderline personality disorder alone. **Conclusion:** Careful screening and treatment of physical health conditions among people with borderline personality disorder are warranted. PMID: 20508177 [PubMed - as supplied by publisher]

[Related citations](#)



2. Psychiatry Res. 2010 May 19. [Epub ahead of print]

[Prenatal origins of hospitalization for personality disorders: The Helsinki Birth Cohort Study.](#)

[Lahti M](#), [Räikkönen K](#), [Wahlbeck K](#), [Heinonen K](#), [Forsén T](#), [Kajantie E](#), [Pesonen AK](#), [Osmond C](#), [Barker DJ](#), [Eriksson JG](#).

Department of Psychology, University of Helsinki, Helsinki, Finland.

Abstract

Although a suboptimal prenatal environment has been linked with schizophrenia and depression, possible associations with personality disorders remain unclear. The aim of this study was to examine the associations of body size at birth and length of gestation with hospitalization for personality disorders in a cohort study of 6506 men and 5857 women born in Helsinki, Finland, between 1934 and 1944. International Classification of Diseases (-8, -9, -10) diagnoses of personality disorders were extracted from the national Finnish Hospital Discharge Register since 1969. 102 men and 80 women had been hospitalized due to any personality disorder. 41 men and 30 women had dramatic personality disorders. Among men, head circumference showed an inverse J-shaped, nonlinear association with hospitalization for personality disorders. Men with a small head circumference were at increased risk. Also in men, a smaller head-to-length ratio linearly predicted personality disorders. Among women, a smaller placental area predicted increased risk of hospitalization for dramatic personality disorders. Vulnerability to personality disorders may be programmed during fetal life. Copyright © 2009 Elsevier Ltd. All rights reserved.

PMID: 20493545 [PubMed - as supplied by publisher]

[Related citations](#)



3. Alcohol Clin Exp Res. 2010 May 14. [Epub ahead of print]

[Behavioral and Biological Indicators of Impulsivity in the Development of Alcohol Use, Problems, and Disorders.](#)

[Lejuez CW](#), [Magidson JF](#), [Mitchell SH](#), [Sinha R](#), [Stevens MC](#), [de Wit H](#).

From the Department of Psychology (CWL, JFM), University of Maryland, Center for Addictions, Personality and Emotion Research, Maryland; Oregon Health & Science University (SHM); Yale University School of Medicine (RS, MCS); and University of Chicago (HdW).

Abstract

Alcohol use disorders (AUDs) are a devastating public health problem. The construct of impulsivity is biologically based and heritable, and its various dimensions are relevant for understanding alcohol use. The goal of the current manuscript is to review recent behavioral and biological research examining various dimensions of impulsivity and their relation to AUDs from risk for initial use through dependence and relapse. Moreover, we also highlight key psychological variables including affective processes as they relate to current use and early indications of alcohol problems, as well as

psychopathology, violence, and aggression in relation to AUDs. Each section includes a critical summary and we conclude the review with future directions focused on issues relevant to measurement, causality, and intervention. Throughout the review, we attempt to be as specific as possible about the dimensions of impulsivity being referenced, while attempting to draw parallels and highlighting differences as the existing literature allows.

PMID: 20491733 [PubMed - as supplied by publisher]

[Related citations](#)



4. J Affect Disord. 2010 May 18. [Epub ahead of print]

[Risk factors for chronic depression - A systematic review.](#)

[Hölzel L](#), [Härter M](#), [Reese C](#), [Kriston L](#).

Department of Psychiatry and Psychotherapy, University Medical Center Freiburg, Germany.

Abstract

BACKGROUND: One of five patients with an acute depressive episode develops chronic depression. Risk factors for a current depressive episode to become chronic are insufficiently known. This review was conducted to examine which factors represent a risk factor for the development of chronic depression for patients diagnosed with a depressive episode. **METHOD:** Medline, Psycinfo, ISI Web of Science, CINHALL and BIOSIS Previews were searched up until September 2007, complemented by handsearching in the December 1987 to December 2007 issues of Journal of Affective Disorders and investigating reference lists of included articles and existing reviews. On the basis of a formal checklist, two investigators independently decided which studies to include or exclude. **RESULTS:** 25 relevant primary studies with a total of 5192 participants were included in the systematic review. Overall the methodological quality of the included studies was found to be sufficient. Data synthesis was performed via vote counting. The following risk factors were identified: younger age at onset, longer duration of depressive episode, and family history of mood disorders. Psychological comorbidity i.e. anxiety disorders, personality disorders and substance abuse, low level of social integration, negative social interaction and lower severity of depressive symptoms repeatedly appeared concurrently with chronic depression. **LIMITATIONS:** Most included studies were cross-sectional thus drawing causal conclusions with regard to risk factors proved to be difficult. **CONCLUSION:** Risk factors for a current depressive episode to become chronic were identified. To date only few significant longitudinal studies on this topic are available. Copyright © 2010 Elsevier B.V. All rights reserved.

PMID: 20488546 [PubMed - as supplied by publisher]

[Related citations](#)

6. Burns. 2010 May 17. [Epub ahead of print]

[Mental disorders among acute burn patients.](#)

[Palmu R](#), [Suominen K](#), [Vuola J](#), [Isometsä E](#).

Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland; Mood, Depression, and Suicidal Behavior Unit, National Institute for Health and Welfare, Helsinki, Finland.

Abstract

OBJECTIVE: To investigate mental disorders among acute hospitalized burn patients. **METHOD:** Consecutive acute adult burn patients (n=107) admitted to Helsinki Burn Centre were interviewed by an experienced psychiatrist with the Structured Clinical Interview for DSM-IV-TR for Axis I and II mental disorders assessed in three time frames (lifetime, the month prior to burn, and in acute care). Information on clinical features, psychiatric symptoms, personality traits, and burn severity (total body surface area, TBSA) was gathered. **RESULTS:** The mean TBSA was 9%. Most (61%) acute burn patients had at least one lifetime Axis I or II mental disorder. Prevalences of lifetime substance-related disorders (47%), psychotic disorders (10%), and Axis II personality disorders (23%) were high. The overall prevalence of Axis I mental disorders increased significantly ($Q=6.40$, $df=1$, $p=0.011$) from the month prior to burn (40%) to acute care (48%). The prevalence of delirium for this period was significantly higher (0.9% vs. 13%; $Q=13.00$, $df=1$, $p<0.001$) in acute care. **CONCLUSIONS:** Mental disorders, particularly substance use disorders, psychotic disorders, and personality disorders are common among acute burn patients before injury. These disorders may predispose to burns. Burn itself may also predispose to mental disorders, particularly delirium. Copyright © 2010 Elsevier Ltd and ISBI. All rights reserved. PMID: 20483541 [PubMed - as supplied by publisher]

[Related citations](#)

8. Psychiatry Res. 2010 May 16. [Epub ahead of print]

[Data on schizotypy and affective scales are gender and education dependent - Study in the Northern Finland 1966 Birth Cohort.](#)

[Miettunen J](#), [Veijola J](#), [Freimer N](#), [Lichtermann D](#), [Peltonen L](#), [Paunio T](#), [Isohanni M](#), [Joukamaa M](#), [Ekelund J](#).

Department of Psychiatry, Oulu University and Oulu University Hospital, Oulu, Finland; Academy of Finland, Helsinki, Finland.

Abstract

We present psychometric properties and normative data by gender and educational level in scales related to schizotypy and affective disorders in a large population-based adult sample. As part of the 31-year follow-up survey of the Northern Finland 1966 Birth Cohort; Bipolar II scale (BIP2), Hypomanic Personality Scale (HPS), Physical Anhedonia Scale (PAS), Social Anhedonia Scale (SAS), Perceptual Aberration Scale (PER) and Schizoidia Scale (SCHD) were filled in by 4928 subjects. In total sample mean scores were: BIP2 10.59 (3.80), HPS 11.26 (7.03), PAS 14.99 (S.D. 7.03), SAS 9.44 (5.52), PER 2.35 (3.26) and SCHD 2.56 (1.42). Men scored higher (had more psychopathological symptoms) in PAS and SAS ($P < 0.001$), and in BIP2 ($P = 0.02$). Women had higher scores in SCHD, HPS and PER ($P < 0.001$). Participants with a lower level of education scored higher in all scales; differences were largest in BIP2, PAS and SAS ($ES > 0.5, P < 0.001$). The gender and education differences were moderate or large in all the included scales. These differences should be taken into account when considering normal values in these scales. The findings indicate that commonly used student samples are likely to be biased when compared to community based samples. Copyright © 2008 Elsevier Ltd. All rights reserved.

PMID: 20478630 [PubMed - as supplied by publisher]

[Related citations](#)



9. Psychiatry Res. 2010 May 15. [Epub ahead of print]

[The BDNF Val66Met polymorphism and anxiety: Support for animal knock-in-studies from a genetic association study in humans.](#)

[Montag C](#), [Basten U](#), [Stelzel C](#), [Fiebach CJ](#), [Reuter M](#).

Department of Psychology, University of Bonn, Bonn, Germany.

Abstract

Mounting evidence shows that the brain derived neurotrophic factor (BDNF) plays a crucial role in depression and anxiety. The discovery of a functional variant of the BDNF gene - the BDNF Val66Met polymorphism - led to new insights into the molecular genetic mechanisms underlying these emotional disorders. Although there is evidence from animal research that the homozygous BDNF 66Met variant is associated with anxiety-like behaviour, findings from personality research using self-report-measures as indicators of trait anxiety are heterogenous. Recent seminal findings from

a study using a knock-in-mouse design suggest that this Met66Met group is of particular interest for the investigation of the molecular genetic mechanisms of anxiety and anxiety-related personality traits in humans. In a sample of 610 Caucasian participants, homozygous for the 66Met allele scored significantly higher than Val66 allele carriers on anxiety related facets of the construct 'harm avoidance' (i.e., 'anticipatory worry' and 'fear of uncertainty') of the Temperament and Character Inventory. This finding adds to a small overweight of studies that associates the 66Met allele, rather than the Val66 allele, with higher anxiety scores. Importantly, the present results furthermore suggest that it is the occurrence of not one but two 66Met alleles that is associated with high trait anxiety. Copyright © 2008 Elsevier Ltd. All rights reserved.

PMID: 20478625 [PubMed - as supplied by publisher]

[Related citations](#)



10. Psychiatry Res. 2010 May 14. [Epub ahead of print]

[Exploratory factor analysis of borderline personality disorder criteria in monolingual Hispanic outpatients with substance use disorders.](#)

[Becker DF](#), [Añez LM](#), [Paris M](#), [Grilo CM](#).

Department of Psychiatry, University of California, San Francisco, CA, USA.

Abstract

This study examined the factor structure of the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) criteria for borderline personality disorder (BPD) in Hispanic patients. Subjects were 130 monolingual Hispanic adults who had been admitted to a specialty outpatient clinic that provides psychiatric and substance abuse services to Spanish-speaking individuals. All were reliably assessed with the Spanish-Language Version of the Diagnostic Interview for DSM-IV Personality Disorders. After evaluating internal consistency of the BPD criterion set, an exploratory factor analysis was performed using principal axis factoring. Results suggested a unidimensional structure, and were consistent with similar studies of the DSM-IV criteria for BPD in non-Hispanic samples. These findings have implications for understanding borderline psychopathology in this population, and for the overall validity of the DSM-IV BPD construct. Copyright © 2009 Elsevier Ireland Ltd. All rights reserved.

PMID: 20472296 [PubMed - as supplied by publisher]

[Related citations](#)



11. Int J Law Psychiatry. 2010 May 12. [Epub ahead of print]

Examination of psychopathy in female homicide offenders - Confirmatory factor analysis of the PCL-R.

[Weizmann-Henelius G](#), [Putkonen H](#), [Grönroos M](#), [Lindberg N](#), [Eronen M](#), [Häkkinen-Nyholm H](#).

Vanha Vaasa Hospital, Vaasa, Finland.

Abstract

The construct of psychopathy is essential in explaining criminal behavior, but unfortunately the empirical research on psychopathy in women has been inconsistent. In this study the underlying structure of psychopathy in women was examined by testing the two-factor model by Hare (2003) and the three-factor solution by Cooke and Michie (2001) using confirmatory factor analysis. We replicated the study by Warren et al. (2003) using a nationwide sample of 97 female homicide offenders in order to facilitate the comparison of results. The prevalence of psychopathy in the present study was 9.3% with a cut-off of ≥ 30 and 21.6% with a cut-off of ≥ 25 . The best fit for the data out of the tested models was the three-factor model with six testlets. The two-factor model proved to be too simple a model for the female homicide data. The findings regarding comorbidity of psychopathy with personality disorders show that the concept of psychopathy includes diagnostic criteria of several personality disorders, but further research is needed to establish a possible superordinate dimension. Further research on the PCL-R and putative gender differences in the expression of psychopathy in women and men as well as on the putative impact of cultural differences on the instrument is clearly needed. Copyright © 2010. Published by Elsevier Ltd.

PMID: 20471087 [PubMed - as supplied by publisher]

[Related citations](#)



12. J Psychiatr Res. 2010 May 12. [Epub ahead of print]

Discrepancy between subjective and objective severity in treatment-resistant depression: Prediction of treatment outcome.

[Rane LJ](#), [Fekadu A](#), [Wooderson S](#), [Poon L](#), [Markopoulou K](#), [Cleare AJ](#).

King's College London, Institute of Psychiatry, Division of Psychological Medicine and Psychiatry, Section of Neurobiology of Mood Disorders, 103 Denmark Hill, London SE5 8AZ, UK; The National Affective Disorder Unit, South London and

Maudsley NHS Foundation Trust, UK.

Abstract

OBJECTIVE: Identifying predictors of outcome among patients with treatment-resistant depression (TRD) is challenging. We hypothesised that discrepancy between self-rated and observer-rated scales may be a simple way of making such a prediction. **METHOD:** 102 patients were admitted to a unit specialising in the treatment of resistant depression and underwent fortnightly assessment with clinician-rated (Hamilton Depression Rating Scale-21, HAM-D) and self-rated (Beck Depression Inventory, BDI) measures. All patients had significant depressive symptoms that were treatment resistant, 70% as part of a major depressive disorder and the remainder as part of a bipolar or other disorder. A discrepancy score between the HAM-D and BDI was calculated on admission and its association with patient clinico-demographic factors was determined. A subset of 67 patients remained as inpatients for 40 weeks or until clinical response and were entered into a responder analysis, in which response was defined as $\geq 50\%$ reduction in admission HAM-D score. The association of the admission BDI-HAM-D discrepancy score with subsequent patient response, was determined. **RESULTS:** The magnitude of BDI-HAM-D discrepancy was higher in those with co-morbid personality disorder, lower in those with psychosis and positively correlated with anxiety. High BDI-HAM-D discrepancy score predicted delayed treatment response (odds ratio 5.40, $p = 0.005$). **CONCLUSION:** Within TRD, higher discrepancy predicts slower response to treatment independent of objective illness severity; this may be mediated by underlying personality traits and co-morbid anxiety. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20471031 [PubMed - as supplied by publisher]

[Related citations](#)



13. Child Adolesc Psychiatry Ment Health. 2010 May 13;4:13.

[Rural-urban migration patterns and mental health diagnoses of adolescents and young adults in British Columbia, Canada: a case-control study.](#)

[Maggi S](#), [Ostry A](#), [Callaghan K](#), [Hershler R](#), [Chen L](#), [D'Angiulli A](#), [Hertzman C](#).

Institute of Interdisciplinary Studies and Department of Psychology, Dunton Tower Room 2210, Carleton University, 1125 Colonel By Drive, Ottawa, ON, K1S 5B6, Canada. [Stefania Maggi@carleton.ca](mailto:Stefania_Maggi@carleton.ca).

Abstract

ABSTRACT: BACKGROUND: The identification of mental health problems early in

life can increase the well-being of children and youth. Several studies have reported that youth who experience mental health disorders are also at a greater risk of developing psychopathological conditions later in life, suggesting that the ability of researchers and clinicians to identify mental health problems early in life may help prevent adult psychopathology. Using large-scale administrative data, this study examined whether permanent settlement and within-province migration patterns may be linked to mental health diagnoses among adolescents (15 to 19 years old), young adults (20 to 30 years old), and adults (30 years old and older) who grew up in rural or urban communities or migrated between types of community (N = 8,502).

METHODS: We conducted a nested case-control study of the impact of rural compared to urban residence and rural-urban provincial migration patterns on diagnosis of mental health. Conditional logistic regression models were run with the following International Classification of Diseases, 9th Revision (ICD-9) mental health diagnoses as the outcomes: neurotic disorders, personality disorder, acute reaction to stress, adjustment reaction, depression, alcohol dependence, and nondependent drug abuse. Analyses were conducted controlling for paternal mental health and sociodemographic characteristics.

RESULTS: Mental health diagnoses were selectively associated with stability and migration patterns. Specifically, adolescents and young adults who were born in and grew up in the same rural community were at lower risk of being diagnosed with acute reaction to stress (OR = 0.740) and depression (OR = 0.881) compared to their matched controls who were not born in and did not grow up in the same rural community. Furthermore, adolescents and young adults migrating between rural communities were at lower risk of being diagnosed with adjustment reaction (OR = 0.571) than those not migrating between rural communities. No differences were found for diagnoses of neurotic disorders, personality disorder, alcohol dependence, and nondependent drug abuse.

CONCLUSIONS: This study provides some compelling evidence of the protective role of rural environments in the development of specific mental health conditions (i.e., depression, adjustment reaction, and acute reaction to stress) among the children of sawmill workers in Western Canada.

PMCID: PMC2877002 [Free PMC Article](#)

PMID: 20465838 [PubMed - in process]

[Related citations](#)



14. Int J Offender Ther Comp Criminol. 2010 May 12. [Epub ahead of print]

[Personality Traits as Predictors of Inpatient Aggression in a High-Security Forensic Psychiatric Setting: Prospective Evaluation of the PCL-R and IPDE Dimension Ratings.](#)

[Langton CM](#), [Hogue TE](#), [Daffern M](#), [Mannion A](#), [Howells K](#).

Abstract

The Dangerous and Severe Personality Disorder (DSPD) initiative in England and Wales provides specialized care to high-risk offenders with mental disorders. This study investigated the predictive utility of personality traits, assessed using the Psychopathy Checklist-Revised (PCL-R) and the International Personality Disorder Examination, with 44 consecutive admissions to the DSPD unit at a high-security forensic psychiatric hospital. Incidents of interpersonal physical aggression (IPA) were observed for 39% of the sample over an average 1.5-year period following admission. Histrionic personality disorder (PD) predicted IPA, and Histrionic, Borderline, and Antisocial PDs all predicted repetitive (2+ incidents of) IPA. PCL-R Factor 1 and Facets 1 and 2 were also significant predictors of IPA. PCL-R Factor 1 and Histrionic PD scores were significantly associated with imminence of IPA. Results were discussed in terms of the utility of personality traits in risk assessment and treatment of specially selected high-risk forensic psychiatric patients in secure settings.

PMID: 20463208 [PubMed - as supplied by publisher]

[Related citations](#)



15. BMC Psychiatry. 2010 May 11;10(1):33. [Epub ahead of print]

[A systematic review of personality disorder, race and ethnicity: prevalence, aetiology and treatment.](#)

[McGilloway A](#), [Hall RE](#), [Lee T](#), [Bhui KS](#).

Abstract

ABSTRACT: BACKGROUND: Although psychoses and ethnicity are well researched, the importance of culture, race and ethnicity has been overlooked in Personality Disorders (PD) research. This study aimed to review the published literature on ethnic variations of prevalence, aetiology and treatment of PD. **METHOD:** A systematic review of studies of PD and race, culture and ethnicity including a narrative synthesis of observational data and meta-analyses of prevalence data with tests for heterogeneity. **RESULTS:** There were few studies with original data on personality disorder and ethnicity. Studies varied in their classification of ethnic group, and few studies defined a specific type of personality disorder. Overall, meta-analyses revealed significant differences in prevalence between black and white groups (OR 0.476, CIs 0.248 - 0.915, $p = 0.026$) but no differences between Asian or Hispanic groups compared with white groups. Meta-regression analyses found that heterogeneity was explained by some study characteristics: a lower prevalence of PD was reported among black compared with white patients in UK studies, studies using case-note diagnoses rather than structured diagnostic interviews, studies of borderline

PD compared with the other PD, studies in secure and inpatient compared with community settings, and among subjects with co-morbid disorders compared to the rest. The evidence base on aetiology and treatment was small. **CONCLUSION:** There is some evidence of ethnic variations in prevalence of personality disorder but methodological characteristics are likely to account for some of the variation. The findings may indicate neglect of PD diagnosis among ethnic groups, or a true lower prevalence amongst black patients. Further studies are required using more precise cultural and ethnic groups.

Free Article

PMID: 20459788 [PubMed - as supplied by publisher]

[Related citations](#)



17. Psychiatry Res. 2010 May 7. [Epub ahead of print]

[Schizotypal, schizoid and paranoid characteristics in the biological parents of social anhedonics.](#)

[Cohen AS](#), [Emmerson LC](#), [Mann MC](#), [Forbes CB](#), [Blanchard JJ](#).

Department of Psychology, Louisiana State University, United States.

Abstract

Mounting evidence suggests that social anhedonia may be a marker of genetic liability for schizophrenia-spectrum pathology. To examine this hypothesis, we conducted a study of severity of schizotypal, schizoid and paranoid pathology (i.e., Cluster A personality disorders) in the biological parents of individuals with high levels of social anhedonia and healthy controls. Eighty-six individuals with social anhedonia, 89 healthy controls and their biological parents were recruited from a large community. Structured clinical interviews were conducted to obtain Cluster A diagnoses and symptom ratings for parents. The biological parents of socially anhedonic probands had elevated rates of Cluster A disorders (24%) compared with the parents of control probands (12%). Post hoc analyses revealed that these group differences were the result of elevated rates of diagnoses in the fathers of social anhedonic probands, but not the mothers. This finding was replicated when Cluster A symptoms were examined dimensionally. These findings are consistent with the hypothesis that social anhedonia is a promising indicator of the genetic vulnerability to schizophrenia-spectrum pathology. The unexpected findings of elevated pathology in fathers, but not mothers of socially anhedonic probands, require further exploration. Copyright © 2008 Elsevier Ireland Ltd. All rights reserved.

PMID: 20452676 [PubMed - as supplied by publisher]

[Related citations](#)

18. J Psychiatr Res. 2010 May 5. [Epub ahead of print]

[Tryptophan-hydroxylase 2 haplotype association with borderline personality disorder and aggression in a sample of patients with personality disorders and healthy controls.](#)

[Mercedes Perez-Rodriguez M](#), [Weinstein S](#), [New AS](#), [Bevilacqua L](#), [Yuan Q](#), [Zhou Z](#), [Hodgkinson C](#), [Goodman M](#), [Koenigsberg HW](#), [Goldman D](#), [Siever LJ](#).

Department of Psychiatry, Mount Sinai School of Medicine, Psychiatry Box # 1230, One Gustave L. Levy Place, New York, NY 10029, USA.

Abstract

BACKGROUND: There is a decreased serotonergic function in impulsive aggression and borderline personality disorder (BPD), and genetic association studies suggest a role of serotonergic genes in impulsive aggression and BPD. Only one study has analyzed the association between the tryptophan-hydroxylase 2 (TPH2) gene and BPD. A TPH2 "risk" haplotype has been described that is associated with anxiety, depression and suicidal behavior. **METHODS:** We assessed the relationship between the previously identified "risk" haplotype at the TPH2 locus and BPD diagnosis, impulsive aggression, affective lability, and suicidal/parasuicidal behaviors, in a well-characterized clinical sample of 103 healthy controls (HCs) and 251 patients with personality disorders (109 with BPD). A logistic regression including measures of depression, affective lability and aggression scores in predicting "risk" haplotype was conducted. **RESULTS:** The prevalence of the "risk" haplotype was significantly higher in patients with BPD compared to HCs. Those with the "risk" haplotype have higher aggression and affect lability scores and more suicidal/parasuicidal behaviors than those without it. In the logistic regression model, affect lability was the only significant predictor and it correctly classified 83.1% of the subjects as "risk" or "non-risk" haplotype carriers. **CONCLUSIONS:** We found an association between the previously described TPH2 "risk" haplotype and BPD diagnosis, affective lability, suicidal/parasuicidal behavior, and aggression scores. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20451217 [PubMed - as supplied by publisher]

[Related citations](#)

19. Eur Psychiatry. 2010 May 3. [Epub ahead of print]

[Genetic and environmental pathways to suicidal behavior:](#)

[Reflections of a genetic epidemiologist.](#)

[Kendler KS.](#)

Room 1-123, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University Medical School, Box 980126, 800 E. Leigh Street, Richmond, VA 23298-0126, VA, USA.

Abstract

This paper presents a tentative typology of genetic and environmental pathways to suicidal behavior. Ten pathways are proposed and briefly illustrated: (i) direct effects from psychiatric disorders; (ii) direct effects from personality; (iii) direct effects of early adversity; (iv) direct effects of current adversity; (v) indirect effects of genes on selection into adversity (gene-environment correlation); (vi) interactions between genetic risk and current adversity: gene-environment interaction; (vii) interactions between early and current adversity: environment-environment interaction; (viii) interactions between culture and genes; (ix) dynamic developmental pathways involving causal loops from genes to environment and back again; and (x) gene-environment-development interaction. Copyright © 2010 Elsevier Masson SAS. All rights reserved.

PMID: 20444583 [PubMed - as supplied by publisher]

[Related citations](#)



20. Psychol Med. 2010 Jun;40(6):977-88.

[Social anxiety disorder and alcohol use disorder co-morbidity in the National Epidemiologic Survey on Alcohol and Related Conditions.](#)

[Schneier FR](#), [Foose TE](#), [Hasin DS](#), [Heimberg RG](#), [Liu SM](#), [Grant BF](#), [Blanco C](#).

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

Abstract

BACKGROUND: To assess the prevalence and clinical impact of co-morbid social anxiety disorder (SAD) and alcohol use disorders (AUD, i.e. alcohol abuse and alcohol dependence) in a nationally representative sample of adults in the United States. **METHOD:** Data came from a large representative sample of the US population. Face-to-face interviews of 43093 adults residing in households were conducted during 2001-2002. Diagnoses of mood, anxiety, alcohol and drug use disorders and personality disorders were based on the Alcohol Use Disorder and

Associated Disabilities Interview Schedule - DSM-IV version. RESULTS: Lifetime prevalence of co-morbid AUD and SAD in the general population was 2.4%. SAD was associated with significantly increased rates of alcohol dependence [odds ratio (OR) 2.8] and alcohol abuse (OR 1.2). Among respondents with alcohol dependence, SAD was associated with significantly more mood, anxiety, psychotic and personality disorders. Among respondents with SAD, alcohol dependence and abuse were most strongly associated with more substance use disorders, pathological gambling and antisocial personality disorders. SAD occurred before alcohol dependence in 79.7% of co-morbid cases, but co-morbidity status did not influence age of onset for either disorder. Co-morbid SAD was associated with increased severity of alcohol dependence and abuse. Respondents with co-morbid SAD and alcohol dependence or abuse reported low rates of treatment-seeking. CONCLUSIONS: Co-morbid lifetime AUD and SAD is a prevalent dual diagnosis, associated with substantial rates of additional co-morbidity, but remaining largely untreated. Future research should clarify the etiology of this co-morbid presentation to better identify effective means of intervention.

PMID: 20441690 [PubMed - in process]

[Related citations](#)



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- DA023200/DA/NIDA NIH HHS/United States
- MH076051/MH/NIMH NIH HHS/United States

Items 1 - 25 of 25

1. Eur Arch Psychiatry Clin Neurosci. 2010 Jun 30. [Epub ahead of print]

[Childhood adversity and chronicity of mood disorders.](#)

[Angst J](#), [Gamma A](#), [Rössler W](#), [Ajdacic V](#), [Klein DN](#).

Zurich University Psychiatric Hospital, Lenggstrasse 31, P.O.Box 1931, 8032, Zurich, Switzerland, jules.angst@uzh.ch.

Abstract

To evaluate the potential impact of early childhood problems on the chronicity of mood disorders. A representative cohort from the population was prospectively studied from ages 19/20 to 39/40. Unipolar (UP) and bipolar disorders (BP) were operationally defined applying broad Zurich criteria for bipolarity. Chronicity required the presence of symptoms for more days than not over 2 years prior to an interview, or almost daily occurrence for 1 year. A family history and a history of childhood problems were taken at ages 27/28 and 29/30. Data include the first of multiple self-assessments with the Symptom-Checklist-90 R at age 19/20, and mastery and self-esteem assessed 1 year later. A factor analysis of childhood problems yielded two factors: family problems and conduct problems. Sexual trauma, which did not load on either factor, and conduct problems were unrelated to chronicity of UP or BP or both together. In contrast, childhood family problems increased the risk of chronicity by a factor of 1.7. An anxious personality in childhood and low self-esteem and mastery in early adulthood were also associated with chronicity. Childhood family problems are strong risk factors for the chronicity of mood disorders (UP and BP). The risk may be mediated partly by anxious personality traits, poor coping and low self-esteem.

PMID: 20589507 [PubMed - as supplied by publisher]

2. Psychosomatics. 2010 Jul;51(4):289-96.

Personality Disorders and Traits as Predictors of Incident Cardiovascular Disease: Findings From the 23-Year Follow-Up of The Baltimore ECA Study.

[Lee HB](#), [Bienvenu OJ](#), [Cho SJ](#), [Ramsey CM](#), [Bandeem-Roche K](#), [Eaton WW](#), [Nestadt G](#).

correspondence and M.D., Assistant Professor of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine, 4th Floor, 5300 Alpha Commons Drive, Baltimore, MD 21224. Hochang@jhmi.edu.

Abstract

BACKGROUND: Over the past several decades, the relationship between personality traits and heart disease has interested clinicians and researchers alike. **OBJECTIVE:** The authors investigated personality disorders (PDs) and PD dimensional traits as prospective risk factors for incident cardiovascular disease (CVD) in the Baltimore Epidemiologic Catchment Area (ECA) follow-up study. **METHOD:** In 1981, 244 community residents were examined for DSM-III PDs, and PD dimensional traits and were followed for incident CVD by 2004. **RESULTS:** Logistic-regression models with

or without adjustment for potential confounders revealed that Cluster B PD and PD dimensional traits at baseline were consistently associated with increased risk of incident CVD by 2004. Post-hoc analysis also revealed that Cluster B PD and traits also predict CVD mortality. CONCLUSION: Cluster B PDs and dimensional traits may be independent risk factors for incident CVD in the community.

PMID: 20587756 [PubMed - in process]

3. J Affect Disord. 2010 Jun 26. [Epub ahead of print]

[Association of temperament with subjective sleep patterns.](#)

[Ottoni GL](#), [Lorenzi TM](#), [Lara DR](#).

Departamento de Bioquímica, Instituto de Ciências Básicas da Saúde, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil.

Abstract

BACKGROUND: Emotional and cognitive functioning have been involved in insomnia etiology, and sleep disturbances are closely related to psychiatric disorders and personality traits. This study investigates the association of temperament with subjective sleep parameters. **METHODS:** In this web-survey, 5129 subjects (25.3% males) completed the Combined Emotional and Affective Temperament Scale (CEATS), which assesses emotional (fear, anger, drive and control) and affective (e.g. cyclothymic, hyperthymic) temperaments. Subjects also answered questions regarding subjective sleep parameters, psychiatric diagnosis, psychotropic medication intake and cigarette smoking. **RESULTS:** As control scores decreased, the later were the bed and the wake up time. Total sleep time was weakly associated with emotional temperaments. The higher the score of anger and the lower the score of control, the higher was the sleep-onset latency. As the anger score increased and the drive, fear and control scores decreased, the higher the number of nightly awakenings. The higher the drive and the control and the lower the anger scores, the better the sleep quality. For affective temperaments, depressives, labiles (related to ADHD) and cyclothymics (related to bipolar II disorders) go to bed and wake up later and have a worse profile regarding other sleep parameters. Hyperthymics and euthymics showed favorable sleep profiles. **LIMITATIONS:** Sample included a significant number of subjects with psychiatric diseases and on psychotropic medication. **CONCLUSION:** Dysregulated emotional activation (expressed as higher anger, and lower control and drive), as well as depressive, labile and cyclothymic affective temperaments were related to more dysfunctional sleep patterns. Copyright © 2010. Published by Elsevier B.V.

PMID: 20584550 [PubMed - as supplied by publisher]

[Related citations](#)

4. J Clin Psychiatry. 2010 Jun 15. [Epub ahead of print]

[Personality disorders predict relapse after remission from an episode of](#)

[major depressive disorder: a 6-year prospective study. Grilo CM, Stout RL, Markowitz JC, Sanislow CA, Ansell EB, Skodol AE, Bender DS, Pinto A, Shea MT, Yen S, Gunderson JG, Morey LC, Hopwood CJ, McGlashan TH.](#)

Department of Psychiatry, Yale University School of Medicine, 301 Cedar Street (2nd Floor), New Haven, CT 06519, USA. carlos.grilo@yale.edu.

Abstract

OBJECTIVE: To examine prospectively the course of major depressive disorder (MDD) and to test for the moderating effects of personality disorder (PD) comorbidity on relapse after remission from an episode of MDD. **METHOD:** Participants were 303 patients (196 women and 107 men) with current DSM-IV-diagnosed MDD at baseline enrollment in the Collaborative Longitudinal Personality Disorders Study. Major depressive disorder and Axis I psychiatric disorders were assessed with the Structured Clinical Interview for DSM-IV, and Axis II PDs were assessed with the Diagnostic Interview for DSM-IV Personality Disorders. The course of MDD was assessed with the Longitudinal Interval Follow-up Evaluation at 6 and 12 months and then yearly through 6 years. Survival analyses were used to analyze time to remission and time to relapse. The study was conducted from July 1996 to June 2005. **RESULTS:** Of 303 patients, 260 (86%) remitted from MDD; life table survival analyses revealed that patients with MDD who had PDs at baseline had significantly longer time to remission from MDD than patients without PDs. Among the 260 patients whose MDD remitted, 183 (70%) relapsed. Patients with MDD with PDs—specifically those with borderline and obsessive-compulsive PDs—at baseline had significantly shorter time to relapse than patients with MDD without PDs. Cox proportional hazards regression analyses revealed that the presence of PDs at baseline (hazard ratio = 1.5) and recurrent-type MDD (hazard ratio = 2.2), but not sex (hazard ratio = 1.03) or dysthymic disorder (hazard ratio = 0.97), significantly predicted time to relapse. **CONCLUSIONS:** Personality disorders at baseline were robust predictors prospectively of accelerated relapse after remission from an episode of MDD. Personality disorders at baseline significantly moderated eventual time to relapse in MDD among patients who remitted from an episode of MDD, even when controlling for other potential negative prognostic predictors. © Copyright 2010 Physicians Postgraduate Press, Inc.

PMID: 20584514 [PubMed - as supplied by publisher]

[Related citations](#)

5. Int J Nurs Stud. 2010 Jun 24. [Epub ahead of print]

[Sensitivity and specificity of the Chinese version of the Schizotypal Personality Questionnaire-Brief for identifying undergraduate students susceptible to psychosis.](#)

[Ma WF](#), [Wu PL](#), [Yang SJ](#), [Cheng KF](#), [Chiu HT](#), [Lane HY](#).

School of Nursing and Nursing Department, China Medical University and Hospital, 91, Hsueh-Shih Road, Taichung 40402, Taiwan.

Abstract

BACKGROUND: Early interventions can improve treatment outcomes for individuals with major psychiatric disorders and with nonspecific symptoms but increasingly impaired cognitive perception, emotions, and behaviour. One way used to identify people susceptible to psychosis is through the schizotypal personality trait. Persons with schizotypal characteristics have been identified with the widely used Schizotypal Personality Questionnaire-Brief. However, no suitable instruments are available to screen individuals in the Taiwanese population for evidence of early psychotic symptoms. **OBJECTIVES:** The purpose of this study was to test the sensitivity and specificity of the Chinese version of the Schizotypal Personality Questionnaire-Brief for identifying undergraduate students' susceptibility to psychosis. **DESIGN:** Two-stage, cross-sectional survey design. **SETTING AND PARTICIPANTS:** The self-administered scale was tested in a convenience sample of 618 undergraduate students at a medical university in Taiwan. Among these students, 54 completed the scale 2 weeks apart for test-retest reliability, and 80 were tested to identify their susceptibility to psychosis. **DATA COLLECTION AND ANALYSIS:** In Stage I, participants with scores in the top 6.5% were classified as the high-score group (n=40). The control group (n=40) was randomly selected from the remaining participants with scores <15 and matched by gender. These 80 students were asked to participate in psychiatric interviews in Stage II. The instrument was tested for reliability using intraclass correlation coefficients and the Kuder-Richardson formula 20. The instrument was analysed for optimal sensitivity and specificity using odds-ratio analysis and receiver operating characteristic curves. **RESULTS:** The 22-item Chinese version of the Schizotypal Personality Questionnaire-Brief had a 2-week test-retest reliability of 0.82 and internal consistency of 0.76. The optimal cut-off score was 17, with odds ratios of 24.4 and an area under the receiver operating characteristic curves of 0.83. The instrument had a sensitivity of 80.0% and specificity of 85.9% in identifying undergraduate students' susceptibility to psychosis. **CONCLUSIONS:** The Chinese version Schizotypal Personality Questionnaire-Brief is a reliable instrument, but should not be used as a screening tool until its psychometric properties have been evaluated in more detail. Other screening tools need to be used in future studies with the CSPQ-B to improve the accuracy of identifying susceptibility to psychosis among young adults. Copyright © 2010. Published by Elsevier Ltd.

PMID: 20580002 [PubMed - as supplied by publisher]

[Related citations](#)

6. J Affect Disord. 2010 Jun 24. [Epub ahead of print]

[Clinical utility of Standardised Assessment of Personality - Abbreviated Scale \(SAPAS\) among patients with first](#)

[episode depression.](#)

[Bukh JD](#), [Bock C](#), [Vinberg M](#), [Gether U](#), [Kessing LV](#).

Psychiatric Center Copenhagen, Denmark.

Abstract

BACKGROUND: Personality disorder frequently co-occurs with depression and seems to be associated with a poorer outcome of treatment and increased risk for recurrences. However, the diagnosing of personality disorder can be lengthy and requires some training. Therefore, a brief screening interview for comorbid personality disorder among patients suffering from depression would be of clinical use. **METHOD:** The present study aimed to assess the utility of the Standardised Assessment of Personality - Abbreviated Scale (SAPAS) as a screen for personality disorder in a population of patients recently diagnosed with first episode depression. A total number of 394 patients with an ICD-10 diagnosis of a single depressive episode were sampled consecutively via the Danish Psychiatric Central Research Register during a 2years inclusion period and assessed by the screening interview and, subsequently, by the Structured Clinical Interview for DSM-IV Personality Disorders. **RESULTS:** We found, that a cut-off of 3 on the screen correctly identified the presence of comorbid personality disorder in 73.1% of the patients. The sensitivity and specificity were 0.80 and 0.70, respectively. **LIMITATIONS:** The findings cannot be generalized to patients outside hospital settings. **CONCLUSION:** The study provides evidence for the clinical utility of SAPAS as a screening interview for comorbid personality disorder in a population of patients with a primary diagnosis of depression. Copyright © 2010. Published by Elsevier B.V.

PMID: 20579743 [PubMed - as supplied by publisher]

[Related citations](#)

7. Compr Psychiatry. 2010 Jul-Aug;51(4):426-33. Epub 2009 Dec 21.

[Antisocial personality disorder is on a continuum with psychopathy.](#)

[Coid J](#), [Ullrich S](#).

Queen Mary University of London, Wolfson Institute of Preventive Medicine, Forensic Psychiatry Research Unit, EC1A 7BE London, UK. l.tapsfield@qmul.ac.uk

Abstract

BACKGROUND: Antisocial personality disorder (ASPD) and psychopathy are different diagnostic constructs. It is unclear whether they are separate clinical syndromes or whether psychopathy is a severe form of ASPD. **METHODS:** A representative sample of 496 prisoners in England and Wales was interviewed in the

second phase of a survey carried out in 1997 using the Schedules for Clinical Assessment in Neuropsychiatry, the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Axis II personality disorders, and the Psychopathy Checklist-Revised. RESULTS: Among those 18 years and older (n = 470), 211 (44.9%) received a diagnosis of ASPD, of whom 67 (31.8%) were classified as psychopaths, indicated by Psychopathy Checklist-Revised scores of 25 and above. Symptoms of ASPD and psychopathy both demonstrated low diagnostic contrast when comparing subgroups of ASPD above and below the cutoff for psychopathy. There were no differences in demography, Axis I comorbidity, and treatment-seeking behavior. Psychopathic individuals with ASPD demonstrated comorbid schizoid and narcissistic personality disorder, more severe conduct disorder and adult antisocial symptoms, and more violent convictions. CONCLUSIONS: Psychopathy and ASPD are not separate diagnostic entities, but psychopathic ASPD is a more severe form than ASPD alone with greater risk of violence. Dimensional scores of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition personality disorders (other than ASPD) may be helpful in identifying this specific subgroup. Copyright 2010 Elsevier Inc. All rights reserved.

PMID: 20579518 [PubMed - in process]

[Related citations](#)

8. Compr Psychiatry. 2010 Jul-Aug;51(4):333-9. Epub 2009 Dec 21.

Prevalence and treatment of narcissistic personality disorder in the community: a systematic review.

[Dhawan N](#), [Kunik ME](#), [Oldham J](#), [Coverdale J](#).

Houston Center for Quality of Care & Utilization Studies, Health Services Research and Development Service Studies, Houston, TX 77030, USA.

Abstract

BACKGROUND: Few studies have examined the prevalence and treatment of narcissistic personality disorder (NPD). **METHOD:** We systematically reviewed studies of NPD that used suitable diagnostic methods in adult nonclinical samples and evaluated their strengths and weaknesses. Searches were conducted of MEDLINE (using both MeSH category and free-word search terms), PsycINFO, and PsycLIT for articles in English from January 1980 to August 2008 using the terms Narcissis* and prevalence, of unpublished work identified via contacts with experts in the field, of books on personality disorders, and of reference lists from relevant articles and books. We evaluated articles using a 6-point epidemiologic quality tool that we developed. To determine the most efficacious treatments for NPD without other comorbidities, we performed searches using Narcissis*, pharmacology, clinical pharmacology, therapeutics, and psychotherapy for reports of controlled trials from January 1980 to August 2008. **RESULTS:** We identified 7 prevalence studies that had used a structured or semistructured interview, 5 of which scored 5/6 using the epidemiologic quality tool.

Mean prevalence was 1.06%, and the range was 0% to 6.2%. We found no studies of treatment meeting our inclusion criteria. CONCLUSIONS: There was an overall finding of a low prevalence of NPD in adult nonclinical samples. Changes in the classification system might promote further empirical investigations. Published by Elsevier Inc.

PMID: 20579503 [PubMed - in process]

[Related citations](#)

9. Hum Reprod. 2010 Jun 22. [Epub ahead of print]

Psychiatric disorders leading to hospitalization before and after infertility treatments.

[Yli-Kuha AN](#), [Gissler M](#), [Klemetti R](#), [Luoto R](#), [Koivisto E](#), [Hemminki E](#).

School of Public Health Medisiinarinkatu 3, University of Tampere, 33520 Tampere, Finland.

Abstract

BACKGROUND This study aimed at determining the psychiatric morbidity of women undergoing infertility treatments, before and after treatment as compared with control women. **METHODS** The number of women hospitalized because of psychiatric disorders was obtained from the Hospital Discharge Register (1969-2006) in a cohort of women who purchased drugs for in vitro fertilization, intra-cytoplasmic sperm injection or frozen embryo transfer treatments (n = 9175) in 1996-1998 in Finland and their controls (n = 9175). The age- and residence-matched controls were further adjusted in the analysis for socio-economic position and marital status. **RESULTS** Women with infertility treatments had fewer hospitalizations due to depression, psychotic disorders, personality disorders, anxiety disorders, bipolar disorder or mania, eating disorders, adjustment disorders and alcohol or other intoxicant abuse before their treatments than did controls. However, the difference was statistically significant only for psychotic disorders [Odds ratios (OR) 0.38, 95% confidence intervals (CI) 0.20-0.72]. Differences in hospitalization remained similar also during the 10-year post-treatment follow-up. The exceptions were increased risk of hospitalizations due to adjustment disorders (OR 3.43, 95% CI 1.03-11.4) and decreased risk of alcohol or other intoxicant abuse (OR 0.44, 95% CI 0.25-0.75) among the women with infertility treatments. The infertile women who gave birth had fewer hospitalizations for all psychiatric diagnoses than did infertile women who did not have a baby. The difference was statistically significant for anxiety disorders (OR 0.38, 95% CI 0.18-0.81), depression (OR 0.63, 95% CI 0.41-0.96) and alcohol or other intoxicant abuse (OR 0.38, 95% CI 0.18-0.80). Hospitalizations among infertile women who did not have a baby and controls were similar, with the exception of significantly more hospitalizations for psychotic disorders among controls (OR 0.38, 95% CI 0.19-0.77). **CONCLUSIONS** Women treated for infertility had less serious psychiatric morbidity leading to hospitalization than did the controls, both before and after treatments,

suggesting a healthy patient effect. After treatments, the risk of hospitalization due to adjustment disorders was increased among the infertile women. Having a baby after infertility treatments was associated with fewer hospitalizations following psychiatric diagnosis.

PMID: 20570970 [PubMed - as supplied by publisher]

[Related citations](#)



10. J Pers Soc Psychol. 2010 Jul;99(1):174-90.

[Perceiver effects as projective tests: what your perceptions of others say about you.](#)

[Wood D](#), [Harms P](#), [Vazire S](#).

Department of Psychology, Wake Forest University, Winston-Salem, NC 27109, USA. dwood@wfu.edu

Abstract

In 3 studies, we document various properties of perceiver effects--or how an individual generally tends to describe other people in a population. First, we document that perceiver effects have consistent relationships with dispositional characteristics of the perceiver, ranging from self-reported personality traits and academic performance to well-being and measures of personality disorders, to how liked the person is by peers. Second, we document that the covariation in perceiver effects among trait dimensions can be adequately captured by a single factor consisting of how positively others are seen across a wide range of traits (e.g., how nice, interesting, trustworthy, happy, and stable others are generally seen). Third, we estimate the 1-year stability of perceiver effects and show that individual differences in the typical perception of others have a level of stability comparable to that of personality traits. The results provide compelling evidence that how individuals generally perceive others is a stable individual difference that reveals much about the perceiver's own personality.

PMID: 20565194 [PubMed - in process]

[Related citations](#)



11. Croat Med J. 2010 Jun 15;51(3):209-14.

[Patients with combat-related and war-related posttraumatic stress disorder 10 years after diagnosis.](#)

[Arbanas G.](#)

Day Hospital for Psychotherapy, General Hospital Karlovac, Andrije Stampara 3b,
47000 Karlovac, Croatia. goran.arbanas@ka.t-com.hr

Abstract

AIM: To establish how many patients diagnosed with posttraumatic stress disorder (PTSD) in 1996 used psychiatric facilities and had psychiatric symptoms 10 years later, and assess their sociodemographic characteristics, comorbid disorders, and type of treatment. **METHODS:** Medical records of patients diagnosed with PTSD in 1996 were reviewed in the period 2007-2009 and the patients who contacted a psychiatrist in that period (n=85) and those who did not (n=158) were compared. **RESULTS:** There were 36.7% of men and 20% of women diagnosed with PTSD in 1996 who contacted a psychiatrist in the period 2007-2009. Patients who contacted a psychiatrist and those who did not did not differ in sex, age, the number of visits and hospitalizations in 1996, and employment status. The majority of patients still had PTSD and/or were enduring personality change in the period 2007-2009, and 54.8% had some comorbidity (mostly depression, alcohol-related disorders, and personality disorders). Patients were most often treated with anxiolytics and antidepressants. **CONCLUSION:** Ten years after the traumatic experience, one third of patients with PTSD received psychiatric help, regardless of their sex, age, and employment status. Half of them had comorbid disorders and the majority of them were treated with anxiolytics and antidepressants.

Free Article

PMID: 20564763 [PubMed - in process]

[Related citations](#)



14. J Gambl Stud. 2010 Jun 18. [Epub ahead of print]

Behavioural Addictions in Adolescents and Young Adults: Results from a Prevalence Study.

[Villella C](#), [Martinotti G](#), [Di Nicola M](#), [Cassano M](#), [La Torre G](#), [Gliubizzi MD](#), [Messori I](#), [Petruccelli F](#), [Bria P](#), [Janiri L](#), [Conte G](#).

Institute of Psychiatry and Psychology, Università Cattolica del Sacro Cuore, Largo Francesco Vito 1, 00168, Rome, Italy, cvillella2001@yahoo.com.

Abstract

Our study aims to assess the prevalence of behavioural addictions in an adolescent population, evaluating the effects of gender and age, and to assess the correlations

among different behavioural addictions. 2853 high school students were assessed in order to evaluate the prevalence of behavioural addictions such as Pathological Gambling (PG), Compulsive Buying (CB), Exercise Addiction (EA), Internet Addiction (IA), and Work Addiction (WA), in a population of Italian adolescents. The South Oaks Gambling Screen-Revised Adolescent (SOGS-RA), the Compulsive Buying Scale (CBS), the Exercise Addiction Inventory (EAI), the Internet Addiction Test (IAT), and the Work Addiction Risk Test (WART), were compiled anonymously by the students. Overall prevalence was 7.0% for PG, 11.3% for CB, 1.2% for IA, 7.6% for WA, 8.5% for EA. PG and EA were more common among boys, while gender had no effect on the other conditions. CB was more common among younger (<18 years old) students. The scores of all of these scales were significantly correlated. The strong correlation among different addictive behaviours is in line with the hypothesis of a common psychopathological dimension underlying these phenomena. Further studies are needed to assess personality traits and other clinical disorders associated with these problems behaviours.

PMID: 20559694 [PubMed - as supplied by publisher]

[Related citations](#)



15. J Psychopharmacol. 2010 Jun 17. [Epub ahead of print]

[Predictors of offending among prisoners: the role of attention-deficit hyperactivity disorder and substance use.](#)

[Young S](#), [Wells J](#), [Gudjonsson G](#).

King's College London, Institute of Psychiatry.

Abstract

The aim of the study was to investigate predictors of offending among prisoners from official records after controlling for age at first conviction and antisocial personality disorder. The participants were 198 Scottish prisoners, who had completed Diagnostic Statistical Manual IV screens for child and adult attention-deficit hyperactivity disorder (ADHD) symptoms and the Millon Clinical Multiaxial Inventory III for Axis I and Axis II disorders. The ADHD symptomatic group had significantly higher rates of total, acquisitive and violent offending than other prisoners, as well as greater regular heroin use. Hierarchical multiple regressions, using child and adult symptoms as dimensions, showed that frequent use of heroin in the year prior to imprisonment was the single most powerful predictor of the extent of total offending, with ADHD symptoms also adding independently to the variance in offending. In contrast, for violent offending, ADHD symptoms were the strongest predictor followed by alcohol dependence. The findings demonstrate the importance of heroin use and ADHD symptoms in the persistence of offending. There is an urgent need to treat drug

addiction and ADHD symptoms in order to reduce offending among the most persistent offenders. Recently, treatment programmes have been developed for adults with ADHD, heroin and crack cocaine addiction which can be applied to this population.

PMID: 20558498 [PubMed - as supplied by publisher]

[Related citations](#)



16. Cochrane Database Syst Rev. 2010 Jun 16;6:CD005653.

Pharmacological interventions for borderline personality disorder.

[Stoffers J](#), [Völlm BA](#), [Rücker G](#), [Timmer A](#), [Huband N](#), [Lieb K](#).

Department of Psychiatry and Psychotherapy, Freiburg, & Department of Psychiatry and Psychotherapy, Mainz, Germany.

Abstract

BACKGROUND: Drugs are widely used in borderline personality disorder (BPD) treatment, chosen because of properties known from other psychiatric disorders ("off-label use"), mostly targeting affective or impulsive symptom clusters. **OBJECTIVES:** To assess the effects of drug treatment in BPD patients. **SEARCH STRATEGY:** We searched bibliographic databases according to the Cochrane Developmental, Psychosocial and Learning Problems Group strategy up to September 2009, reference lists of articles, and contacted researchers in the field. **SELECTION CRITERIA:** Randomised studies comparing drug versus placebo, or drug versus drug(s) in BPD patients. Outcomes included total BPD severity, distinct BPD symptom facets according to DSM-IV criteria, associated psychopathology not specific to BPD, attrition and adverse effects. **DATA COLLECTION AND ANALYSIS:** Two authors selected trials, assessed quality and extracted data, independently. **MAIN RESULTS:** Twenty-eight trials involving a total of 1742 trial participants were included. First-generation antipsychotics (flupenthixol decanoate, haloperidol, thiothixene); second-generation antipsychotics (aripirazole, olanzapine, ziprasidone), mood stabilisers (carbamazepine, valproate semisodium, lamotrigine, topiramate), antidepressants (amitriptyline, fluoxetine, fluvoxamine, phenelzine sulfate, mianserin), and dietary supplementation (omega-3 fatty acid) were tested. First-generation antipsychotics were subject to older trials, whereas recent studies focussed on second-generation antipsychotics and mood stabilisers. Data were sparse for individual comparisons, indicating marginal effects for first-generation antipsychotics and antidepressants. The findings were suggestive in supporting the use of second-generation antipsychotics, mood stabilisers, and omega-3 fatty acids, but require replication, since most effect estimates were based on single studies. The long-term use of these drugs has not been assessed. Adverse event data were scarce, except for olanzapine. There was a possible

increase in self-harming behaviour, significant weight gain, sedation and changes in haemogram parameters with olanzapine. A significant decrease in body weight was observed with topiramate treatment. All drugs were well tolerated in terms of attrition. Direct drug comparisons comprised two first-generation antipsychotics (loxapine versus chlorpromazine), first-generation antipsychotic against antidepressant (haloperidol versus amitriptyline; haloperidol versus phenelzine sulfate), and second-generation antipsychotic against antidepressant (olanzapine versus fluoxetine). Data indicated better outcomes for phenelzine sulfate but no significant differences in the other comparisons, except olanzapine which showed more weight gain and sedation than fluoxetine. The only trial testing single versus combined drug treatment (olanzapine versus olanzapine plus fluoxetine; fluoxetine versus fluoxetine plus olanzapine) yielded no significant differences in outcomes. **AUTHORS' CONCLUSIONS:** The available evidence indicates some beneficial effects with second-generation antipsychotics, mood stabilisers, and dietary supplementation by omega-3 fatty acids. However, these are mostly based on single study effect estimates. Antidepressants are not widely supported for BPD treatment, but may be helpful in the presence of comorbid conditions. Total BPD severity was not significantly influenced by any drug. No promising results are available for the core BPD symptoms of chronic feelings of emptiness, identity disturbance and abandonment. Conclusions have to be drawn carefully in the light of several limitations of the RCT evidence that constrain applicability to everyday clinical settings (among others, patients' characteristics and duration of interventions and observation periods).

PMID: 20556762 [PubMed - in process]

[Related citations](#)



18. J Pers Assess. 2010 Jul;92(4):296-305.

[Using clinician-rated five-factor model data to score the DSM-IV personality disorders.](#)

[Miller JD](#), [Maples J](#), [Few LR](#), [Morse JQ](#), [Yaggi KE](#), [Pilkonis PA](#).

Department of Psychology, University of Georgia, Athens, GA 30602-3013, USA.
jdmiller@uga.edu

Abstract

Proposals suggest that many or all of the Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM-IV]; American Psychiatric Association, 1994) personality disorders (PDs) may be omitted from the DSM (5th ed.; DSM-V) and replaced with a dimensional trait model of personality pathology (Krueger, Skodol, Livesley, Shrout, & Huang, 2007; Skodol, 2009). Several authors have expressed concerns that this may be difficult for clinicians and researchers who are more comfortable with the

extant PD diagnoses. In this study, we tested whether clinician ratings of traits from the Five-factor model (FFM; Costa & McCrae, 1990) can be used to recreate DSM-IV PDs. Using a sample of 130 clinical outpatients, we tested the convergent and discriminant validity of the FFM PD counts in relation to consensus ratings of the DSM-IV PDs. We then examined whether the FFM and DSM-IV PD scores correlate in similar ways with self-reported personality traits from the Schedule for Nonadaptive and Adaptive Personality (Clark, 1993). Finally, we tested the clinical utility of the FFM PD counts in relation to functional impairment. Overall, the FFM PD counts, scored using clinician ratings of the FFM traits, appeared to function like the DSM-IV PDs, thus suggesting that the use of a dimensional trait model of personality in the DSM-V may still allow for an assessment of the DSM-IV PD constructs.

PMID: 20552504 [PubMed - in process]

[Related citations](#)

19. Crim Behav Ment Health. 2010 Jul;20(3):199-214.

[What imaging tells us about violence in anti-social men.](#)

[Dolan MC.](#)

Department of Psychiatry, Monash University, Melbourne, Australia.
Mairead.dolan@med.monash.edu.au

Abstract

This paper provides an overview of imaging studies in samples of men with personality disorder (PD) who have been violent. Mention is also made of the work of two groups that have looked at the neural correlates of violence across diagnostic categories, including schizophrenia and anti-social PD given their relevance in the field. The paper focuses on the notion that aggressive behaviour can be conceptualised in terms of at least two types, reactive and pro-active, and that few studies separate them. The neuro-anatomical basis of aggression and associated neurobehavioural theories are discussed in relation to clinical disorders (mainly anti-social personality pathology) associated with these different types of aggressive behaviour. Structural (computed tomography, magnetic resonance imaging) and functional (positron emission tomography, fMRI, single-photon emission tomography) studies with violent people variously characterised as anti-social or having psychopathy will be critically reviewed. Copyright (c) 2010 John Wiley & Sons, Ltd.

PMID: 20549783 [PubMed - in process]

[Related citations](#)



21. Eur Psychiatry. 2010 Jun 10. [Epub ahead of print]

[Early retirement from work among employees with a diagnosis of personality disorder compared to anxiety and depressive disorders.](#)

[Korkeila J](#), [Oksanen T](#), [Virtanen M](#), [Salo P](#), [Nabi H](#), [Pentti J](#), [Vahtera J](#), [Kivimäki M](#).

Department of psychiatry, University of Turku, Kunnallissairaalantie 20, 20700 Turku, Finland; Satakunta hospital district, Sairaalatie 14, 29200 Harjavalta, Finland.

Abstract

OBJECTIVE: Risk of retirement from work before statutory retirement age among employees with personality disorders is unknown. **METHOD:** We used diagnoses of awarded medical rehabilitations and hospitalisations to select two clinical cohorts from a population of 151,618 employees: participants in rehabilitation (total N=1942, 233 personality disorder, 419 anxiety disorder and 1290 depression cases) and hospitalised patients (N=1333, 354, 126 and 853, respectively). Early retirement from work was tracked through national registers during a period of 5 years. Cox proportional hazard models were used to examine the association of diagnostic groups with risk of early retirement. **RESULTS:** In models adjusted for age, sex and socioeconomic position, the relative risk of early retirement for patients with personality disorders was 3.5-fold (95% CI 2.1 to 5.8) in the rehabilitation cohort and 2.3-fold (95% CI 1.6 to 3.5) in the hospital cohort compared with anxiety disorders. The corresponding hazard ratios of early retirement for personality disorders compared with depressive disorders were 1.1 (95% CI 0.8-1.5) and 1.7 (95% CI 1.4-2.1), respectively. **CONCLUSIONS:** Personality disorders increase the risk of early retirement at least to an equal extent as depression and more than twice that of anxiety disorders. Copyright © 2010 Elsevier Masson SAS. All rights reserved.

PMID: 20541917 [PubMed - as supplied by publisher]

[Related citations](#)



23. Eur Psychiatry. 2010 Jun 8. [Epub ahead of print]

[Mental disorders and delivery motorcycle drivers \(motoboy\): A dangerous association.](#)

[Kieling RR](#), [Szobot CM](#), [Matte B](#), [Coelho RS](#), [Kieling C](#), [Pechansky F](#), [Rohde LA](#).

ADHD Outpatient Clinic, Hospital de Clínicas de Porto Alegre (HCPA), Porto Alegre, Brazil.

Abstract

OBJECTIVE: Low and middle-income countries experience an expressive growth in the number of circulating motorcycles, paralleled by an increasing number of traffic accidents. Delivery motorcycles drivers ("motoboys") are generally perceived as accountable for this scenario. Although traffic accidents have a multivariate etiology, mental disorders, such as substance use disorders (SUD) and attention deficit/hyperactivity disorder (ADHD), are often involved. This paper aims at investigating the prevalence of ADHD, SUD and other mental disorders in a sample of Brazilian motoboys, and additionally, to evaluate the association between psychiatric diagnoses, motorcycle accidents and traffic violation tickets. **METHOD:** A convenient sample of subjects was invited to participate in a cross-sectional assessment including an inventory of traffic accidents and violations. Psychiatric diagnoses were based on semi-structured and clinical interviews. **RESULTS:** A sample of 101 motoboys was assessed. Overall, 75% of subjects had a positive lifetime history of at least one psychiatric disorder. SUD was the most frequent diagnosis (43.6% for alcohol, 39.6% for cannabis). ADHD was associated with a higher number of traffic accidents ($p=0.002$), and antisocial personality disorder (APD) was associated with a greater number of traffic violations ($p=0.007$). **CONCLUSIONS:** The prevalence of mental disorders was much higher in our sample than in the general population. ADHD and APD, but not SUD, were associated with negative traffic outcomes. These findings have implications for public mental health planning since mental disorders can be both prevented and treated, improving driving behavior and increasing road safety. Copyright © 2010 Elsevier Masson SAS. All rights reserved.

PMID: 20538435 [PubMed - as supplied by publisher]

[Related citations](#)



25. Curr Opin Psychiatry. 2010 Jul;23(4):349-55.

Risk factors for fatal and nonfatal repetition of suicide attempt: a critical appraisal.

[Beghi M](#), [Rosenbaum JF](#).

Department of Psychiatry, Salvini Hospital, Rho, Italy. massibeghi@libero.it

Abstract

PURPOSE OF REVIEW: To perform a critical appraisal of reports on suicide attempts published in 2009, looking for features and predictors of suicidal behavior. **RECENT FINDINGS:** We searched Psychinfo, Embase, and Pubmed in the period from 1 December 2008 to 31 December 2009 looking for papers on suicide attempt. Rates of suicide attempts are in line with previous data and confirm a north-south

gradient in the suicide attempt rate. Previous attempts are the strongest risk factors for further attempt. Moreover, we point out the importance of mood disorders (in particular depression) and personality disorders, unemployment, and a medium age as risk factors. In adolescence, the repetition rate seems to overlap that of the adult population, though the samples are very small. Even in this case, the presence of a previous suicide attempt increases the risk for repeated suicide attempt. By contrast, the role of psychiatric and demographic variables is less clear. Studies on personality disorders confirm that having a personality disorder increases the risk for further attempt, but this correlation is significantly less strong for fatal repetition. In depressed patients, the presence of anxiety perhaps acts as a protective factor.

SUMMARY: The risk for a suicide attempt is higher for people who had previously attempted. Having a psychiatric diagnosis and more specifically a mood disorder is also a strong predictor for both fatal and nonfatal suicide attempt.

PMID: 20520547 [PubMed - in process]

[Related citations](#)



Items 1 - 21 of 21

1. Psychiatry Res. 2010 Jul 26. [Epub ahead of print]

[Characterizing eating disorders in a personality disorders sample.](#)

[Chen EY](#), [McCloskey MS](#), [Michelson S](#), [Gordon KH](#), [Coccaro E](#).

Department of Psychiatry and Behavioral Neurosciences, The University of Chicago, Chicago, IL, USA.

Abstract

The presence of a comorbid eating disorder (ED) and personality disorder (PD) is associated with greater problems and poorer functioning than having an ED alone or PD alone. This pattern is also found for non-ED axis I disorders and PDs. This study aims to examine if an ED, compared to other non-ED axis I disorders, in a PD sample confers greater risks for: number and type of non-ED axis I and axis II disorders, suicide attempts and non-suicidal self-injury, and poorer psychosocial functioning. Standardized interviews were conducted on 166 females and 166 males with PDs. In females with PDs, EDs, as compared to other axis I disorders, were associated with more non-ED axis I and II disorders (particularly borderline and avoidant PD) and poorer global functioning, but not with suicide attempts or non-suicidal self-injury. In males with PDs, EDs were associated with more axis II disorders, particularly borderline PD. Given the small group of males with EDs, these results require replication. Males and females with PDs and EDs may have multiple comorbid

disorders, particularly borderline PD and for females, avoidant PD that may warrant targeting in treatment. Copyright © 2010 Elsevier Ltd. All rights reserved.

PMID: 20667417 [PubMed - as supplied by publisher]

[Related citations](#)



2. J Eur Acad Dermatol Venereol. 2010 Jul 28. [Epub ahead of print]

Risk of herpes zoster among patients with psychiatric diseases: a population-based study.

[Yang YW](#), [Chen YH](#), [Lin HW](#).

Department of Dermatology, Taipei Medical University Hospital, Taipei, Taiwan.

Abstract

Abstract Background Psychiatric disorders have been shown to be associated with impaired immune response, including decreased cellular immunity to varicella-zoster virus. However, the risk of herpes zoster (HZ) in psychiatric patients is, to date, unknown. **Objective** The aim of this study was to determine the risk of herpes zoster (HZ) in psychiatric patients compared with the general population. **Methods** We used data from the Taiwan Longitudinal Health Insurance Database from 2004 to 2006. Our study cohort consisted of patients aged 18 years and older diagnosed with psychiatric disorders in 2004 (N = 42 340). The comparison cohort (N = 169 360) consisted of four age- and gender-matched controls randomly selected for every patient in the study cohort. All subjects were followed from the date of cohort entry until they developed HZ or the end of 2006, whichever was earliest. Stratified Cox proportional hazard regressions were performed to compute the 2-year HZ-free survival rates. **Results** After adjusting for potential confounders, we found patients with psychiatric disorders were more likely to have an episode of HZ than the control population [adjusted hazard ratio (HR), 1.29; 95% confidence interval (CI), 1.18-1.38]. When stratified by age and psychiatric diagnostic categories, in patients aged ≤ 60 years, the adjusted HRs for HZ were 1.34 (P = 0.026) for patients with affective psychoses, 1.42 (P < 0.001) for those with neurotic illness or personality disorders and 1.53 (P < 0.001) for patients with other mental disorders. However, in patients aged >60 years, only neurotic illness or personality disorders were significantly associated with an increased risk of HZ (adjusted HR, 1.26; P = 0.003). **Conclusions** Our analysis suggests that patients with psychiatric disorders are at increased risk of HZ, especially those aged ≤ 60 years. Further study is required to elucidate the nature of this association.

PMID: 20666877 [PubMed - as supplied by publisher]

[Related citations](#)



3. J Dermatolog Treat. 2010 Jul 28. [Epub ahead of print]

Psychological factors involved in prurigo nodularis: A pilot study.

[Dazzi C](#), [Erma D](#), [Piccinno R](#), [Veraldi S](#), [Caccialanza M](#).

Dipartimento di Psicologia dello Sviluppo e della Socializzazione, Università degli Studi di Padova, Italy.

Abstract

Abstract Emotional stresses and psychological disorders seem to be concurrent factors in some cases of prurigo nodularis (PN), a chronic skin condition with a difficult therapeutic approach. In order to improve the therapeutic strategies, we performed a psychometric study on 20 patients affected by generalized and histological proven PN. Specific questionnaires were employed to examine the hypotheses (General Health Questionnaire, State Trait Anxiety Inventory - form Y, Beck Depression Inventory-II, and Eysenck Personality Questionnaire). The results show that symptoms of anxiety and depression associated with PN are more severe than in the control group and that some specific traits of personality are more frequently represented in such subjects. The results of our study represent a first attempt to analyze the psychological problems and the personality dimensions which seem to characterize PN patients. Such evidence supports the importance of a psychological approach in the clinical management of PN, which should always include psychological assessment and treatment together with the other therapeutic options.

PMID: 20666670 [PubMed - as supplied by publisher]

[Related citations](#)



4. Psychother Psychosom. 2010 Jul 28;79(5):312-318. [Epub ahead of print]

Personality Features and Personality Disorders in Chronic Fatigue Syndrome: A Population-Based Study.

[Nater UM](#), [Jones JF](#), [Lin JM](#), [Maloney E](#), [Reeves WC](#), [Heim C](#).

Chronic Viral Diseases Branch, Coordinating Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Ga., USA.

Abstract

Background: Chronic fatigue syndrome (CFS) presents unique diagnostic and management challenges. Personality may be a risk factor for CFS and may contribute

to the maintenance of the illness. Methods: 501 study participants were identified from the general population of Georgia: 113 people with CFS, 264 with unexplained unwellness but not CFS (insufficient fatigue, ISF) and 124 well controls. We used the Personality Diagnostic Questionnaire, 4th edition, to evaluate DSM-IV personality disorders. We used the NEO Five-Factor Inventory to assess personality features (neuroticism, extraversion, openness, agreeableness and conscientiousness). The Multidimensional Fatigue Inventory measured 5 dimensions of fatigue, and the Medical Outcomes Survey Short Form 36 measured 8 dimensions of functional impairment. Results: Twenty-nine percent of the CFS cases had at least 1 personality disorder, compared to 28% of the ISF cases and 7% of the well controls. The prevalence of paranoid, schizoid, avoidant, obsessive-compulsive and depressive personality disorders were significantly higher in CFS and ISF compared to the well controls. The CFS cases had significantly higher scores on neuroticism, and significantly lower scores on extraversion than those with ISF or the well controls. Personality features were correlated with selected composite characteristics of fatigue. Conclusions: Our results suggest that CFS is associated with an increased prevalence of maladaptive personality features and personality disorders. This might be associated with being noncompliant with treatment suggestions, displaying unhealthy behavioral strategies and lacking a stable social environment. Since maladaptive personality is not specific to CFS, it might be associated with illness per se rather than with a specific condition. Copyright © 2010 S. Karger AG, Basel.

PMID: 20664306 [PubMed - as supplied by publisher]

[Related citations](#)



5. Psychol Med. 2010 Jul 21:1-10. [Epub ahead of print]

[Mental and personality disorders and abstinence from alcohol: results from a national household survey.](#)

[Skogen JC](#), [Mykletun A](#), [Ferri CP](#), [Bebbington P](#), [Brugha T](#), [Coid J](#), [Meltzer H](#), [Stewart R](#).

Section of Mental Health Research, Division of Psychiatry, Helse Fonna HF, Norway.

Abstract

BACKGROUND: The beneficial outcomes associated with moderate compared with low alcohol intake or abstinence may be due to the inclusion of people as 'low consumers', who have stopped consumption because of poor health. We investigated the association between alcohol abstinence and symptoms of common mental disorder and personality disorder, distinguishing between lifelong abstinence and abstinence following previous consumption. Method Analyses were based on the British National Survey of Psychiatric Morbidity 2000, which sampled 8580 residents aged 16-74 years. Hazardous drinking (Alcohol Use Disorders Identification Test) was excluded.

Symptoms of common mental disorder (depression/anxiety) were identified by the Clinical Interview Schedule. The screening questionnaire of the Structured Clinical Interview for Axis II Personality Disorders was used to identify potential personality disorder. Self-reported alcohol abstinence was divided into lifelong abstinence and previous consumption. Previous consumers were asked why they had stopped. Covariates included socio-economic status, social activity and general health status. RESULTS: After adjustment, alcohol abstinence was associated with both common mental disorder symptoms and any personality disorder, but only for previous consumers, in whom odds ratios were 1.69 (95% CI 1.23-2.32) and 1.45 (95% CI 1.09-1.94). Associations were non-specific, being apparent for most individual mental disorder symptoms and personality disorder categories. More detailed analysis indicated that associations were again limited to previous consumers who reported ceasing alcohol consumption for health reasons. CONCLUSIONS: Worse mental health in low alcohol consumers, particularly those who have previously ceased for health reasons, should be taken into account when interpreting associations between moderate (compared with low) alcohol consumption and beneficial health outcomes. PMID: 20663255 [PubMed - as supplied by publisher]

[Related citations](#)



6.J Psychiatr Res. 2010 Jul 24. [Epub ahead of print]

[Risk of severe mental disorders in adults separated temporarily from their parents in childhood: The Helsinki birth cohort study.](#)

[Räikkönen K](#), [Lahti M](#), [Heinonen K](#), [Pesonen AK](#), [Wahlbeck K](#), [Kajantie E](#), [Osmond C](#), [Barker DJ](#), [Eriksson JG](#).

Department of Behavioural Sciences, University of Helsinki, P.O. Box 9, FI-00014 Helsinki, Finland.

Abstract

In a large, prospective epidemiological study we tested whether exposure to severe early life stress increases the risk of severe mental disorders in adulthood, and whether childhood socioeconomic background and sex modify these associations. Among the 12,747 participants of the Helsinki Birth Cohort Study, born 1934-1944, 1719 were recorded as separated temporarily from their parents in childhood. The separations took place during World War II when Finnish children were voluntarily evacuated unaccompanied by their parents to temporary foster care abroad (mean age at and length of separation 4.6 and 1.7 years, respectively). Severe mental disorders were identified from the Finnish Hospital Discharge and Causes of Death Registers between years 1969 and 2004. Compared to the non-separated, the separated had higher risks of mental, substance use and personality disorder (P-values ≤ 0.05). The risk of any

mental and substance use disorder was, however, highest in the separated and lowest in the non-separated with an upper childhood socioeconomic background; individuals with a lower childhood socioeconomic background showed an intermediate risk regardless of their separation status (P-values for interactions ≤ 0.05). Temporary separation from parents poses a risk of severe mental disorders later in life. Children with an upper childhood socioeconomic background may be particularly sensitive to this type of early life stress, while for children with a lower childhood socioeconomic background it may not add to the risk already associated with lower socioeconomic position in childhood. Copyright © 2010. Published by Elsevier Ltd.

PMID: 20659742 [PubMed - as supplied by publisher]

[Related citations](#)



7. J Consult Clin Psychol. 2010 Aug;78(4):585-9.

Borderline personality traits and disorder: Predicting prospective patient functioning.

[Hopwood CJ](#), [Zanarini MC](#).

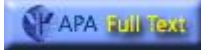
Department of Psychology.

Abstract

Objective: Decisions about the composition of personality assessment in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-V) will be heavily influenced by the clinical utility of candidate constructs. In this study, we addressed 1 aspect of clinical utility by testing the incremental validity of 5-factor model (FFM) personality traits and borderline personality disorder (BPD) symptoms for predicting prospective patient functioning. Method: FFM personality traits and BPD features were correlated with one another and predicted 2-, 4-, 6-, 8-, and 10-year psychosocial functioning scores for 362 patients with personality disorders. Results: Traits and symptom domains related significantly and pervasively to one another and to prospective functioning. FFM extraversion and agreeableness tended to be most incrementally predictive of psychosocial functioning across all intervals; cognitive and impulse action features of BPD features incremented FFM traits in some models. Conclusions: These data suggest that BPD symptoms and personality traits are important long-term indicators of clinical functioning that both overlap with and increment one another in clinical predictions. Results support the integration of personality traits and disorders in DSM-V. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

PMID: 20658814 [PubMed - in process]

[Related citations](#)



8. Int J Lang Commun Disord. 2010 Jul 26. [Epub ahead of print]

Further development and validation of the Unhelpful Thoughts and Beliefs About Stuttering (UTBAS) scales: relationship to anxiety and social phobia among adults who stutter.

[Iverach L](#), [Menzies R](#), [Jones M](#), [O'Brian S](#), [Packman A](#), [Onslow M](#).

daggerAustralian Stuttering Research Centre, Faculty of Health Sciences, The University of Sydney, Lidcombe, NSW, Australia.

Abstract

Background: In an initial validation study, the Unhelpful Thoughts and Beliefs About Stuttering (UTBAS I) scale, demonstrated excellent psychometric properties as a self-report measure of the frequency of unhelpful cognitions associated with social anxiety for adults who stutter. Aims: The aim was to further validate the original UTBAS I scale, and to develop two additional scales to assess beliefs (UTBAS II) and anxiety (UTBAS III) associated with negative thoughts. Methods & Procedures: A total of 140 adults seeking speech-restructuring treatment for stuttering completed the original UTBAS I scale, the newly developed UTBAS II and III scales, and self-report measures of psychological functioning. Participants also completed a first-stage screener for the presence of anxious personality disorder, and a diagnostic assessment to evaluate the presence of social phobia, according to criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the International Classification of Diseases (ICD-10). Outcomes & Results: The mean UTBAS I score for the present sample did not differ significantly from the mean score reported in the original UTBAS I validation study. Convergent validity was confirmed by significant correlations between the UTBAS Total score and all anxiety-related measures. Discriminant validity was established by the absence of strong correlations between the UTBAS Total score and some of the self-report measures of unrelated constructs, although it was found to tap into the negative cognitions associated with depression and life problems. Approximately one-quarter of participants met criteria for a diagnosis of DSM-IV or ICD-10 social phobia (23.5% and 27.2% respectively), and nearly one-third met first-stage screening criteria for anxious personality disorder (30%). The mean UTBAS scores for participants who met criteria for these disorders were significantly higher than scores for participants who did not, confirming known-groups validity. Conclusions & Implications: The present study demonstrates the validity and utility of the UTBAS scales in assessing negative cognitions associated with speech-related anxiety among adults who stutter. Results also confirm previous evidence of a high rate of social phobia among adults who stutter, and reveal that the UTBAS discriminates between adults with and without social phobia. In terms of clinical

applications, the UTBAS scales could be used to screen for indicators of social phobia among adults who stutter, and may prove useful in identifying negative cognitions which have the potential to impact treatment outcomes.

PMID: 20653516 [PubMed - as supplied by publisher]

[Related citations](#)



9. Alcohol Clin Exp Res. 2010 Jul 20. [Epub ahead of print]

[Gender-Related Influences of Parental Alcoholism on the Prevalence of Psychiatric Illnesses: Analysis of the National Epidemiologic Survey on Alcohol and Related Conditions.](#)

[Morgan PT](#), [Desai RA](#), [Potenza MN](#).

From the Departments of Psychiatry (PTM, RAD, MNP) and Child Study Center (MNP), Yale University School of Medicine, New Haven, Connecticut.

Abstract

Background: Offspring of individuals with alcoholism are at increased risk for psychiatric illness, but the effects of gender on this risk are not well known. In this study, we tested the hypothesis that the gender of the parent with alcoholism and the gender of offspring affect the association between parental alcoholism and offspring psychiatric illness. Method: We analyzed the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) data to examine the gender-specific prevalence of axis I and axis II disorders in 23,006 male and 17,368 female respondents with and without a history of paternal or maternal alcoholism. Adjusted odds ratios were calculated for the disorders based on gender and presence of maternal or paternal alcoholism. Results: Maternal or paternal alcoholism was associated with a higher prevalence of every disorder examined, regardless of the gender of offspring. Gender-related differences in prevalences were present in nearly all examined disorders, and the association between parental alcoholism and offspring psychiatric disorders was significantly different in men and women. These differences included stronger associations in female offspring of men with alcoholism (alcohol abuse without dependence); in female offspring of women with alcoholism (mania, nicotine dependence, alcohol abuse, and schizoid personality disorder); in male offspring of men with alcoholism (mania); and in male offspring of women with alcoholism (panic disorder). Conclusions: Interactions between gender and parental alcoholism were specific to certain disorders but varied in their effects, and in general female children of women with alcoholism appear at greatest risk for adult psychopathology.

PMID: 20645936 [PubMed - as supplied by publisher]

[Related citations](#)



10. Australas Psychiatry. 2010 Aug;18(4):309-13.

[Proposed changes to the psychiatric classification: towards DSM5.](#)

[Rey J.](#)

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Abstract

OBJECTIVES: The World Health Organization and the American Psychiatric Association are revising their classifications of mental disorders--a costly, time-consuming exercise with wide implications. This article seeks to make practitioners aware of the proposed changes, which have been posted on the internet and are freely available. **CONCLUSIONS:** Taxonomic changes create strong emotions; the ones proposed for DSM5, though far from drastic, are no exception. The main diagnostic categories remain largely the same as in DSM-IV. Most of the modifications entail moving specific disorders from one section to another, deleting disorders that have had little practical use, or changing the name. The substance-related disorders and personality disorders sections have been changed the most. It remains to be seen whether the proposed new categories--several of them controversial--will make it to the final version.

PMID: 20645895 [PubMed - in process]

[Related citations](#)



11. Psychother Res. 2010 Jul 19:1-9. [Epub ahead of print]

[The relationship between insight gained during therapy and long-term outcome in short-term dynamic psychotherapy and cognitive therapy for cluster C personality disorders.](#)

[Kallestad H](#), [Valen J](#), [McCullough L](#), [Svartberg M](#), [Høglend P](#), [Stiles TC](#).

Division of Psychiatry, Department of Research and Development, St. Olav's University Hospital, Trondheim, Norway.

Abstract

This study examined whether 49 patients from a randomized controlled trial developed insight during therapy and whether insight predicted long-term outcome in short-term dynamic psychotherapy (STDP) and cognitive therapy (CT) for Cluster C personality disorders. Videotaped sessions early and late in treatment were analyzed using the Achievement of Therapeutic Objectives Scale. Patients' level of insight increased significantly during STDP but not CT. After controlling for early symptom change and early insight, insight near the end of therapy predicted improvement of symptom severity and interpersonal functioning during a 2-year follow-up period. These results support the theoretical assumption that insight may be a factor in the change process, central to STDP. Within CT, gain of insight did not predict long-term improvement.

PMID: 20645219 [PubMed - as supplied by publisher]

[Related citations](#)

12. Aging Ment Health. 2010 Jul 9:1-9. [Epub ahead of print]

[Comparison of health-related quality of life and associated psychological factors between younger and older patients with established rheumatic disorders.](#)

[Goulia P](#), [Voulgari PV](#), [Tsifetaki N](#), [Drosos AA](#), [Hyphantis T](#).

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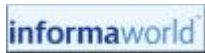
Abstract

Objectives: To compare health-related quality of life (HRQOL) between younger and older patients with established rheumatic disorders and to assess the relative impact of a number of psychosocial parameters on HRQOL. **Methods:** In a cross-sectional study of 320 patients (245 < 65 and 75 >= 65 years old, response rate: 74.9%) with various rheumatic disorders (rheumatoid arthritis, 168; systemic lupus, 56; scleroderma, 56; and Sjogren's syndrome, 40) attending a follow-up clinic, HRQOL was assessed by the WHOQOL-BREF. Functional limitations (Health Assessment Questionnaire), psychological distress (Symptom Distress Checklist-90-R), defense mechanisms (Defense Style Questionnaire and Life Style Index), sense of coherence, and interpersonal difficulties (Inventory of Interpersonal Problems-40) were also assessed. **Results:** Older patients presented more impaired physical HRQOL ($p = 0.018$) and social relationships HRQOL ($p = 0.041$) independent of disease type, education, and pain. Functional limitations were more prominent in the older group ($p = 0.030$). Pain, functional limitations, and psychological distress were independently associated with physical HRQOL in both groups. Psychological distress was the only common independent correlate of social relationships HRQOL. Personality factors were significant correlates of physical and social relationships HRQOLs only in the

younger group, while the impact of pain in physical HRQOL was greater for younger than older patients, as shown by a moderator analysis. Conclusion: Older patients with rheumatic diseases experience more impaired HRQOL than the younger ones, and the management and prevention of functional limitations and psychological distress should be a priority, since they are strongly associated with HRQOL. Pain also warrants attention in all age groups, but especially in younger patients. Personality factors impact on HRQOL in younger patients, and this might be relevant to psychological interventions.

PMID: 20635230 [PubMed - as supplied by publisher]

[Related citations](#)



13. PLoS One. 2010 Jul 9;5(7):e11504.

[A genome-wide association study of neuroticism in a population-based sample.](#)

[Calboli FC](#), [Tozzi F](#), [Galwey NW](#), [Antoniades A](#), [Mooser V](#), [Preisig M](#), [Vollenweider P](#), [Waterworth D](#), [Waeber G](#), [Johnson MR](#), [Muglia P](#), [Balding DJ](#).

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Abstract

Neuroticism is a moderately heritable personality trait considered to be a risk factor for developing major depression, anxiety disorders and dementia. We performed a genome-wide association study in 2,235 participants drawn from a population-based study of neuroticism, making this the largest association study for neuroticism to date. Neuroticism was measured by the Eysenck Personality Questionnaire. After Quality Control, we analysed 430,000 autosomal SNPs together with an additional 1.2 million SNPs imputed with high quality from the Hap Map CEU samples. We found a very small effect of population stratification, corrected using one principal component, and some cryptic kinship that required no correction. NKAIN2 showed suggestive evidence of association with neuroticism as a main effect ($p < 10^{-6}$) and GPC6 showed suggestive evidence for interaction with age (p approximately = 10^{-7}). We found support for one previously-reported association (PDE4D), but failed to replicate other recent reports. These results suggest common SNP variation does not strongly influence neuroticism. Our study was powered to detect almost all SNPs explaining at least 2% of heritability, and so our results effectively exclude the existence of loci having a major effect on neuroticism.

PMCID: PMC2901337 **Free PMC Article**

PMID: 20634892 [PubMed - in process]

[Related citations](#)



14. Int J Ment Health Syst. 2010 Jul 15;4:20.

[Externalising and emotional categories, diagnostic groups and clinical profiles.](#)

[Mellsop GW](#), [Bower A](#), [Baxendine SL](#).

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Abstract

ABSTRACT: BACKGROUND: It has been proposed that gains would be made in the validity of the psychiatric classification system if many of the present 'neurotic' or personality disorders were subsumed into two over-arching groups, externalising and emotional disorders. If diagnostic sub-categories from the first digit coding structures within ICD-10 do, in fact, share clinical phenomenology that align with the major externalising/emotional distinction, this further supports the proposal and contributes to face validity. The aim of the study was to examine the distribution of particular psychopathology within and between two proposed over-arching groupings - externalising and emotional disorders - in a clinical sample. **METHOD:** The distributions of HoNOS derived information in relation to the proposed clusters of emotional disorders and extrinsic disorders are examined. **RESULTS:** Statistically significant differences in profiles between the emotional and the externalising groupings are consistent with the proposed classification development. The HoNOS (Health of Nation Outcome Scale) measures of self harm, depression, aggression, occupational/leisure problems and drug and alcohol consumption are the five most significant discriminators between the two groups. **DISCUSSION:** The details of the profile differences within the two over arching groups suggest that further examination is required. Useful work could include examination in credibly large and unselected patient populations of the factor structure demonstrated in non patient samples. Prospective comprehensive trials of the contributions the proposed classification could make to clinical decision making would also help illuminate this area.

Free PMC Article

PMID: 20633295 [PubMed - in process]

[Related citations](#)



15. J Forensic Sci. 2010 Jul 12. [Epub ahead of print]

[Homicide, Psychopathy, and Aging-A Nationwide Register-based Case-comparison Study of Homicide Offenders Aged 60 Years or Older*](#)

[Putkonen H](#), [Weizmann-Henelius G](#), [Repo-Tiihonen E](#), [Lindberg N](#), [Saarela T](#), [Eronen M](#), [Häkkinen-Nyholm H](#).

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Abstract

With populations aging there have been some concerns on elderly offending. We compared elderly homicide offenders with a younger comparison group with special emphasis on psychopathy. We analyzed nationwide register-based material on all homicide offenders aged 60 or older who were in a forensic psychiatric examination in Finland 1995-2004 and their gender-matched comparison group of younger homicide offenders. The offenders 60 years or older were diagnosed less often than the younger ones with drug dependence and personality disorders and more often with dementia and physical illnesses. The mean Psychopathy Checklist-Revised total scores as well as factor and facet scores were lower in the 60 or older age group. The group 60 years or older had significantly lower scores on eight individual items of social deviance. The interpersonal/affective factor 1 scores did not differ.

Understanding the possible underlying phenomena of violent behavior may provide help for developing services for the elderly.

PMID: 20629908 [PubMed - as supplied by publisher]

[Related citations](#)



16. Am J Emerg Med. 2010 Jul 12. [Epub ahead of print]

[Patterns and correlates of drug-related ED visits: results from a national survey.](#)

[Perron BE](#), [Bohnert AS](#), [Monsell SE](#), [Vaughn MG](#), [Epperson M](#), [Howard MO](#).

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Abstract

PURPOSE: Drug treatment can be effective in community-based settings, but drug users tend to underuse these treatment options and instead seek services in emergency

departments (EDs) and other acute care settings. The goals of this study were to describe prevalence and correlates of drug-related ED visits. **BASIC PROCEDURES:** This study used data from the National Epidemiologic Survey on Alcohol and Related Conditions, which is a nationally representative survey of 43 093 US residents. **MAIN FINDINGS:** The overall prevalence of drug-related ED visits among lifetime drug users was 1.8%; for those with a lifetime drug use disorder, 3.7%. Persons with heroin dependence and inhalant dependence had the highest rates of ED visits, and marijuana dependence was associated with the lowest rates. Multivariate analyses revealed that being socially connected (ie, marital status) was a protective factor against ED visits, whereas psychopathology (ie, personality or mood disorders) was a risk factor. **CONCLUSIONS:** Significant variability exists for risk of ED use for different types of drugs. These findings can help inform where links between EDs with local treatment programs can be formed to provide preventive care and injury-prevention interventions to reduce the risk of subsequent ED visits. Copyright © 2010. Published by Elsevier Inc.

PMID: 20627209 [PubMed - as supplied by publisher]

[Related citations](#)



17. Anxiety Stress Coping. 2010 Jul 6:1-22. [Epub ahead of print]

[What makes people anxious about pain? How personality and perception combine to determine pain anxiety responses in clinical and non-clinical populations.](#)

[Kennedy CE](#), [Moore PJ](#), [Peterson RA](#), [Katzman MA](#), [Vermani M](#), [Charmak WD](#).

Department of Psychology, The George Washington University, Washington, DC, USA.

Abstract

Although anxiety has both dispositional and situational determinants, little is known about how individuals' anxiety-related sensitivities and their expectations about stressful events actually combine to determine anxiety. This research used Information Integration Theory and Functional Measurement to assess how participants' physical concerns sensitivity (PCS) and event expectancy are cognitively integrated to determine their anxiety about physical pain. Two studies were conducted - one with university students and other with anxiety clinic patients - in which participants were presented with multiple scenarios of a physically painful event, each representing a different degree of event probability from which subjective expectancies were derived. Independent variables included PCS (low, moderate, and high) and event expectancy (low-, medium-, high-, and non-probability information). Participants were asked to indicate their projected anxiety (dependent measure) in each expectancy condition in this 3x4 mixed, quasi-experimental design. The results

of both studies strongly suggest that PCS and event expectancy are integrated additively to produce these pain anxiety scores. Additional results and their implications for the treatment of anxiety-related disorders are also discussed.

PMID: 20614352 [PubMed - as supplied by publisher]

[Related citations](#)

18. Pers Individ Dif. 2010 Aug 1;49(3):187-191.

Psychometric properties of a short form of the Affective Lability Scale (ALS-18).

[Look AE](#), [Flory JD](#), [Harvey PD](#), [Siever LJ](#).

Mental Illness Research, Education and Clinical Center (MIRECC), James J. Peters VA Medical Center, Bronx, New York.

Abstract

Psychometric properties of a short form of the Affective Lability Scale (ALS) that was developed in a nonclinical sample (i.e., undergraduate students) were examined in a sample of people diagnosed with Cluster B DSM-IV Axis II personality disorders (n=236), other personality disorders (n=180), and healthy comparison participants (n=164). The total score of the ALS-18 score correlated strongly with the original 54-item scale ($r = .97$) and aspects of convergent and discriminant validity of the ALS-18 subscales (Anxiety/Depression, Depression/Elation, and Anger) were evaluated using self-report measures of affective and psychosocial functioning in the domains of affect intensity, anxiety, anger, and minimization/denial. Clinical utility of the scale was also demonstrated; participants diagnosed with Cluster B personality disorders reported higher affective lability scores, and healthy control participants reported lower scores, relative to individuals with Cluster A or Cluster C personality disorders ($p's < .001$). Confirmatory factor analyses were conducted and demonstrated reasonably good fit to the data but future research is needed to test the three factor substructure of the ALS-18 against alternative factor models in samples that include clinical and non-clinical participants.

PMCID: PMC2893358 [Available on 2011/8/1]

PMID: 20606710 [PubMed]

[Related citations](#)

19. Psychiatry Res. 2010 Jul 30;183(1):30-7. Epub 2010 Jun 3.

Corpus callosum morphology and relationship to orbitofrontal and lateral ventricular volume in teenagers with first-presentation borderline personality disorder.

[Walterfang M](#), [Chanen AM](#), [Barton S](#), [Wood AG](#), [Jones S](#), [Reutens DC](#), [Chen J](#),

[Velakoulis D](#), [McGorry PD](#), [Pantelis C](#).

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Abstract

Previous studies have demonstrated alterations to fronto-limbic circuitry and callosal structure in borderline personality disorder (BPD). We predicted that a first-presentation BPD cohort who demonstrated orbitofrontal cortex (OFC) reductions would show regional reductions in the anterior corpus callosum. **METHOD:** Twenty teenage first-presentation BPD patients and twenty matched healthy controls underwent Magnetic resonance imaging (MRI) was performed in 20 teenaged first-presentation BPD patients and 20 matched healthy controls. Corpus callosum size and shape and ventricular volume were estimated using established methods and compared between the two groups. The relationship between illness variables and callosal morphology was also examined. OFC volume was correlated with callosal and ventricular variables. **RESULTS:** BPD participants and controls did not differ on measures of callosal size or shape, or ventricular size. BPD participants showed an alteration to the pattern of age-related expansions seen in the callosum. BPD participants with a history of trauma did not demonstrate significant neuroanatomical differences from those without. OFC volumes did not correlate with the thickness of the anterior corpus callosum. **CONCLUSION:** Gross neuroanatomical changes are not present at the level of the callosum in teenagers with first-presentation BPD. Changes seen in other studies might reflect factors associated with the duration of BPD, such as recurrent comorbidity with axis I disorders, or treatment. Copyright 2010 Elsevier Ireland Ltd. All rights reserved.

PMID: 20605421 [PubMed - in process]

[Related citations](#)



20. Ann Gen Psychiatry. 2010 Jul 6;9:31.

[The 'antisocial' person: an insight in to biology, classification and current evidence on treatment.](#)

[Rodrigo C](#), [Rajapakse S](#), [Jayananda G](#).

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Abstract

ABSTRACT: BACKGROUND: This review analyses and summarises the recent

advances in understanding the neurobiology of violence and empathy, taxonomical issues on defining personality disorders characterised by disregard for social norms, evidence for efficacy of different treatment modalities and ethical implications in defining 'at-risk' individuals for preventive interventions. **METHODS:** PubMed was searched with the keywords 'antisocial personality disorder', 'dissocial personality disorder' and 'psychopathy'. The search was limited to articles published in English over the last 10 years (1999 to 2009) **RESULTS:** Both diagnostic manuals used in modern psychiatry, the Diagnostic and Statistical Manual published by the American Psychiatric Association and the International Classification of Diseases published by the World Health Organization, identify a personality disorder sharing similar traits. It is termed antisocial personality disorder in the diagnostic and statistical manual and dissocial personality disorder in the International Classification of Diseases. However, some authors query the ability of the existing manuals to identify a special category termed 'psychopathy', which in their opinion deserves special attention. On treatment-related issues, many psychological and behavioural therapies have shown success rates ranging from 25% to 62% in different cohorts. Multisystemic therapy and cognitive behaviour therapy have been proven efficacious in many trials. There is no substantial evidence for the efficacy of pharmacological therapy. Currently, the emphasis is on early identification and prevention of antisocial behaviour despite the ethical implications of defining at-risk children. **CONCLUSIONS:** Further research is needed in the areas of neuroendocrinological associations of violent behaviour, taxonomic existence of psychopathy and efficacy of treatment modalities.

PMCID: PMC2910031 [Free PMC Article](#)

PMID: 20604959 [PubMed - in process]

[Related citations](#)



21. Int J Soc Psychiatry. 2010 Jul 5. [Epub ahead of print]

[Two-year follow up of Borderline Personality Disorder patients in Italy: A preliminary report on prognosis and prediction of outcome.](#)

[De Panfilis C](#), [Politi V](#), [Fortunati R](#), [Cazzolla R](#), [Scaramuzzino M](#), [Marchesi C](#), [Maggini C](#).

Section of Psychiatry, Department of Neuroscience, Parma University, Parma, Italy.

Abstract

BACKGROUND: and **AIMS:** Few naturalistic studies have examined the course of borderline personality disorder (BPD) outside North American countries. The aim of this prospective study was to investigate remission rate, changes in the level of BPD psychopathology and outcome prediction in a sample (n = 46) of Italian BPD

outpatients over a two-year follow-up. **METHOD:** Two years after baseline, remission rate from BPD and changes in the severity of BPD psychopathology were investigated. Initial measures of borderline, comorbid Axis I and II psychopathology and clinical severity, as well as historical and socio-demographic variables, were used to predict the number of BPD criteria met at follow-up. **RESULTS:** At the two-year interview, the mean number of BPD criteria endorsed decreased ($p = 0.04$) and 12 participants (26.1%) fell below the diagnostic threshold for BPD. Borderline psychopathology at follow-up was predicted by the presence, at baseline, of substance use disorders and self-defeating personality traits, and by the absence of dependent traits ($R(2) = 0.409$; $p < 0.001$). However, these results cannot be generalized to patients lost to follow-up (15 out of an initial sample of 61), who may exhibit a more severe psychopathology at baseline and therefore a poorer prognosis.

CONCLUSIONS: Borderline individuals seeking treatment at Italian public psychiatric centres may show some improvement in BPD psychopathology over a two-year follow-up; however, the remission rate seems to be lower than that found in North American samples. Furthermore, outcome predictors overlap only partially with those detected by North American studies.

PMID: 20603267 [PubMed - as supplied by publisher]

[Related citations](#)

