1.
   Linking "big" personality traits to anxiety, depressive, and substance use disorders: A meta-analysis.

   Kotov R, **Gamez W**, **Schmidt F**, **Watson D**.

   Department of Psychiatry and Behavioral Science.

   ## Abstract

   We performed a quantitative review of associations between the higher order personality traits in the Big Three and Big Five models (i.e., neuroticism, extraversion, disinhibition, conscientiousness, agreeableness, and openness) and specific depressive, anxiety, and substance use disorders (SUD) in adults. This approach resulted in 66 meta-analyses. The review included 175 studies published from 1980 to 2007, which yielded 851 effect sizes. For a given analysis, the number of studies ranged from three to 63 (total sample size ranged from 1,076 to 75,229). All diagnostic groups were high on neuroticism (mean Cohen's d = 1.65) and low on conscientiousness (mean d = -1.01). Many disorders also showed low extraversion, with the largest effect sizes for dysthymic disorder (d = -1.47) and social phobia (d = -1.31). Disinhibition was linked to only a few conditions, including SUD (d = 0.72). Finally, agreeableness and openness were largely unrelated to the analyzed diagnoses. Two conditions showed particularly distinct profiles: SUD, which was less related to neuroticism but more elevated on disinhibition and disagreeableness, and specific phobia, which displayed weaker links to all traits. Moderator analyses indicated that epidemiologic samples produced smaller effects than patient samples and that Eysenck's inventories showed weaker associations than NEO scales. In sum, we found that common mental disorders are strongly linked to personality and have similar trait profiles. Neuroticism was the strongest correlate across the board, but several other traits showed substantial effects independent of neuroticism. Greater attention to these constructs can significantly benefit psychopathology research and clinical practice. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

2.
   Psychiatric comorbidity in illicit drug users: Substance-induced versus independent disorders.

   Torrens M, **Gilchrist G**, **Domingo-Salvany A**; **the psyCoBarcelona Group**.

   Substance Use Disorders Research Group, Institut de Recerca Hospital del Mar (IMIM), Barcelona, Spain; Institut de Neuropsiquiatria I Addiccions (INAD), Parc de Salut Mar, Barcelona, Spain; Department of Psychiatry, Universitat Autònoma de Barcelona, Barcelona, Spain.

   ## Abstract

   BACKGROUND: Few studies have differentiated between independent and substance-induced psychiatric disorders. In this study we determine the risks associated with independent and substance-induced psychiatric disorders among a sample of 629 illicit drug users recruited

from treatment and out of treatment settings.

METHODS: Secondary analysis of five cross-sectional studies conducted during 2000-2006. Independent and substance-induced DSM-IV psychiatric diagnoses were assessed using the Psychiatric Research Interview for Substance and Mental Disorders.

RESULTS: Lifetime prevalence of Axis I disorders other than substance use disorder (SUD) was 41.8%, with independent major depression being the most prevalent (17%). Lifetime prevalence of antisocial or borderline personality disorders was 22.9%. In multinominal logistic regression analysis (SUD only as the reference group), being female (OR 2.45; 95% CI 1.59, 3.77) and having lifetime borderline personality disorder (OR 2.45; 95% CI 1.31, 4.59) remained significant variables in the group with independent disorders. In the group with substance-induced disorders, being recruited from an out of treatment setting (OR 3.50; 95% CI 1.54, 7.97), being female (OR 2.38; 95% CI 1.24, 4.59) and the number of SUD (OR 1.31; 95% CI 1.10, 1.57) remained significant in the model. These variables were also significant in the group with both substance-induced and independent disorders, together with borderline personality disorder (OR 2.53; 95% CI 1.03, 6.27).

CONCLUSIONS: Illicit drug users show high prevalence of co-occurrence of mainly independent mood and anxiety psychiatric disorders. Being female, recruited from an out of treatment setting and the number of SUD, are risk factors for substance-induced disorders.
PMID: 20801586 [PubMed - as supplied by publisher]
Related citations

3. Psychiatry Res. 2010 Aug 25. [Epub ahead of print]
Alexithymia in personality disorders: Correlations with symptoms and interpersonal functioning.

Nicolò G, Semerari A, Lysaker PH, Dimaggio G, Conti L, D'Angerio S, Procacci M, Popolo R, Carcione A.

SPC Training School of Cognitive Therapy, Terzocentro Psicoterapia Cognitiva, Rome, Italy.

Abstract

Impairment in the ability to recognize and make sense of emotions has been hypothesized to be present in a sub-sample of people suffering from personality disorder (PD). In particular it is possible that difficulties recognizing and expressing feelings, or alexithymia, is related to many of the symptoms and problems in making sense of social interactions which are hallmarks of PD. In this study we measured levels of alexithymia with the Toronto Alexithymia Scale-20 and explored its correlations with the overall presence of PD and different PD diagnoses, symptoms, and interpersonal difficulties. Results were largely consistent with the hypothesis. Higher levels of alexithymia were related to high levels of global psychopathology and with dysfunctional representation of interpersonal relations. A sub-sample of patients, mostly suffering from avoidant, dependent, passive-aggressive and depressive PD had alexithymic features and in particular reported difficulties describing their feelings to others. A patient with cluster B PD featured no alexithymia. Implications of this

study for future research and treatment are discussed.
PMID: 20800288 [PubMed - as supplied by publisher]

Related citations

Related citations

5. Psychopathology. 2010 Aug 25;43(6):369-372. [Epub ahead of print]
Patients with Borderline Personality Disorder Not Participating in an RCT: Are They Different?

Rentrop M, **Martius P**, **Bäuml J**, **Buchheim P**, **Döring S**, **Hörz S**.

Department of Psychiatry and Psychotherapy, Technical University of Munich, Munich, Germany.

Abstract

Background: Despite the notion that randomized controlled trials are regarded as the gold standard in psychotherapy research, questions about their generalizability have been raised. This paper focuses on the differences between participants and eligible nonparticipants of a randomized controlled trial for patients with borderline personality disorder (BPD). Sampling and Methods: One hundred forty-two patients were screened, and 122 were found eligible for study participation. Out of these, 64 patients (52.5%) gave informed consent and were included in the study. Results: The 58 eligible nonparticipants showed a lower level of functioning (global assessment of functioning score), had a history of more outpatient treatment attempts and were living alone more often. Regarding acute symptoms and severity of BPD as indexed by suicide attempts, inpatient treatments, substance abuse and history of trauma, no differences between the groups could be detected. Moreover, participants showed significantly more eating disorders, whereas nonparticipants presented more affective and anxiety disorders. Conclusions: The results indicate that lower psychosocial functioning and comorbid affective and anxiety disorders decrease BPD patients' willingness to participate in an RCT.
PMID: 20798576 [PubMed - as supplied by publisher]

Related citations

KARGER *Full Text*

6. Br J Clin Psychol. 2010 Aug 21. [Epub ahead of print]
Therapeutic alliance mediates the effect of patient expectancy in dynamic psychotherapy.

Johansson P, **Høglend P**, **Hersoug AG**.

Abstract

Objectives Patient expectancy has been regarded as an important predictor of psychotherapy outcome, for more than half a century. In recent years, some evidence has emerged indicating that the therapeutic alliance may mediate the association between expectancy and outcome. Design In this dismantling, randomized clinical study, 100 out-patients who sought

psychotherapy due to depression, anxiety, and personality disorders, were assigned to 1 year of dynamic psychotherapy with and without transference interpretation. Methods Patients' pre-treatment target expectancies and global expectancy were measured in this clinical trial. Tests of mediation were performed with two patient-rated and one therapist-rated measure of the therapeutic alliance, using regression analyses. Six putative moderators of the mediational paths were explored. Results Global Optimism was significantly associated with two clinician-rated outcome measures - the Psychodynamic Functioning Scales and Global Assessment of Functioning. Both patient ratings, but not the therapist rating of alliance mediated the association between global expectancy and clinician-rated outcome. None of the putative moderators had a significant effect. Conclusion The results, together with previous findings, indicate that the expectancy-alliance-outcome mediational chain is a general phenomenon, not limited to subgroups of patients or modes of treatment.

PMID: 20738895 [PubMed - as supplied by publisher]

Related citations

8. Child Psychiatry Hum Dev. 2010 Aug 24. [Epub ahead of print]
Child Internalizing Symptoms: Contributions of Child Temperament, Maternal Negative Affect, and Family Functioning.

Crawford NA, **Schrock M**, **Woodruff-Borden J**.

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Abstract

Research has traditionally focused on the role of genetic and environmental variables in the development and maintenance of childhood internalizing disorders. Temperament variables, such as negative affect and effortful control have gained considerable interest within the field of developmental psychopathology. Environmental factors such as mother-child interactions and family cohesion have also been linked with internalizing disorders. The current study examines the relationship between child negative affect, effortful control, maternal negative affect, family functioning, and internalizing symptoms in a sample of preschool-aged children using a path analysis approach. Sixty-five children, aged 3-5 years and their mothers completed measures on child temperament, family environment, maternal personality, and child internalizing symptoms. Results support a complex model for the influence of both direct and indirect factors on internalizing symptoms in preschool-aged children.

PMID: 20734130 [PubMed - as supplied by publisher]

Related citations

10. Psychol Sci. 2010 Aug 23. [Epub ahead of print]
Predicting Sensation Seeking From Dopamine Genes: A Candidate-System Approach.

Derringer J, **Krueger RF**, **Dick DM**, **Saccone S**, **Grucza RA**, **Agrawal A**, **Lin P**, **Almasy L**, **Edenberg HJ**, **Foroud T**, **Nurnberger JI Jr**, **Hesselbrock VM**, **Kramer JR**, **Kuperman S**, **Porjesz B**, **Schuckit MA**, **Bierut LJ**; **Gene Environment Association Studies (GENEVA) Consortium**.

1University of Minnesota.

Abstract

Sensation seeking is a heritable personality trait that has been reliably linked to behavioral disorders. The dopamine system has been hypothesized to contribute to variations in sensation seeking between different individuals, and both experimental and observational studies in humans and nonhuman animals provide evidence for the involvement of the dopamine system in sensation-seeking behavior. In this study, we took a candidate-system approach to genetic association analysis of sensation-seeking behavior. We analyzed single-nucleotide polymorphisms (SNPs) from a number of dopaminergic genes. Using 273 SNPs from eight dopamine genes in a sample of 635 unrelated individuals, we examined the aggregate effect of SNPs that were significantly associated with sensation-seeking behavior. Multiple SNPs in four dopamine genes accounted for significant variance in sensation-seeking behavior between individuals. These results suggest that multiple SNPs, aggregated within genes that are relevant to a specific neurobiological system, form a genetic-risk score that may explain a significant proportion of observed variance in human traits such as sensation-seeking behavior.

Related citations

11. J Stud Alcohol Drugs. 2010 Sep;71(5):664-73.

Contribution of parental psychopathology to offspring smoking and nicotine dependence in a genetically informative design.

Xian H, **Scherrer JF**, **Pergadia ML**, **Madden PA**, **Grant JD**, **Sartor CE**, **Haber JR**, **Jacob T**, **Bucholz KK**.

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Abstract

OBJECTIVE: It is not known if parental psychiatric disorders have an independent effect on offspring smoking after controlling for genetic and environmental vulnerability to nicotine dependence. We tested if parental alcohol, drug, or conduct disorders; antisocial personality disorder; depression; and anxiety disorders remained significant predictors of offspring smoking initiation, regular smoking, and nicotine dependence before and after adjusting for genetic and environmental risk for nicotine dependence.

METHOD: Data were obtained via semi-structured interviews with 1,107 twin fathers, 1,919 offspring between the ages of 12 and 32, and 1,023 mothers. Genetic and environmental liability for smoking outcomes was defined by paternal and maternal nicotine dependence. Multinomial logistic regression models were computed to estimate the risk for offspring trying cigarettes, regular smoking, and the Fagerström Test for Nicotine Dependence (FTND) as a function of parental psychopathology and sociodemographics before and after adjusting for genetic and environmental vulnerability to nicotine dependence.

RESULTS: Before adjusting for genetic and environmental risk for nicotine dependence, ever trying cigarettes was associated with maternal depression, regular smoking was associated with maternal alcohol dependence and maternal conduct disorder, and FTND was associated with paternal and maternal conduct disorder and antisocial personality disorder. No parental psychopathology remained significantly associated with regular smoking and FTND after adjusting for genetic and environmental vulnerability to nicotine dependence in a multivariate model.

CONCLUSIONS: The association between parental psychopathology and offspring smoking outcomes is partly explained by genetic and environmental risk for nicotine dependence. Point estimates suggest a trend for an association between parental antisocial personality disorder and offspring regular smoking and nicotine dependence after adjusting for genetic and environmental vulnerability. Studies in larger samples are warranted.
PMID: 20731971 [PubMed - in process]
Related citations

JSAD

12. Child Psychiatry Hum Dev. 2010 Aug 21. [Epub ahead of print]
General and Maladaptive Personality Dimensions in Pediatric Obsessive-Compulsive Symptoms.

Aelterman N, **De Clercq B**, **De Bolle M**, **De Fruyt F**.

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Abstract

Obsessive-compulsive disorder (OCD) is a chronic and impairing clinical disorder in childhood, often characterized by a heterogeneous symptomatic profile and high co-occurrence with other disorders. The present study introduces a new perspective on the description of OCD symptoms in youth, and empirically examines the value of a personality framework (e.g. Five Factor of Personality; FFM) for understanding early OCD symptomatology in a referred sample of 274 children and adolescents, relying on age-specific measures of general and maladaptive personality. Differences in general and maladaptive personality traits for high versus low-scoring children and adolescents on the Obsessive-Compulsive Scale of the Child Behavior Checklist (CBCL-OCS) were explored. The discriminant validity of both higher-and lower-order personality traits was supported,

showing that high CBCL-OCS scorers are characterized by specific personality features ranging from adaptive to pathological, especially in terms of Conscientiousness. In addition, personality traits contributed to the accurate classification of high- versus low-scorers on the CBCL-OCS. Implications for clinical practice and recommendations for future research are discussed.

PMID: 20730484 [PubMed - as supplied by publisher]

Related citations

13.
Personality correlates of impulsivity in subjects with generalized anxiety disorders.

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Abstract

BACKGROUND: As yet, the relation between personality traits and impulsiveness has not been investigated in subjects affected by generalized anxiety disorder (GAD).

METHOD: A sample of 79 subjects with a diagnosis of GAD has been assessed at intake with Clinical Global Impression (CGI), Barratt Impulsiveness Scale (BIS-11), and with Temperament and Character Inventory. Comorbidity with cluster A or B personality disorders was excluded.

RESULTS: A multiple linear regression has identified 3 variables as independent predictors of impulsiveness: novelty seeking (NS) and reward dependence (RD) as for temperament and self-directedness (SD) as for character. Predictor analysis of the 3 subscales of BIS-11 showed that a higher NS is a predictor of all 3 subscales of BIS-11, whereas a higher RD is a protective factor for the attentive impulsiveness, and a low SD is predictive of a greater nonplanned impulsiveness. The CGI severity index is directly related to motor impulsiveness.

DISCUSSION: Preliminary results showed that in subjects with GAD only the motor component of impulsivity seems directly related to clinical severity, whereas impulsiveness is predicted by higher levels of 2 temperamental dimensions that are influenced by dopamine and norepinephrine systems and by weakness of character.

CONCLUSION: Subjects with GAD showed an interesting variability in NS. Differences in levels of NS and of other temperament (RD) and character (SD) dimensions seem related to different degrees of behavioral inhibition and to a different impact of the cognitive components of impulsiveness. Clinical implications are discussed.

PMID: 20728013 [PubMed - in process]

Related citations

Psychiatric, behavioral, and attitudinal correlates of avoidant and obsessive-compulsive personality pathology in patients with binge-eating disorder.

Becker DF, Masheb RM, White MA, Grilo CM.

Department of Psychiatry, University of California, San Francisco, CA 94143, USA.
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Abstract

OBJECTIVE: We examined correlates of avoidant and obsessive-compulsive personality pathology--with respect to psychiatric comorbidity, eating disorder psychopathology, and associated psychologic factors--in patients with binge-eating disorder (BED).

METHOD: Three hundred forty-seven treatment-seeking patients who met Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), research criteria for BED were reliably assessed with semistructured interviews to evaluate DSM-IV Axis I disorders, personality disorders, and behavioral and attitudinal features of eating disorder psychopathology.

RESULTS: Fifteen percent of subjects had avoidant personality disorder features, 12% had obsessive-compulsive personality disorder features, 8% had features of both disorders, and 66% had features of neither. These groups differed significantly in the frequencies of depressive and anxiety disorders, as well as on measures of psychologic functioning (negative/depressive affect and self-esteem) and eating disorder attitudes (shape and weight concerns). There were no group differences on measures of eating behaviors. The avoidant and obsessive-compulsive groups had more psychiatric comorbidity than the group without these personality features but less than the combined group. The group without these features scored significantly lower than all other groups on negative/depressive affect and significantly higher than the avoidant and combined groups on self-esteem. The combined group had the greatest severity on shape and weight concerns.

CONCLUSIONS: Avoidant and obsessive-compulsive personality features are common in patients with BED. Among BED patients, these forms of personality psychopathology--separately and in combination--are associated with clinically meaningful diagnostic, psychologic, and attitudinal differences. These findings have implications for the psychopathologic relationship between BED and personality psychopathology and may also have implications for assessment and treatment.

Related citations

Severity of affective temperament and maladaptive self-schemas differentiate borderline patients, bipolar patients, and controls.

Nilsson AK, **Jørgensen CR**, **Straarup KN**, **Licht RW**.

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Abstract

OBJECTIVES: There is an unsettled debate on whether borderline personality disorder and bipolar disorder should be considered related or distinct. This study aimed to further the understanding of the similarities and differences between the 2 disorders by comparing borderline patients, bipolar patients, and controls in terms of various affective temperaments and maladaptive self-schemas.

METHODS: The sample consisted of 85 participants (31 borderline patients, 25 bipolar patients and 29 student controls) who completed 2 questionnaires: The Temperament Evaluation of the Memphis, Pisa, Paris, and San Diego Autoquestionnaire and the Young Schema Questionnaire. All of the patients were in remission from affective episodes.

RESULTS: Compared to the bipolar patients and the controls, the borderline patients were characterized by significantly higher mean scores on most of the maladaptive self-schemas and affective temperaments. The bipolar patients differed significantly from controls by higher mean scores on the cyclothymic temperament and insufficient self-control.

CONCLUSIONS: The study suggests that affective temperaments and maladaptive self-schemas are more severe in borderline patients than in bipolar patients. These findings point to phenomenological differences between the 2 disorders and therefore question their degree of kinship.
PMID: 20728005 [PubMed - in process]
Related citations

Is the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, histrionic personality disorder category a valid construct?

Bakkevig JF, **Karterud S**.

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Abstract

PURPOSE: The study investigated crucial aspects of the construct validity of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) histrionic personality disorder (HPD) category.

MATERIAL AND METHODS: The study included 2289 patients from the Norwegian Network of Psychotherapeutic Day Hospitals. Construct validity was assessed by means of prevalence, comorbidity with other personality disorders, internal consistency among HPD criteria, severity indices, as well as factor analyses.

RESULTS: The prevalence of HPD was very low (0.4 %). The comorbidity was high, especially with borderline, narcissistic, and dependent personality disorders. The internal consistency was low. The criteria seemed to form 2 separate clusters: the first contained exhibitionistic and attention-seeking traits and the other contained impressionistic traits.

CONCLUSION: The results indicated poor construct validity of the HPD category. Different options for the future of the category are discussed. The authors suggest the HPD category to be deleted from the DSM system. However, the clinical phenomena of exhibitionism and attention-seeking, which are the dominant personality features of HPD, should be preserved in an exhibitionistic subtype of narcissism.
PMID: 20728002 [PubMed - in process]
Related citations

ELSEVIER
FULL-TEXT ARTICLE

The impact of comorbid dysthymic disorder on outcome in personality disorders.

Hellerstein DJ, **Skodol AE**, **Petkova E**, **Xie H**, **Markowitz JC**, **Yen S**, **Gunderson J**, **Grilo C**, **Daversa MT**, **McGlashan TH**.

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Abstract

OBJECTIVE: The goal of our study was to investigate the impact of dysthymic disorder (DD), a form of chronic depression, on naturalistic outcome in individuals with personality disorders (PDs).

METHOD: The Collaborative Longitudinal Personality Disorders Study is a cohort initially including 573 subjects with 4 targeted PDs (borderline, avoidant, schizotypal, and obsessive-compulsive) and 95 subjects with major depression but no PD. At baseline, 115 subjects were diagnosed with coexisting DD, of whom 109 (94.8%) were PD subjects. Regression analyses were performed to predict 3 classes of broad clinical outcome after 2 years of prospective follow-up. We hypothesized that DD diagnosis at baseline would be associated with worse outcome on (1) persistence of a PD diagnosis, (2) impairment in psychosocial functioning (as

measured by the Longitudinal Interval Follow-up Evaluation), and (3) crisis-related treatment utilization.

RESULTS: Baseline DD diagnosis was associated with persistence of PD diagnosis at 2 years, particularly for borderline and avoidant PDs. It was associated with worse outcome on global social adjustment, life satisfaction, recreation, and friendships, but not employment or relationship with spouse. Contrary to expectation, DD did not increase suicide attempts, emergency room visits, or psychiatric hospitalizations.

CONCLUSIONS: Comorbidity of DD is associated with persistence of PD diagnosis and with worse outcome on many, but not all, measures of psychosocial functioning.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

Psychological traits and the cortisol awakening response: Results from the Netherlands Study of Depression and Anxiety.

van Santen A, **Vreeburg SA**, **Van der Does AJ**, **Spinhoven P**, **Zitman FG**, **Penninx BW**.

VU University, Faculty of Psychology and Education, Master of Clinical Psychology, van der Boechorststraat 1, 1081 BT Amsterdam, The Netherlands; Department of Psychiatry/EMGO Institute for Health and Care Research/Neuroscience Campus Amsterdam, VU University Medical Center, A.J. Ernststraat 887, 1081 HL Amsterdam, The Netherlands.

Abstract

BACKGROUND: Hypothalamus-Pituitary-Adrenal (HPA) axis dysregulation is often seen in major depression, and is thought to represent a trait vulnerability - rather than merely an illness marker - for depressive disorder and possibly anxiety disorder. Vulnerability traits associated with stress-related disorders might reflect increased sensitivity for the development of psychopathology through an association with HPA axis activity. Few studies have examined the association between psychological trait factors and the cortisol awakening response, with inconsistent results. The present study examined the relationship between multiple psychological trait factors and the cortisol awakening curve, including both the dynamic of the CAR and overall cortisol awakening levels, in a sample of persons without psychopathology, hypothesizing that persons scoring high on vulnerability traits demonstrate an elevated cortisol awakening curve.

METHODS: From 2981 participants of the Netherlands Study of Depression and Anxiety (NESDA), baseline data from 381 controls (aged 18-65) without previous, current and parental depression and anxiety disorders were analyzed. Psychological measures included the Big Five personality traits (neuroticism, extraversion, openness to experience,

conscientiousness, and agreeableness) measured using the NEO-FFI, anxiety sensitivity assessed by the Anxiety Sensitivity Index, cognitive reactivity to sadness (hopelessness, acceptance/coping, aggression, control/perfectionism, risk aversion, and rumination) as measured by the LEIDS-R questionnaire, and mastery, assessed using the Pearlin and Schooler Mastery scale. Salivary cortisol levels were measured at awakening, and 30, 45, and 60min afterwards.

RESULTS: In adjusted analyses, high scores of hopelessness reactivity (beta=.13, p=.02) were consistently associated with a higher cortisol awakening response. In addition, although inconsistent across analyses, persons scoring higher on extraversion, control/perfectionism reactivity, and mastery tended to show a slightly flatter CAR. No significant associations were found for neuroticism, openness to experience, agreeableness, conscientiousness, anxiety sensitivity, and acceptance/coping, aggression, or risk aversion reactivity.

CONCLUSION: Of various psychological traits, only hopelessness reactivity, a trait that has been associated with depression and suicidality, is consistently associated with HPA axis dysregulation. Hopelessness reactivity may represent a predisposing vulnerability for the development of a depressive or anxiety disorder, possibly in part mediated by HPA axis activity.
PMID: 20724080 [PubMed - as supplied by publisher]
Related citations

ELSEVIER
FULL-TEXT ARTICLE

19. J Am Coll Cardiol. 2010 Aug 24;56(9):692-9.

Safety and efficacy of sertraline for depression in patients with heart failure: results of the SADHART-CHF (Sertraline Against Depression and Heart Disease in Chronic Heart Failure) trial.

O'Connor CM, **Jiang W**, **Kuchibhatla M**, **Silva SG**, **Cuffe MS**, **Callwood DD**, **Zakhary B**, **Stough WG**, **Arias RM**, **Rivelli SK**, **Krishnan R**; **SADHART-CHF Investigators**.

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Comment in:

- **J Am Coll Cardiol. 2010 Aug 24;56(9):700-1.**

Abstract

OBJECTIVES: The objective was to test the hypothesis that heart failure (HF) patients treated with sertraline will have lower depression scores and fewer cardiovascular events compared with placebo.

BACKGROUND: Depression is common among HF patients. It is associated with increased

hospitalization and mortality.

METHODS: The SADHART-CHF (Sertraline Against Depression and Heart Disease in Chronic Heart Failure) trial was a randomized, double-blind, placebo-controlled trial of sertraline 50 to 200 mg/day versus matching placebo for 12 weeks. All participants also received nurse-facilitated support. Eligible patients were age 45 years or older with HF (left ventricular ejection fraction < or =45%, New York Heart Association functional class II to IV) and clinical depression (Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition criteria for current major depressive disorder). Those with significant cognitive impairment, psychosis, recent alcohol or drug dependence, bipolar or severe personality disorder, active suicidal ideation, and current antipsychotic or antidepressant medications were excluded. Primary end points were change in depression severity (Hamilton Depression Rating Scale total score) and composite cardiovascular status at 12 weeks.

RESULTS: A total of 469 patients were randomized (n = 234 sertraline, n = 235 placebo). The mean +/- SE change from baseline to 12 weeks in the Hamilton Depression Rating Scale total score was -7.1 +/- 0.5 (sertraline) and -6.8 +/- 0.5 (placebo) (p < 0.001 from baseline, p = 0.89 between groups, mean change between groups -0.4; 95% confidence interval: -1.7 to 0.92). The proportions whose composite cardiovascular score worsened, improved, or was unchanged were 29.9%, 40.6%, and 29.5%, respectively, in the sertraline group and 31.1%, 43.8%, and 25.1%, respectively, in the placebo group (p = 0.78).

CONCLUSIONS: Sertraline was safe in patients with significant HF. However, treatment with sertraline compared with placebo did not provide greater reduction in depression or improved cardiovascular status among patients with HF and depression. (Antidepressant Medication Treatment for Depression in Individuals With Chronic Heart Failure [SADHART-CHF]; NCT00078286).
PMID: 20723799 [PubMed - in process]
Related citations

ELSEVIER
FULL-TEXT ARTICLE

21. Psychosom Med. 2010 Aug 17. [Epub ahead of print]
Association Between Peptic Ulcer and Personality Disorders in a Nationally Representative US Sample.

Schuster JP, **Limosin F**, **Levenstein S**, **Le Strat Y**.

Assistance Publique-Hôpitaux de Paris (J.-P.S., F.L.), Department of Psychiatry, Corentin Celton Hospital, Issy les Moulineaux, France, Paris Descartes University, Paris, France; INSERM U894 (F.L., Y.L.S.), Centre de Psychiatrie et Neurosciences, Sainte-Anne Hospital, Paris, France; Aventino Medical Group (S.L.), Rome, Italy; and Centre for Addiction and Mental Health (Y.L.S.), Toronto, Ontario, Canada.
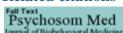
Abstract

Objective: To assess the association between peptic ulcer and a wide range of personality

disorders in a large sample representative of the general population in the United States. Methods: Data were drawn from the National Epidemiologic Survey on Alcohol and Related Conditions, on the basis of a face-to-face interview of more than 43,000 adults. Univariate and multivariate logistic regression were used to examine the relationship between self-reported "stomach ulcer" and personality disorders. Results: All seven personality disorders assessed in the National Epidemiologic Survey on Alcohol and Related Conditions (i.e., avoidant, dependent, obsessive-compulsive, paranoid, schizoid, histrionic, and antisocial personality disorders) were associated with stomach ulcer, with odds ratio ranging from 2.26 (obsessive compulsive personality disorder) to 5.54 (dependent personality disorder). Participants with ulcer were five times more likely to have more than three personality disorders than participants without ulcer. The relationship between ulcer and personality disorders was only slightly attenuated after adjusting for sociodemographic conditions, physical and psychiatric disorders, and addictions. Conclusions: Self-reported peptic ulcer is associated with increased rates of personality disorders, beyond the influence of psychiatric disorders or addictions.

PMID: 20716707 [PubMed - as supplied by publisher]

Related citations

Full Text
Psychosom Med
Journal of Biobehavioral Medicine

22. J Pers Assess. 2010 Sep;92(5):416-31.

Development of the Zuckerman-Kuhlman-Aluja Personality Questionnaire (ZKA-PQ): a factor/facet version of the Zuckerman-Kuhlman Personality Questionnaire (ZKPQ).

Aluja A, **Kuhlman M**, **Zuckerman M**.

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Abstract

The development of a new 200-item questionnaire based on the theoretical constructs of the alternative Five-factor model of personality is described. We developed the Zuckerman-Kuhlman-Aluja Personality Questionnaire (ZKA-PQ) from an initial pool of 537 items. Its final version includes 5 factors with 4 facets per factor and 10 items per facet. Internal consistencies were adequate particularly for the factors. The 1 factor confirmatory factor analyses showed satisfactory goodness-of-fit indexes, but not for the 5 factor simple structure. When incorporating the secondary loadings and the correlated error terms, the model fit improved. A multigroup analysis showed gender differences for the factors Sensation Seeking, Neuroticism, Aggressiveness, and Activity for the Spanish-speaking sample but only for Aggressiveness in the English-speaking sample. We assessed the convergent and discriminant validity of the ZKA-PQ by inspecting correlations with shortened versions of the Revised NEO Personality Inventory (Costa & McCrae, 1992) and Temperament and Character Inventory-Revised (Cloninger, 1999) in 2 independent and additional samples. This new instrument may be useful for basic and applied research, including normal personality, psychobiology of personality, personality and clinical disorders, and industrial-organizational psychology.

PMID: 20706928 [PubMed - in process]
Related citations

23. Injury. 2010 Aug 10. [Epub ahead of print]
Psychological factors contributing to perceptions pain intensity after acute orthopaedic injury.

Wood RL, **Maclean L**, **Pallister I**.

School of Human & Health Sciences, Swansea University, UK.

Abstract

Psychological factors are capable of influencing an individual's perception of pain and may mediate the evolution from acute to chronic pain. Personality characteristics, such as alexithymia and anxiety sensitivity, can also influence perception of pain by somatising psychological distress associated with acute pain. The aim of this study was to understand if alexithymia and anxiety sensitivity interact with psychological distress at an early stage of recovery from orthopaedic injury, to accentuate perception of pain intensity and potentially mediate the development of chronic pain disorder. 62 patients who had recently suffered orthopaedic injury completed the British Pain Society Pain Rating Scale plus the Hospital Anxiety and Depression Scale, as well as measures of alexithymia and anxiety sensitivity. Pain intensity correlated with each of the psychological measures but a regression analysis found that only depression, in combination with anxiety sensitivity, contributed to a significant amount of the variance in pain scores. The authors suggest that early screening after orthopaedic injury could identify those vulnerable to developing persisting pain disorders. This could lead to effective early intervention using psychological methods of pain management to reduce the risk of acute pain evolving into a chronic pain disorder.
PMID: 20705288 [PubMed - as supplied by publisher]
Related citations

ELSEVIER
FULL-TEXT ARTICLE

25. Psychiatry Res. 2010 Aug 9. [Epub ahead of print]
The Zuckerman-Kuhlman Personality Questionnaire predicts functioning styles of personality disorder: A trial in healthy subjects and personality-disorder patients.

Huang J, **He W**, **Chen W**, **Yu W**, **Chen W**, **Shen M**, **Wang W**.

Department of Clinical Psychology, Zhejiang University School of Medicine, Hangzhou, China.

Abstract

Normal personality traits, as measured by the Zuckerman-Kuhlman Personality Questionnaire (ZKPQ), predicted some personality disorders in a sample of healthy volunteers. Whether these predictions could be more pronounced in patients with personality disorders remains unknown. We administered the ZKPQ and the Parker Personality Measure (PERM), which describes the functioning styles of personality disorder, in 134 patients with a range of

personality disorders and in 268 age-, gender- and education level-matched healthy volunteers. Cluster A patients scored lowest on Sociability, cluster B highest on Impulsive Sensation Seeking and Aggression-Hostility, cluster C1 (Avoidant and Dependent types) highest on Neuroticism-Anxiety, and cluster C2 (Obsessive-Compulsive type) highest on Activity. Most of the predictors were consistent across both the healthy and patient groups. The variances that accounted for predicting most PERM styles by the ZKPQ traits in the patient group were higher than those in the healthy group. Our results showed that the ZKPQ traits could specifically predict the PERM styles in both healthy subjects and personality-disorder patients. This result was more pronounced in the latter group. The most powerful predictions were obtained for Antisocial, Dependent, Borderline and Avoidant styles, and the weakest for the Schizotypal and Schizoid styles in the patient group.

PMID: 20699194 [PubMed - as supplied by publisher]

Related citations

ELSEVIER
FULL-TEXT ARTICLE

26. Psychiatry Res. 2010 Aug 6. [Epub ahead of print]

Dimensional measures of personality as a predictor of outcome at 5-year follow-up in women with bulimia nervosa.

Rowe S, **Jordan J**, **McIntosh V**, **Carter F**, **Frampton C**, **Bulik C**, **Joyce P**.

Department of Psychological Medicine, University of Otago, Christchurch, PO Box 4345, Christchurch, New Zealand.

Abstract

Dimensional models are commonly used as a supplement to the categorical model within the field of personality disorders. The purpose of this study was to examine personality dimensions as predictors of 5-year outcomes among women with bulimia nervosa. One hundred and thirty-four women with bulimia nervosa participated in a randomised psychotherapy treatment trial. Data was available for 109 out of the 134 participants at follow-up. Outcomes were the presence of any eating disorder (past year), the presence of a mood disorder episode (past year), and the global assessment of functioning at 5-year follow-up. Self-directedness was the only predictor of any eating disorder diagnosis (past year) at 5-year follow-up. Asceticism significantly predicted the presence of a mood disorder episode (past year) at 5-years. Borderline personality disorder symptoms predicted global functioning at five years. These results suggest that high self-directedness at pre-treatment may offer potential prognostic information regarding eating disorder status 5-years post-treatment. Furthermore, no single measure predicted outcome for all variables (any eating disorder diagnosis, a mood disorder episode (past year), or global functioning) at 5-year follow-up. This suggests that a comprehensive personality assessment using multiple measures is desirable for predicting outcomes.

PMID: 20692708 [PubMed - as supplied by publisher]

Related citations

27. Cochrane Database Syst Rev. 2010 Aug 4;8:CD007667.
Pharmacological interventions for antisocial personality disorder.

Khalifa N, Duggan C, Stoffers J, Huband N, Völlm BA, Ferriter M, Lieb K.

Low Secure & Community Forensic Directorate, The Wells Road Centre, Nottingham, UK, NG3 3AA.

Abstract

BACKGROUND: Antisocial personality disorder (AsPD) is associated with a wide range of disturbance including persistent rule-breaking, criminality, substance misuse, unemployment, homelessness and relationship difficulties.

OBJECTIVES: To evaluate the potential beneficial and adverse effects of pharmacological interventions for people with AsPD.

SEARCH STRATEGY: We searched the Cochrane Central Register of Controlled Trials (The Cochrane Library 2009, Issue 3), MEDLINE (1950 to September 2009), EMBASE (1980 to 2009, week 37), CINAHL (1982 to September 2009), PsycINFO (1872 to September 2009) , ASSIA (1987 to September 2009) , BIOSIS (1985 to September 2009), COPAC (September 2009), National Criminal Justice Reference Service Abstracts (1970 to July 2008), Sociological Abstracts (1963 to September 2009), ISI-Proceedings (1981 to September 2009), Science Citation Index (1981 to September 2009), Social Science Citation Index (1981 to September 2009), SIGLE (1980 to April 2006), Dissertation Abstracts (September 2009), ZETOC (September 2009) and the metaRegister of Controlled Trials (September 2009).

SELECTION CRITERIA: Controlled trials in which participants with AsPD were randomly allocated to a pharmacological intervention and a placebo control condition. Two trials comparing one drug against another without a placebo control are reported separately.
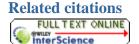
DATA COLLECTION AND ANALYSIS: Three review authors independently selected studies. Two review authors independently extracted data. We calculated mean differences, with odds ratios for dichotomous data.

MAIN RESULTS: Eight studies met the inclusion criteria involving 394 participants with AsPD. Data were available from four studies involving 274 participants with AsPD. No study set out to recruit participants solely on the basis of having AsPD, and in only one study was the sample entirely of AsPD participants. Eight different drugs were examined in eight studies. Study quality was relatively poor. Inadequate reporting meant the data available were generally insufficient to allow any independent statistical analysis. The findings are limited to descriptive summaries based on analyses carried out and reported by the trial investigators. All the available data were derived from unreplicated single reports. Only three drugs

(nortriptyline, bromocriptine, phenytoin) were effective compared to placebo in terms of improvement in at least one outcome. Nortriptyline was reported in one study as superior for men with alcohol dependency on mean number of drinking days and on alcohol dependence, but not for severity of alcohol misuse or on the patient's or clinician's rating of drinking. In the same study, both nortriptyline and bromocriptine were reported as superior to placebo on anxiety on one scale but not on another. In one study, phenytoin was reported as superior to placebo on the frequency and intensity of aggressive acts in male prisoners with impulsive (but not premeditated) aggression. In the remaining two studies, both amantadine and desipramine were not superior to placebo for adults with opioid and cocaine dependence, and desipramine was not superior to placebo for men with cocaine dependence.

AUTHORS' CONCLUSIONS: The body of evidence summarised in this review is insufficient to allow any conclusion to be drawn about the use of pharmacological interventions in the treatment of antisocial personality disorder.
PMID: 20687091 [PubMed - indexed for MEDLINE]
Related citations

28. Psychother Psychosom Med Psychol. 2010 Aug 4. [Epub ahead of print]
Pathological Gambling - What Do We Know?

Gisela Buchner U, **Wodarz N**.

Bayerische Akademie für Sucht- und Gesundheitsfragen (BAS), Landesstelle Glücksspielsucht in Bayern, München.

Abstract

According to epidemiological studies, there are 103 000-290 000 people in Germany afflicted by pathological gambling. In many cases the disorder remains hidden for a long time with only a few of the problematic or pathological gamblers seeking help in the professional helping network. Focussing on the relevant results for Germany, this review summarizes the recent research concerning "pathological gambling". The main topics are diagnosis, nosological status, epidemiology, gender-related differences and common screening instruments. Furthermore, the increasing probability for the development of pathological gambling upon existing other psychiatric disorders, e. g. personality disorder, mood and anxiety disorders, substance-related disorders or ADHD, is discussed as well as the current approaches in treatment.
PMID: 20687011 [PubMed - as supplied by publisher]
Related citations

30. J Behav Ther Exp Psychiatry. 2010 Sep;41(3):275-81. Epub 2010 Feb 17.
The prevalence and structure of obsessive -compulsive personality disorder in Hispanic psychiatric outpatients.

Ansell EB, **Pinto A**, **Crosby RD**, **Becker DF**, **Añez LM**, **Paris M**, **Grilo CM**.

Yale University School of Medicine, Department of Psychiatry, New Haven, CT 06520-8098, USA. emily.ansell@yale.edu

Abstract

This study sought to confirm a multi-factor model of Obsessive-compulsive personality disorder (OCPD) in a Hispanic outpatient sample and to explore associations of the OCPD factors with aggression, depression, and suicidal thoughts. One hundred and thirty monolingual, Spanish-speaking participants were recruited from a community mental health center and were assessed by bilingual doctoral-level clinicians. OCPD was highly prevalent (26%) in this sample. Multi-factor models of OCPD were tested and the two factors - perfectionism and interpersonal rigidity - provided the best model fit. Interpersonal rigidity was associated with aggression and anger while perfectionism was associated with depression and suicidal thoughts.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

Predictors of outcome in residential cognitive and interpersonal treatment for social phobia: do cognitive and social dysfunction moderate treatment outcome?

Borge FM, **Hoffart A**, **Sexton H**.

Research Institute, Modum Bad, 3371 Vikersund, Norway. finnmagnus.borge@modum-bad.no

Abstract

BACKGROUND: The predictors of residential cognitive (RCT) and residential interpersonal Treatment (RIPT) for social phobia were explored. (1) Sotsky et al. (1991) found differential effects of CT and IPT for depression, suggesting that the level of cognitive or social dysfunction predicted differential outcome. We examined whether an analogous effect could be demonstrated in 10 weeks of residential treatment of 80 social phobia subjects. (2) We also included expectations, age of onset, severity of illness, concurrent anxiety, mood, avoidant personality disorder, and body dysmorphic disorder as predictors in this exploratory study.

METHOD: Main outcome was the social phobia subscale of Social Phobia and Anxiety Inventory (SPAI SP). DSM-IV axis I and II interviews were completed.

RESULTS: (1) Sotsky et al. (1991) findings were not reproduced. However, RIPT subjects with poor general functioning were less improved following treatment. Subjects with

concurrent agoraphobia responded better with RCT than subjects without agoraphobia. (2) Age of onset and expectations were the most powerful predictors of post treatment outcome.

CONCLUSION: Some patient characteristics appear to impact outcome with RIPT and RCT differentially. The findings are discussed.

PMID: 20153460 [PubMed - indexed for MEDLINE]

Related citations

ELSEVIER
FULL-TEXT ARTICLE

1. Eur Arch Psychiatry Clin Neurosci. 2010 Sep 29. [Epub ahead of print]

Personality factors and mental health outcome in caregivers of first hospitalized schizophrenic and depressed patients: 2-year follow-up results.

Möller-Leimkühler AM, **Mädger F**.

Department of Psychiatry and Psychotherapy, Ludwig-Maximilians-University, Nussbaumstr. 7, 80336, Munich, Germany, **anne-maria.moeller-leimkuehler@med.uni-muenchen.de**.

Abstract

While neuroticism has been intensely investigated in caregivers of patients with serious somatic disorders, studies in caregivers of patients with mental illness are lacking. Additionally, most studies are cross-sectional not allowing conclusions about long-term effects of personality factors. The present study examines the impact of personality factors on the course of subjective burden and psychological well-being by a mediational model in a sample of caregivers of first hospitalized patients with schizophrenia or depression within a 2-year follow-up period. At baseline, 83 caregivers could be enrolled in the study, the drop-out rate was about 23% at 2-year follow-up. Personality factors were assessed by the German version of the NEO-FFI (Borstenau and Costa 1993) only at baseline. At each follow-up, subjective burden was assessed by the FBQ (Möller-Leimkühler acc. to Pai and Kapur (Brit J Psychiat 138:332-335, 1981)), and psychological well-being by the SCL-90 R (Derogatis in SCL-90-R, administration, scoring and procedures. Manual for the r(evised) version. John Hopkins University School of Medicine, Baltimore, 1977). Among the personality factors, neuroticism turned out to be the most relevant predictor of subjective burden and self-rated symptoms, showing direct as well as indirect effects. The direct effects on caregivers' mental health were mediated to a considerable amount by subjective burden. The mediational model was stable across time and even revealed increasing indirect effects of neuroticism. Caregivers' neuroticism as a dispositional trait plays a crucial role in the course of the stress process. As neuroticism is associated with perceptual distortion, the latter should be targeted by long-term family interventions in order to reduce subjective burden and enhance mental health of the caregivers.

PMID: 20878414 [PubMed - as supplied by publisher]

Related citations

4. Int J Eat Disord. 2010 Sep 24. [Epub ahead of print]
Differentiating purging and nonpurging bulimia nervosa and binge eating disorder.

Núñez-Navarro A, **Jiménez-Murcia S**, **Alvarez-Moya E**, **Villarejo C**, **Díaz IS**, **Augmantell CM**, **Granero R**, **Penelo E**, **Krug I**, **Tinahones FJ**, **Bulik CM**, **Fernández-Aranda F**.

Department of Psychiatry, University Hospital of Bellvitge, Feixa Llarga s/n, PC: 08907 Barcelona, Spain.
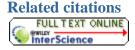
Abstract

OBJECTIVE: To explore similarities and differences in clinical and personality variables across three groups: binge eating disorder (BED), bulimia nervosa-purging type (BN-P), and bulimia nervosa-non purging type (BN-NP).

METHOD: The participants were 102 female eating disorders patients (34 BED, 34 BN-P, and 34 BN-NP) consecutively admitted to the eating disorders unit, at the University Hospital of Bellvitge, and diagnosed according to DSM-IV criteria.

RESULTS: BED patients were older, and more likely to have personal and family history of obesity. A gradient in psychopathological scores emerged with BN-P patients having higher pathological scores on the SCL-90-R, followed by BN-NP and BED patients. No statistically significant differences were observed in personality traits.

DISCUSSION: Our data supported that eating disorders (namely BED, BN-NP, and BN-P) followed a linear trend in general psychopathology. Whereas personality may represent a shared vulnerability factor, differences in clinical severity suggest there to be a continuum with BN-P being the most severe and BED being the least severe. © 2010 by Wiley Periodicals, Inc. Int J Eat Disord 2010.
PMID: 20872757 [PubMed - as supplied by publisher]
Related citations

6. Scand J Med Sci Sports. 2010 Oct;20 Suppl 2:112-21. doi: 10.1111/j.1600-0838.2010.01190.x.
Aspects of disordered eating continuum in elite high-intensity sports.

Sundgot-Borgen J, **Torstveit MK**.

The Norwegian School of Sport Sciences, the Sports Medicine Department, Oslo, Norway.
jorunn.sundgotborgen@nih.no

Abstract

Dieting is an important risk factor for disordered eating and eating disorders. Disordered eating occurs on a continuum from dieting and restrictive eating, abnormal eating behavior, and finally clinical eating disorders. The prevalence of eating disorders is increased in elite athletes and for this group the cause of starting to diet is related to (a) perception of the paradigm of appearance in the specific sport, (b) perceived performance improvements, and (c) sociocultural pressures for thinness or an "ideal" body. Athletes most at risk for disordered eating are those involved in sports emphasizing a thin body size/shape, a high power-to-weight ratio, and/or sports utilizing weight categories, such as in some high-intensity sports. In addition to dieting, personality factors, pressure to lose weight, frequent weight cycling, early start of sport-specific training, overtraining, injuries, and unfortunate coaching behavior, are important risk factors. To prevent disordered eating and eating disorders, the athletes have to practice healthy eating, and the medical staff of teams and parents must be able to recognize symptoms indicating risk for eating disorders. Coaches and leaders must accept that disordered eating can be a problem in the athletic community and that openness regarding this challenge is important.

PMID: 20840569 [PubMed - in process]

Related citations

Full Text Online   WILEY ONLINE LIBRARY

7. Am J Med Genet B Neuropsychiatr Genet. 2010 Sep 22. [Epub ahead of print]

Rare genotype combination of the serotonin transporter gene associated with treatment response in severe personality disorder.

Perroud N, **Salzmann A**, **Saiz PA**, **Baca-Garcia E**, **Sarchiapone M**, **Garcia-Portilla MP**, **Carli V**, **Vaquero-Lorenzo C**, **Jaussent I**, **Mouthon D**, **Vessaz M**, **Huguelet P**, **Courtet P**, **Malafosse A**; **and European Research Consortium for Suicide (EURECA)**.

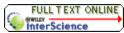Department of Psychiatry, University of Geneva, Geneva, Switzerland.

Abstract

The insertion deletion (ins/del) polymorphism of the serotonin transporter gene (5-HTTLPR) has been associated with several psychiatric phenotypes and antidepressant's response. We investigated, in a large cohort of 5,608 controls and subjects suffering from various psychiatric disorders, the frequency of haplotypes and corresponding genotypes combining the 5-HTTLPR and the other serotonin transporter promoter functional variant (rs25531). We showed that rs25531 lies 18 bp 5' to the site where the 43 bp (and not 44 bp as previously described) ins/del defines the 14- and 16-repeat alleles. These polymorphisms should therefore be considered as four alleles instead of a triallelic unique locus. The very rare G-14/G-16 genotype was carried on by only three subjects. These are women with a history of suicide attempt with a psychiatric history strongly suggesting a borderline personality disorder. Two of them have shown a non-response to serotoninergic antidepressant. Interestingly, in one of them was observed a spectacular response after the introduction of bupropion. The genotyping droved our therapeutic approach, by preferring a dopaminergic over a serotoninergic agent. This study highlights the usefulness of studying very rare clinical cases as well as rare variants,

in order to deal with the biological heterogeneity of spectral disorders. © 2010 Wiley-Liss, Inc.
PMID: 20862697 [PubMed - as supplied by publisher]

Related citations

8. Nord J Psychiatry. 2010 Sep 21. [Epub ahead of print]
No-shows, drop-outs and completers in psychotherapeutic treatment: Demographic and clinical predictors in a large sample of non-psychotic patients.

Fenger M, **Mortensen EL**, **Poulsen S**, **Lau M**.

Stolpegaard Psychotherapy Centre, Mental Health Services, Capital Region of Denmark.

Abstract

Background: A primary challenge in mental health services is a high rate of non-attendance (i.e. no-show and drop-out) for patients referred to treatment for psychiatric disorders. Aim: The aim of the present study was to assess the influence of demographic and clinical variables on mental health treatment attendance and to investigate differences in predictors for no-shows and drop-outs. Methods: A naturalistic study of 2473 non-psychotic consecutive patients offered psychotherapeutic treatment at a community mental health centre in Denmark. Fifteen demographic and clinical variables were recorded at assessment. Bivariate and multiple logistic regression analyses were conducted to investigate the associations between these variables and no-show and drop-out. Results: Of the 2473 participants, 668 (27.0%) did not show up for treatment, whereas 290 (11.7%) dropped out of treatment. Regression analysis showed that the significant predictors of treatment no-show were: age below 25, no more than the compulsory 9 years of school education, no sick leave, a diagnosis of personality disorder, a Global Assessment of Functioning score (GAF) below 40 or above 70, no previous psychiatric/psychological treatment, no use of antidepressants and substance abuse. The significant predictors of treatment drop-out were: age below 45, no more than the compulsory 9 years of school education or up to 11 years of school education, no vocational/university education, unemployment and substance abuse. Conclusion: No-show was predicted by both demographic and clinical factors, whereas drop-out was predicted by demographic factors and substance abuse as the only clinical factor. Results and strategies to reduce non-attendance are discussed.
PMID: 20854221 [PubMed - as supplied by publisher]

Related citations

9. J Abnorm Psychol. 2010 Sep 20. [Epub ahead of print]
Predictive validity of childhood oppositional defiant disorder and conduct disorder: Implications for the dsm-v.

Burke JD, **Waldman I**, **Lahey BB**.

Abstract

Data are presented from 3 studies of children and adolescents to evaluate the predictive validity of childhood oppositional defiant disorder (ODD) and conduct disorder (CD) as defined in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV; American Psychiatric Association, 1994) and the International Classification of Diseases, Version 10 (ICD-10; World Health Organization, 1992). The present analyses strongly support the predictive validity of these diagnoses by showing that they predict both future psychopathology and enduring functional impairment. Furthermore, the present findings generally support the hierarchical developmental hypothesis in DSM-IV that some children with ODD progress to childhood-onset CD, and some youth with CD progress to antisocial personality disorder (APD). Nonetheless, they reveal that CD does not always co-occur with ODD, particularly during adolescence. Importantly, the present findings suggest that ICD-10 diagnostic criteria for ODD, which treat CD symptoms as ODD symptoms when diagnostic criteria for CD are not met, identify more functionally impaired children than the more restrictive DSM-IV definition of ODD. Filling this "hole" in the DSM-IV criteria for ODD should be a priority for the DSM-V. In addition, the present findings suggest that although the psychopathic trait of interpersonal callousness in childhood independently predicts future APD, these findings do not confirm the hypothesis that callousness distinguishes a subset of children with CD with an elevated risk for APD. (PsycINFO Database Record (c) 2010 APA, all rights reserved).
PMID: 20853919 [PubMed - as supplied by publisher]
Related citations

APA Full Text

10. J Abnorm Psychol. 2010 Sep 20. [Epub ahead of print]
    Age of onset, symptom threshold, and expansion of the nosology of conduct disorder for girls.

    Keenan K, **Wroblewski K**, **Hipwell A**, **Loeber R**, **Stouthamer-Loeber M**.

    ## Abstract

    The study of conduct disorder (CD) in girls is characterized by several nosologic controversies that center on the most common age of onset, the most valid symptom threshold, and the possible inclusion of other manifestations of antisocial behavior and dimensions of personality as part of the definition of CD. Data from a prospective, longitudinal study of a community sample of 2,451 racially diverse girls were used to empirically inform these issues. Results revealed that adolescent-onset CD is rare in girls. There was mixed support for the threshold at which symptoms are associated with impairment: Parent-reported impairment provided the clearest evidence of maintaining the current Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994) threshold of 3 symptoms. The impact of callousness and relational aggression on impairment varied by informant, with small effects for parent- and youth-reported impairment and larger effects for teacher-rated impairment relative to the effects for

CD. These results support arguments for revising the typical age of onset of CD for girls but for maintaining the current symptom threshold. The results also suggest the need to consider subtyping according to the presence or absence of callousness. Given its content validity, relational aggression requires further study in the context of oppositional defiant disorder and CD. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

PMID: 20853913 [PubMed - as supplied by publisher]

Related citations

APA Full Text

11. Arch Gerontol Geriatr. 2010 Sep 16. [Epub ahead of print]

Vocally disruptive behavior (VDB) in the institutionalized elderly: A naturalistic multiple case report.

von Gunten A, **Favre M**, **Gurtner C**, **Abderhalden C**.

Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Département de Psychiatrie - CHUV, Rte du Mont, 1008 Prilly VD, Switzerland.

Abstract

Employing a naturalistic multiple case study approach, we investigated the current clinical practice in the treatment and care of VDB among a convenience sample of 85 patients cared for in specialized old age psychiatric clinics and nursing homes in French and German-speaking Switzerland. We wished to clinically characterize VDB patients, to identify common approaches used to treat VDB in everyday practice, and to explore how the efficiency of the interventions employed was judged by the responsible carers. Data were collected by means of a questionnaire. Most patients with VDB in this study had dementia, of whom 75% had at least one current or premorbid psychiatric disorder and 25% had premorbid personality disorder. A majority of patients received multiple psychosocial care interventions that were often judged to be effective, but the potential of psychosocial interventions is underused. Many patients did not receive psychotropic medication specifically targeted at VDB, but about 70% of all prescriptions were judged to have positive effects. Premorbid psychiatric and personality disorders or traits are likely candidates to be entered into the etiopathogenic equation of VDB and set a new frame for approaches used to treat these underlying disorders.

PMID: 20850879 [PubMed - as supplied by publisher]

Related citations

ELSEVIER FULL-TEXT ARTICLE

12. J Neurol Sci. 2010 Sep 16. [Epub ahead of print]

Neurocognitive deficits and personality traits among euthymic patients with mood disorders in late life.

Canuto A, **Giannakopoulos P**, **Moy G**, **Rubio MM**, **Ebbing K**, **Meiler-Mititelu C**, **Herrmann FR**, **Gold G**, **Delaloye C**, **Weber K**.

Division of Geriatric Psychiatry, University Hospitals of Geneva and Faculty of Medicine of the University of Geneva, 2 chemin du Petit Bel-Air, 1225 Chêne-Bourg, Switzerland.

Abstract

BACKGROUND: Previous studies revealed that acute depressive episodes are associated with both cognitive deficits and modified personality patterns in late life. Whether or not these psychological changes are present after remission remains a matter of debate. To date, no study provided concomitant assessment of cognition and psychological functions in this particular clinical setting.

METHOD: Using a cross-sectional design, 58 remitted outpatients (36 with unipolar early-onset depression (EOD) and 22 with bipolar disorder (BD)) were compared to 62 healthy controls. Assessment included detailed neurocognitive measures and evaluation of the five factor personality dimensions (NEO-Personality Inventory).

RESULTS: Group comparisons revealed significant slower processing speed, working and episodic memory performances in BD patients. EOD patients showed cognitive abilities comparable to those of elderly controls. In NEO PI assessment, both BD and EOD patients displayed higher Depressiveness facet scores. In addition, the EOD but not BD group had lower Extraversion factor, and Warmth and Positive Emotion facet scores than controls.

CONCLUSIONS: After remission from acute affective symptoms, older BD patients show significant impairment in several cognitive functions while neuropsychological performances remained intact in elderly patients with EOD. Supporting a long-lasting psychological vulnerability, EOD patients are more prone to develop emotion-related personality trait changes than BD patients.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

Individual differences in error monitoring in healthy adults: psychological symptoms and antisocial personality characteristics.

Chang WP, **Davies PL**, **Gavin WJ**.

Department of Occupational Therapy, Creighton University, 2500 California Plaza, Omaha, NE 68178, USA Department of Occupational Therapy, Colorado State University, Fort Collins, CO 80523, USA Department of Human Development and Family Studies, Colorado State University, Fort Collins, CO 80523, USA.

Abstract

Recent studies have investigated the relationship between psychological symptoms and

personality traits and error monitoring measured by error-related negativity (ERN) and error positivity (Pe) event-related potential (ERP) components, yet there remains a paucity of studies examining the collective simultaneous effects of psychological symptoms and personality traits on error monitoring. This present study, therefore, examined whether measures of hyperactivity-impulsivity, depression, anxiety and antisocial personality characteristics could collectively account for significant interindividual variability of both ERN and Pe amplitudes, in 29 healthy adults with no known disorders, ages 18-30   years. The bivariate zero-order correlation analyses found that only the anxiety measure was significantly related to both ERN and Pe amplitudes. However, multiple regression analyses that included all four characteristic measures while controlling for number of segments in the ERP average revealed that both depression and antisocial personality characteristics were significant predictors for the ERN amplitudes whereas antisocial personality was the only significant predictor for the Pe amplitude. These findings suggest that psychological symptoms and personality traits are associated with individual variations in error monitoring in healthy adults, and future studies should consider these variables when comparing group difference in error monitoring between adults with and without disabilities.
PMID: 20846327 [PubMed - as supplied by publisher]
Related citations

Full Text Online   ⊛WILEY ONLINE LIBRARY

16. Int Psychogeriatr. 2010 Sep 15:1-4. [Epub ahead of print]
A late form of neurosyphilis ma nifesting with psychotic symptoms in old age and good response to ceftriaxone therapy.

Güler E, **Leyhe T**.

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

Abstract

ABSTRACTNeurosyphilis can present with psychiatric symptoms. The late form can occur in old age with psychosis, paranoid delusions, affective disorders or cognitive impairment. Here we present a case of neurosyphilis in an elderly woman who, over six months, progressively manifested personality changes and paranoid delusions which were initially suspected as Alzheimer's disease. Psychotic symptoms showed a good response to antibiotic treatment. We conclude that neurosyphilis is a relevant differential diagnosis in patients developing severe psychiatric symptoms in old age. As a causal antibiotic treatment is possible this infectious disease should be considered seriously in gerontopsychiatric patients.
PMID: 20843397 [PubMed - as supplied by publisher]
Related citations

CAMBRIDGE   Journals Online
Full text

18. Int Clin Psychopharmacol. 2010 Sep 8. [Epub ahead of print]
A naturalistic study of changes in pharmacological prescription for borderline personality

disorder in clinical practice: from APA to NICE guidelines.

Pascual JC, Martín-Blanco A, Soler J, Ferrer A, Tiana T, Alvarez E, Pérez V.

Department of Psychiatry, Hospital de la Santa Creu i Sant Pau, Universitat Autònoma de Barcelona (UAB), Barcelona and Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM, Spain.

Abstract

Although no psychotropic agents are specifically licensed for the management of borderline personality disorder (BPD), pharmacological treatment appears to be common. This study aimed to examine the drug prescriptions for patients with BPD in clinical practice, analyze the prescription patterns from the appearance of the American Psychiatric Association guidelines in 2001 until the National Institute for Health and Clinical Excellence guidelines in 2009, and identify the factors associated with such prescription of each type of drug. Naturalistic study on 226 consecutive BPD patients admitted to an outpatient BPD program. Socio-demographic, clinical and pharmacological treatment information was collected; factors associated with drug prescription were examined using logistic regression analyses for dichotomous outcomes measures. Changes in prescription patterns over time were also evaluated. Patients received an average of 2.7 drugs; only 6% were drug-free; 56% were taking ≥3 drugs and 30% ≥4 drugs. Over the past 8 years, prescription of antidepressants has remained stable; there has been a significant reduction in prescription of benzodiazepines and an increase in the use of mood stabilizers and atypical antipsychotics. Comorbidity with Axis I disorders was the main factor associated with drug prescription. Drug prescription and polypharmacy are common in the management of BPD in clinical practice.
PMID: 20838221 [PubMed - as supplied by publisher]
Related citations

19. Psychol Med. 2010 Sep 14:1-11. [Epub ahead of print]
A comprehensive review and model of putative prodromal features of bipolar affective disorder.

Howes OD, Lim S, Theologos G, Yung AR, Goodwin GM, McGuire P.

Psychiatric Imaging Group, MRC Clinical Sciences Centre, Imperial College Hammersmith Campus, London, UK.

Abstract

BACKGROUND: Identifying prodromal features that predate the onset of bipolar disorder (BD) may enable the prevention of BD and aid early intervention. This review addresses two key questions: Is there a bipolar prodrome? And, if there is, what are its characteristic features?MethodA comprehensive search of databases (PubMed, Medline, EMBASE and PsycINFO) supplemented by hand searches was used to identify studies of symptoms preceding the onset of BD.

RESULTS: Fifty-nine studies were identified, of which 14 met inclusion criteria. Symptoms can predate the onset of BD by months to years and can be categorized as attenuated forms of BD symptoms, general symptoms common to a range of mental disorders, and personality traits, particularly cyclothymia. Two studies provided sufficient data to enable sensitivity and specificity to be calculated. Specificity of several of the features was high (>90%) but sensitivity was generally low (all <60%). We propose a model based on the findings in the studies reviewed to illustrate the potential trajectory to BD and the points at which it may be possible to intervene.

CONCLUSIONS: Clinical features preceding the onset of BD can be identified. However, conclusions about whether there is a distinct prodrome to BD are restricted by the limitations of current evidence. The high specificity of some features suggests they may be useful in clinical practice. Large-scale longitudinal studies are needed to validate these features and characterize their specificity and sensitivity in independent samples.

PMID: 20836910 [PubMed - as supplied by publisher]

CAMBRIDGE Journals Online Full text

20. Psychol Med. 2010 Sep 14:1-10. [Epub ahead of print]

The association of personality disorders with the prospective 7-year course of anxiety disorders.

Ansell EB, **Pinto A**, **Edelen MO**, **Markowitz JC**, **Sanislow CA**, **Yen S**, **Zanarini M**, **Skodol AE**, **Shea MT**, **Morey LC**, **Gunderson JG**, **McGlashan TH**, **Grilo CM**.

Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA.

Abstract

BACKGROUND: This study prospectively examined the natural clinical course of six anxiety disorders over 7 years of follow-up in individuals with personality disorders (PDs) and/or major depressive disorder. Rates of remission, relapse, new episode onset and chronicity of anxiety disorders were examined for specific associations with PDs. Method: Participants were 499 patients with anxiety disorders in the Collaborative Longitudinal Personality Disorders Study, who were assessed with structured interviews for psychiatric disorders at yearly intervals throughout 7 years of follow-up. These data were used to determine probabilities of changes in disorder status for social phobia (SP), generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), panic disorder and panic disorder with agoraphobia.

RESULTS: Estimated remission rates for anxiety disorders in this study group ranged from 73% to 94%. For those patients who remitted from an anxiety disorder, relapse rates ranged from 34% to 67%. Rates for new episode onsets of anxiety disorders ranged from 3% to 17%. Specific PDs demonstrated associations with remission, relapse, new episode onsets and chronicity of anxiety disorders. Associations were identified between schizotypal PD with course of SP, PTSD and GAD; avoidant PD with course of SP and OCD; obsessive-

compulsive PD with course of GAD, OCD, and agoraphobia; and borderline PD with course of OCD, GAD and panic with agoraphobia.

CONCLUSIONS: Findings suggest that specific PD diagnoses have negative prognostic significance for the course of anxiety disorders underscoring the importance of assessing and considering PD diagnoses in patients with anxiety disorders.
PMID: 20836909 [PubMed - as supplied by publisher]
Related citations

21. Psychol Med. 2010 Sep 14:1-10. [Epub ahead of print]
Borderline personality disorder co-morbidity: relationship to the internalizing-externalizing structure of common mental disorders.

Eaton NR, **Krueger RF**, **Keyes KM**, **Skodol AE**, **Markon KE**, **Grant BF**, **Hasin DS**.

University of Minnesota, Minneapolis, MN, USA.

Abstract

BACKGROUND: Borderline personality disorder (BPD) shows high levels of co-morbidity with an array of psychiatric disorders. The meaning and causes of this co-morbidity are not fully understood. Our objective was to investigate and clarify the complex co-morbidity of BPD by integrating it into the structure of common mental disorders.MethodWe conducted exploratory and confirmatory factor analyses on diagnostic interview data from a representative US population-based sample of 34 653 civilian, non-institutionalized individuals aged ⩾18 years. We modeled the structure of lifetime DSM-IV diagnoses of BPD and antisocial personality disorder (ASPD), major depressive disorder, dysthymic disorder, panic disorder with agoraphobia, social phobia, specific phobia, generalized anxiety disorder, post-traumatic stress disorder, alcohol dependence, nicotine dependence, marijuana dependence, and any other drug dependence.

RESULTS: In both women and men, the internalizing-externalizing structure of common mental disorders captured the co-morbidity among all disorders including BPD. Although BPD was unidimensional in terms of its symptoms, BPD as a disorder showed associations with both the distress subfactor of the internalizing dimension and the externalizing dimension.

CONCLUSIONS: The complex patterns of co-morbidity observed with BPD represent connections to other disorders at the level of latent internalizing and externalizing dimensions. BPD is meaningfully connected with liabilities shared with common mental disorders, and these liability dimensions provide a beneficial focus for understanding the co-morbidity, etiology and treatment of BPD.
PMID: 20836905 [PubMed - as supplied by publisher]
Related citations

22. Psychother Psychosom. 2010 Sep 8;79(6):378-385. [Epub ahead of print]
Patient and Clinician Perceptions of Therapeutic Alliance as Predictors of Improvement in Depression.

De Bolle M, **Johnson JG**, **De Fruyt F**.

Department of Developmental, Personality and Social Psychology, Ghent University, Ghent, Belgium.

Abstract

Background: Meta-analyses have consistently concluded that a positive therapeutic alliance is associated with better clinical outcomes and progress. To date, however, very few studies have focused on sociodemographic or clinical patient characteristics as moderators of alliance. Method: A multicenter longitudinal treatment outcome study was conducted to investigate the associations of patient and clinician perceptions of the therapeutic alliance with improvement in depression, and to investigate whether these associations were influenced by sociodemographic or clinical characteristics of the patient. Clinician-rated Montgomery Åsberg Depressive Rating Scale scores and both patient- and therapist-rated Helping Alliance Questionnaire (HAQ-I) scores were obtained from 567 outpatients with major depressive disorder who received 6 months of combined psycho- and pharmacotherapy. Results: Multilevel repeated-measures analyses indicated that patient- and therapist-rated HAQ-I scores, 4 weeks after treatment began, positively predicted subsequent clinical change, controlling for the effect of early improvement and a range of patient characteristics. Next to alliance, early improvement, initial depressive symptom severity, a history of psychiatric disorders, and occupational status affected the rate of clinical improvement. Personality pathology comorbidity, marital and occupational status, and the atypical character of the major depressive episode (MDE) moderated the alliance-outcome relationship, depending on the informant (patient or therapist) of therapeutic alliance. Conclusions: The present findings suggest that therapist and patient ratings of therapeutic alliance predict therapeutic progress, and that this relation may be moderated by client characteristics, including personality pathology comorbidity, marital status, occupational status, and the atypical character of the MDE.

PMID: 20829649 [PubMed - as supplied by publisher]
Related citations

23. Drug Alcohol Depend. 2010 Sep 7. [Epub ahead of print]
Longitudinal predictors of addictions treatment utilization in treatment-naïve adults with alcohol use disorders.

Ilgen MA, **Price AM**, **Burnett-Zeigler I**, **Perron B**, **Islam K**, **Bohnert AS**, **Zivin K**.

Department of Veterans Affairs, Health Services Research & Development, 2215 Fuller Road (11H), Ann Arbor, MI 48105, United States; Department of Psychiatry, University of Michigan, 4250 Plymouth Road, Ann Arbor, MI 48109, United States.

Abstract

BACKGROUND: Despite the substantial prevalence of alcohol use disorders (AUDs), prior research indicates that most people with AUDs never utilize either formal or informal treatment services. Several prior studies have examined the characteristics of individuals with AUDs who receive treatment; however, limited longitudinal data are available on the predictors of receiving AUD services in treatment-naive individuals with AUDs.

METHODS: This study utilized data from the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) to identify adults in Wave 1 who met criteria for an AUD within the last 12 months and reported no prior lifetime alcohol treatment (N=2760). These individuals were surveyed again at Wave 2, approximately 3-4 years later (N=2170). This study examined the Wave 1 demographic and psychiatric conditions that were associated with receipt of AUD treatment services between Waves 1 and 2.

RESULTS: In multivariable analyses, use of AUD treatment services between Waves 1 and 2 was significantly more likely among those who were male, non-Caucasian, younger, had lower income, and who had health insurance. Additionally, those who met criteria for a baseline drug use disorder, anxiety disorder or a personality disorder were more likely to receive AUD treatment.

CONCLUSIONS: Treatment was more often utilized in those who had more severe baseline psychopathology and in those with fewer economic resources. These findings highlight the need to broaden the types of care available to individuals with AUDs to increase the appeal of AUD services.
PMID: 20828944 [PubMed - as supplied by publisher]
Related citations

ELSEVIER
FULL-TEXT ARTICLE

24. Med Hypotheses. 2010 Sep 7. [Epub ahead of print]
The neurophysics of psychiatric diagnosis: Clinical brain profiling.

Peled A.

Sha'ar Menashe Mental Health Center, Hadera, Israel; Rappaport Faculty of Medicine, Technion, Israel Institute of Technology, Haifa, Israel.

Abstract

As early as the end of the 19th century Ernest Bruck declared that the brain is a physical entity and should be studied using the science of mathematics and physics. The brain is an

extremely intricate physical entity and we have only recently begun to develop the conceptual tools to decipher this complexity. We can begin to comprehend many of the mental functions and dysfunctions by using insights about brain organization as a developing physical entity of connectivity structures. A comprehensive theoretical framework for the re-conceptualization of mental disorders as real brain-disorders, called "Clinical brain profiling" can be generated to make testable predictions about the etiopathology of psychiatric disorders. If validated, this framework has groundbreaking relevance for psychiatry, not only by providing an etiological diagnostic system, in itself revolutionary, but in its potential to develop effective curative interventions. According to the proposed brain profiling all mental disturbances can be defined in a 3 dimensional space of brain disturbances (1) neural-complexity organization, (2) to neural resilience optimization dynamics and (3) to connectivity constructs for context and internal representations. Neural complexity relates to the ability of the brain to balance connectivity dynamics, neural resilience relates to brain plasticity and changeability for optimizing overall brain dynamics and contextual configurations shape the internal representations of outer world that pattern out reaction and personality styles. Each of these organizational brain functions is predicted to involve a relatively specific neuronal circuitry system in the brain. The circuitry of the nigra-striautum-cortex, are a component of the connectivity balance stabilizers and regulators, a type of neural complexity pacemaker. Thus a patient that rates high on phenomenology related to functional psychosis indicating a disturbance to connectivity balance will have disturbances that will show up in appropriate signal processing imaging of the nigra-striautum-cortex circuitry. The circuitry of thalamus-amygdala-cortex and related pathways are relevant for neuronal matching and constraint frustration. In this respect the patients scoring high on mood and anxiety disorders are predicted to suffer from perturbation shown on appropriate imaging involving the thalamus-amygdala-cortex circuitries. The hippocampus is related to the formation of internal configurations thus those patients rating highest on parameters related to personality organization and maturation will show alterations in the hippocampal organization and activation indicating deficient organizations of internal configurations.
PMID: 20828937 [PubMed - as supplied by publisher]

Related citations

ELSEVIER
FULL-TEXT ARTICLE

25. Psychiatry Res. 2010 Sep 6. [Epub ahead of print]
Criminal recidivism in offenders with personality disorders and substance use disorders over 8years of time at risk.

Walter M, **Wiesbeck GA**, **Dittmann V**, **Graf M**.

Abstract

Personality disorders (PD) and substance use disorders (SUD) lead to high violent criminality. The influence of co-morbidity on recidivism remains unclear. Recidivism of 379 offenders was assessed at 8years of follow-up. Sixty-nine percent of PD+SUD, 45% of SUD- and 33% of PD- subjects showed any recidivism. However, violent recidivism was highest in the PD- group.
PMID: 20826002 [PubMed - as supplied by publisher]

26. Psychiatr Q. 2010 Sep 8. [Epub ahead of print]
Characteristics of Assaultive Psychiatric Patients: 20-Year Analysis of the Assaultive Staff Action Program (ASAP).

Flannery RB Jr, **Farley E**, **Tierney T**, **Walker AP**.

Department of Psychiatry, Cambridge Health Alliance, 1493 Cambridge Street, Cambridge, MA, 02139, USA, raymond_flannery@hms.harvard.edu.

Abstract

Empirical research demonstrates that patient assaults on staff are a worldwide occupational hazard. This study examined patient assailant characteristics in a 20-year longitudinal, retrospective study in one public health care system. Older male patients with schizophrenic illness and histories of violence toward others and substance use disorder and younger male/female patients with personality disorders and histories of violence toward others, personal victimization, and substance use disorder were the more frequent assailants. This was true at 10-, 15-, and 20-year periods. Specific clinical findings with regard to forensic patients, the violence triad, and victimization of women as well as methodological issues were discussed and the implications noted.
PMID: 20824338 [PubMed - as supplied by publisher]

27. Eur Arch Psychiatry Clin Neurosci. 2010 Sep 4. [Epub ahead of print]
Restless legs syndrome as a possible predictor for psychiatric disorders in parents of children with ADHD.

Steinlechner S, **Brüggemann N**, **Sobottka V**, **Benthien A**, **Behn B**, **Klein C**, **Schmid G**, **Lencer R**.

Department of Psychiatry and Psychotherapy, University of Luebeck, Ratzeburger Allee 160, 23538, Luebeck, Germany.

Abstract

Attention-deficit hyperactivity disorder (ADHD) is a common disorder with estimated prevalence of 5% in children and 3.4% in adults. Psychiatric disorders are a frequent concomitant feature. Restless legs syndrome (RLS) may mimic the symptoms of ADHD. The aim of the study is to evaluate whether the presence of RLS predicts occurrence of psychiatric disorders in parents of children with ADHD. Thirty-seven parents of 26 children with ADHD were examined for RLS and for lifetime prevalence rates of psychiatric disorders and personality disorders based on the Structured Clinical Interview for DSM-IV Diagnoses

(SCID). Prevalence rates in parents were 29.7% for RLS, 67.6% for Axis I and 40.5% for Axis II disorders. Mothers revealed higher rates for depression, anxiety disorders and ADHD than fathers, whereas personality disorders occurred at higher rates in fathers. The presence of RLS predicted a diagnosis of ADHD (odds ratio (OR) 21.9), agoraphobia (OR = 20.4) and any anxiety disorder (OR = 8.5). Although limited by the small sample size, we found evidence for increased rates of cluster B personality disorders (OR = 59.3) in parents with RLS. All parents of the latter group (100%) reported a positive family history of psychiatric disorders which was not the case in parents without RLS (69.2%) excluding the index children with ADHD. RLS seems to indicate increased vulnerability for psychiatric disorders, i.e., ADHD and anxiety disorders, in a subgroup of parents from ADHD children. Synaptic dysfunction affecting dopaminergic transmission among other transmitter systems may be a common final pathway related to the phenotypic spectrum of ADHD.

Related citations

SpringerLink
FULL-TEXT ARTICLE

The Relationship between Personality Organization and Psychiatric Classification in Chronic Pain Patients.

Fischer-Kern M, **Kapusta ND**, **Doering S**, **Hörz S**, **Mikutta C**, **Aigner M**.

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

Abstract

Background: The present study investigated the relationship between psychiatric classification and personality organization (PO) in a secondary/tertiary clinical sample of chronic pain patients (CPPs). Sampling and Methods: Forty-three patients were administered the Structured Clinical Interview for DSM-IV (SCID I+II) and the Structured Interview of Personality Organization (STIPO). The prevalence of axis I and axis II disorders was correlated with the STIPO level of PO. The STIPO dimensional ratings of patients without personality disorder (PD) were compared to those of patients diagnosed with one or more PDs. Results: Axis I comorbidity was high (93%), and 63% of the patients met the criteria for at least one axis II diagnosis. Twenty-five patients (58%) were diagnosed as borderline PO, with high-level impairments in the dimensions 'coping/rigidity', 'primitive defenses' and 'identity'. Higher axis I and axis II comorbidity corresponded with greater severity of PO impairment. No difference was found between the dimensional ratings of patients without PD and those of patients with one or more PDs. Conclusions: The assessment of PO is a crucial issue for diagnosis and treatment planning in CPPs, since it represents a measure of structural impairment that is to a considerable extent independent of axis I and II diagnoses. Moreover, the STIPO dimensional rating focuses on the most salient dysfunctions at a given time.

PMID: 20980784 [PubMed - as supplied by publisher]
Related citations

KARGER *Full Text*

2. BMC Med. 2010 Oct 27;8(1):66. [Epub ahead of print]
What should be done with antisocial personality disorder in the new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V)?

Hesse M.

Abstract

ABSTRACT: Antisocial personality disorder, psychopathy, dissocial personality disorder and sociopathy are constructs that have generally been used to predict recidivism and dangerousness, alongside being used to exclude patients from treatment services. However, 'antisocial personality disorder' has recently begun to emerge as a treatment diagnosis, a development reflected within cognitive behaviour therapy and mentalisation-based psychotherapy. Many of the behaviour characteristics of antisocial personality disorder are, at the same time, being targeted by interventions at criminal justice settings. A significantly higher proportion of published articles focusing on antisocial personality concern treatment when compared to articles on psychopathy. Currently, the proposal for antisocial personality disorder for the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, suggests a major change in the criteria for this disorder. While the present definition focuses mainly on observable behaviours, the proposed revision stresses interpersonal and emotional aspects of the disorder drawing on the concept of psychopathy. The present commentary suggests that developments leading to improvement in the diagnosis of this type of disorder should, rather than focusing exclusively on elements such as dangerousness and risk assessment, point us to ways in which patients can be treated for their problems.

Free Article
PMID: 20979622 [PubMed - as supplied by publisher]
Related citations

Full text free on...
BioMed Central

3. J Atten Disord. 2010 Oct 26. [Epub ahead of print]
Personality Disorders and Clinical Syndromes in ADHD Prisoners.

Gudjonsson GH, **Wells J**, **Young S**.

Department of Psychology (PO 78).

Abstract

Objective: The main objective of this article is to investigate the type of personality disorders and clinical syndromes (CSs) that were best related to ADHD symptoms among prisoners.

Method: The authors screened for childhood and adult ADHD symptoms and administered the Millon Clinical Multiaxial Inventory-III (MCMI-III) to 196 serving prisoners. Results: Childhood and adult ADHD symptoms were most strongly related to the compulsive (negative relationship) and borderline (positive relationship) scales on the MCMI-III with large and medium effect sizes, respectively. Hierarchical multiple regressions revealed that the absence of compulsive personality disorder traits (i.e., a low score as a dimension) was the single best Axis II predictor of childhood and adult ADHD symptoms. CSs did not add significantly to the variance in childhood ADHD beyond that of the personality disorder dimensions, but it did so for current ADHD symptoms in relation to alcohol dependence. Conclusion: The findings demonstrate the relative absence of compulsive personality disorder traits in prisoners with ADHD symptoms as core maladaptive traits involving disorganization. (J. of Att. Dis. 2010; XX(X) 1-XX).
PMID: 20978272 [PubMed - as supplied by publisher]
Related citations

View Full-Text Article at SAGE Publications

5. PLoS Comput Biol. 2010 Oct 21;6(10):e1000966.
Biosensor approach to psychopathology classification.

Koshelev M, **Lohrenz T**, **Vannucci M**, **Montague PR**.

Program in Cell and Molecular Biology, Baylor College of Medicine, Houston, Texas, United States of America.

Abstract

We used a multi-round, two-party exchange game in which a healthy subject played a subject diagnosed with a DSM-IV (Diagnostic and Statistics Manual-IV) disorder, and applied a Bayesian clustering approach to the behavior exhibited by the healthy subject. The goal was to characterize quantitatively the style of play elicited in the healthy subject (the proposer) by their DSM-diagnosed partner (the responder). The approach exploits the dynamics of the behavior elicited in the healthy proposer as a biosensor for cognitive features that characterize the psychopathology group at the other side of the interaction. Using a large cohort of subjects (n=574), we found statistically significant clustering of proposers' behavior overlapping with a range of DSM-IV disorders including autism spectrum disorder, borderline personality disorder, attention deficit hyperactivity disorder, and major depressive disorder. To further validate these results, we developed a computer agent to replace the human subject in the proposer role (the biosensor) and show that it can also detect these same four DSM-defined disorders. These results suggest that the highly developed social sensitivities that humans bring to a two-party social exchange can be exploited and automated to detect important psychopathologies, using an interpersonal behavioral probe not directly related to the defining diagnostic criteria.

PMCID: PMC2958801 **Free PMC Article**
PMID: 20975934 [PubMed - in process]

6. Psychother Psychosom. 2010 Oct 23;80(1):28-38. [Epub ahead of print]
Effectiveness of Outpatient, Day Hospital, and Inpatient Psychotherapeutic Treatment for Patients with Cluster B Personality Disorders.

Bartak A, Andrea H, Spreeuwenberg MD, Ziegler UM, Dekker J, Rossum BV, Hamers EF, Scholte W, Aerts J, Busschbach JJ, Verheul R, Stijnen T, Emmelkamp PM.

Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands.

Abstract

Background: For patients with cluster B personality disorders there is no consensus regarding the optimal treatment setting. The aim of this study was to compare the effectiveness of different psychotherapeutic settings for patients with cluster B personality disorders, i.e. outpatient, day hospital, and inpatient treatment. Methods: The study was conducted between March 2003 and June 2008 in 6 mental health care centres in the Netherlands, with a sample of 207 patients with a DSM-IV-TR axis II cluster B diagnosis. Patients were assigned to 3 different settings of psychotherapeutic treatment and effectiveness was assessed at 18 months after baseline. An intention-to-treat analysis was conducted for psychiatric symptoms (Brief Symptom Inventory), psychosocial functioning (Outcome Questionnaire-45), and quality of life (EQ-5D), using multilevel statistical modelling. As the study was non-randomised, the propensity score method was used to control for initial differences. Results: Patients in all 3 settings improved significantly in terms of psychiatric symptoms, social and interpersonal functioning, and quality of life 18 months after baseline. The inpatient group showed the largest improvements. The comparison of outpatient and inpatient treatment regarding psychiatric symptoms showed a marginally significant result (p = 0.057) in favour of inpatient treatment. Conclusions: Patients with cluster B personality disorders improved in all investigated treatment settings, with a trend towards larger improvements of psychiatric symptoms in the inpatient setting compared to the outpatient setting. Specialised inpatient treatment should be considered as a valuable treatment option for cluster B personality disorders, both in research and in clinical practice.

PMID: 20975324 [PubMed - as supplied by publisher]
Related citations

KARGER Full Text

8. Oral Maxillofac Surg Clin North Am. 2010 Nov;22(4):455-60.
Personality disorders in patients seeking appearance-altering procedures.

Caddell J, Lyne J.

jenev@drjenevcaddell.com

Abstract

The practice of psychological risk assessment (PRA) is an indispensable component of the screening process for patients seeking elective appearance-altering procedures (AAPs). Despite the need for more literature in PRA, some risk factors for psychological adverse outcomes have been established. Among these risk factors are personality disorders. This article provides some background regarding psychological risk factors associated with personality disorders for patients seeking AAPs and a brief introduction to personality disorders for the surgeons to be better prepared to identify these conditions while conducting a PRA.

PMID: 20970711 [PubMed - in process]
Related citations

9. Curr Opin Psychiatry. 2010 Oct 20. [Epub ahead of print]
   Nosological status of social phobia: contrasting classical and recent literature.

Nedic A, **Zivanovic O**, **Lisulov R**.

Department of Psychiatry, Medical School, University of Novi Sad, Novi Sad, Serbia.

Abstract

PURPOSE OF REVIEW: The aim of this review is to contrast classical and recent literature relating to social anxiety disorder in the context of its past, present and future position in classification systems.

RECENT FINDINGS: Social phobia is common; it starts early and is chronic and disabling. It runs in families. Social phobia is frequently comorbid with other anxiety, mood and substance use disorders and it often precedes axis I disorders. Concerning neurobiology of social anxiety disorder research is sparse and the results are inconclusive. The data from research on genetics, early environment, temperamental features, cognitive processing, phenomenology and treatment response indicate significant overlap between social phobia and a number of other axis I and axis II disorders (avoidant personality disorder).

SUMMARY: The review of the recent findings does not point to the existence of qualitative differences between social phobia and other anxiety and mood disorders. The results of recent research run against the current classification dividing anxiety and mood disorders into discrete categories and support the continuity among them. Taking into account conceptual issues of psychiatric classifications would promote subsequent research that could become a foundation for the development of psychiatric nosology.
PMID: 20966756 [PubMed - as supplied by publisher]
Related citations

10. Compr Psychiatry. 2010 Nov-Dec;51(6):607-17. Epub 2010 Apr 24.
    Temperament and character in patients with bipolar II disorder and recurrent brief depression.

    Lövdahl H, **Bøen E**, **Falkum E**, **Hynnekleiv T**, **Malt UF**.

    Division of Clinical Neurosciences, Department of Neuropsychiatry and Psychosomatic Medicine, Oslo University Hospital-Rikshospitalet, Oslo, Norway; Institute of Psychiatry, University of Oslo, Oslo, Norway; Department of Clinical Psychiatry, Sørlandet Hospital, Arendal, Norway.

    ## Abstract

    OBJECTIVES: We compared the temperament and character profiles of 21 patients with bipolar II disorder, 40 patients with recurrent brief depression (RBD; at least monthly depressive episodes meeting the diagnostic criteria for major depressive episode except for duration that is less than 2 weeks, typically 2-3 days, without fixed relation to menstrual cycle) of which 21 had no history of hypomania and 19 had experienced hypomanic episodes, and 21 age- and sex-matched controls.

    METHODS: Assessments included the Montgomery-Åsberg Depression Rating Scale, Hypomania Checklist, and Temperament and Character Inventory-125. Patients with cluster A and B personality disorders were excluded.

    RESULTS: Bipolar II and RBD patients had higher harm avoidance (HA) and lower self-directedness (SD) compared with controls. Excluding panic disorder comorbidity effaced this difference in HA and SD (bipolar II only) and harm avoidance. No other differences were found.

    CONCLUSIONS: In this first study comparing personality profiles of patients with bipolar II vs RBD, when controlling for confounders, neither bipolar II nor RBD patients differed significantly from healthy controls. The lower SD scores among RBD patients may reflect sampling bias (a higher rate of Axis 2 cluster C disorders).

    PMID: 20965308 [PubMed - in process]
    Related citations
    ELSEVIER
    FULL-TEXT ARTICLE

11. Compr Psychiatry. 2010 Nov-Dec;51(6):592-8. Epub 2010 Mar 29.
    Complex personality disorder in bulimia nervosa.

    Rowe SL, **Jordan J**, **McIntosh VV**, **Carter FA**, **Frampton C**, **Bulik CM**, **Joyce PR**.

    Department of Psychological Medicine, University of Otago, Christchurch, PO Box 4345, Christchurch, New Zealand.

Abstract

OBJECTIVE: Recent research has suggested a move toward a dimensional system for the classification of personality disorders (PDs). Tyrer's dimensional model using severity as a form of categorizing PDs was used to compare eating disorder outcome in women with bulimia nervosa (BN) over 3 years.

METHOD: One hundred thirty-four women with BN were divided into 4 groups based on PD severity: no PD (n = 32), personality difficulty (n = 27), simple PD (n = 29), and complex PD (n = 46). Eating disorder symptoms and attitudes, general psychosocial functioning, and depressive symptoms were examined at pretreatment and at 1-year and 3-year follow-up (posttreatment).

RESULTS: The complex PD group had greater Axis I comorbidity and psychopathology than the remaining 3 groups at pretreatment. At 1-year and 3-year follow-up, there were no differences in eating disorder outcome, general psychosocial functioning, and depressive symptoms across the 4 groups.

CONCLUSION: These results suggest that having an increased number of PDs comorbid with BN does not influence eating disorder outcome up to 3 years after treatment.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

Personality heterogeneity in female adolescent inpatients with features of eating disorders.

Hopwood CJ, **Ansell EB**, **Fehon DC**, **Grilo CM**.

Department of Psychology, Michigan State University, East Lansing, Mich 48824-1116.

Abstract

OBJECTIVE: This study examined evidence for personality variability in adolescents with eating disorder features in light of previous evidence that personality variability in adult women with eating disorder symptoms carries important clinical implications.

METHOD: Millon Adolescent Clinical Inventory personality data from adolescent girls with disturbed eating who were psychiatrically hospitalized were cluster analyzed, and resulting groups were compared in eating and comorbid psychopathology.

RESULTS: Three subgroups were identified among the 153 patients with eating disorder features: high functioning, internalizing, and externalizing. The internalizing group was marked by eating-related and mood dysfunction; the externalizing group by elevated eating

and mood psychopathology as well as impulsivity, aggression, and substance use; and the high-functioning group by lower levels of psychopathology and relatively high self-esteem.

CONCLUSIONS: These findings converge with previous research using different personality models in adult samples and highlight the clinical use of considering personality heterogeneity among adolescent and adult women with disturbed eating.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

13. Compr Psychiatry. 2010 Nov-Dec;51(6):579-84.
Body image and borderline personality disorder among psychiatric inpatients.

Sansone RA, **Chu JW**, **Wiederman MW**.

Psychiatry and Internal Medicine at Wright State University School of Medicine, Dayton, OH 45408, USA; Psychiatry Education at Kettering Medical Center, Kettering, OH 45429, USA.

Abstract

OBJECTIVE: With the exclusion of studies in individuals with eating disorders, few investigators have examined body image issues in patients with borderline personality disorder (BPD). In this study, we examined among psychiatric inpatients relationships between body image and BPD.

METHOD: In a cross-sectional sample of convenience, we surveyed 126 women in an inpatient psychiatric unit using 5 measures for body image and 2 measures for BPD.

RESULTS: Using standardized cutoffs for BPD diagnosis, participants with BPD demonstrated a number of differentiating features with regard to body image issues. Explicitly, BPD did not seem to be related to being self-conscious about one's appearance, although BPD was related to being more self-conscious, in general. Individuals with BPD were not more invested in their appearance as a source of self-definition but evaluated their own appearance more negatively and were more likely to believe that attractiveness is an important factor for happiness and acceptance. Although BPD was not related to perceptions about the strength and competence of one's own body, those with BPD indicated less comfort and trust in their own bodies. In general, it appeared that body image measures that were more perceptually grounded were more likely to be similar to non-BPD participants, whereas body image measures that were more cognitively grounded were more likely to be statistically significantly different in comparison with non-BPD participants.

CONCLUSIONS: Psychiatric inpatients with BPD demonstrate a number of disturbances in

body image.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

15.

Diagnoses of personality disorders between 1879 and 1929 in the largest croatian psychiatric hospital.

Pastar Z, **Petrov B**, **Krizaj A**, **Bagaric A**, **Jukic V**.

Vrapce Psychiatric Hospital, Bolnicka cesta 32, 10090 Zagreb, Croatia.
zvonimirpastar@gmail.com

Abstract

AIM: To study demographic characteristics, comorbidities, and diagnoses of patients admitted for personality disorders to Psychiatric Hospital Vrapče between 1879 and 1929.

METHODS: Data were collected from the archives of Vrapče Psychiatric Hospital for a 50-year period from November 1879 to December 1929. The ratio between the number of patients with personality disorder and the number of all admitted patients was determined. We used 3 systems of definitions of personality disorder: for cases before 1923, we used Prichard's concept of moral insanity and unpublished definitions of one of the hospital managers at that time; for cases after 1923, we used Schneider's classification of psychopathic personalities and unpublished definitions of one of the hospital managers at that time.

RESULTS: The total number of admissions during the study period was 18 960, 141 (0.74%) of which were for a personality disorder. Of the admitted patients, 85.8% were men and 59.7% were single. The average age was 29.7 } 9.5 years. Most of them (61.7%) were sent to the hospital by courts or police, and the median length of stay was 92 days (interquartile range, 92.0 - 127.5 days). The first patient with a personality disorder was admitted in 1889 with a diagnosis of moral insanity. Until 1920, only 3 terms were used for personality disorder: moral insanity, psychopathic inferiority, and psychopathy. The term was subdivided only after that year. Of the 141 patients admitted for personality disorder, 34 (24.1%) were discharged with comorbid disorders, mainly substance abuse. The most common single comorbid diagnosis was Ganser syndrome (prison psychosis).

CONCLUSION: Archives of the Vrapče Psychiatric Hospital contain reliable data about the earliest nomenclature of personality disorders, the increase in the prevalence of personality disorders, and further subdivision of the term personality disorder. Nomenclature for these disorders used at the Vrapče Psychiatric Hospital was consistent with that used in clinical

practice in other parts of the world at the time.

Free Article
PMID: 20960596 [PubMed - in process]
Related citations

16. Psychiatr Q. 2010 Oct 19. [Epub ahead of print]
Psychiatric Correlates of Behavioral Indicators of School Disengagement in the United States.

Vaughn MG, **Wexler J**, **Beaver KM**, **Perron BE**, **Roberts G**, **Fu Q**.
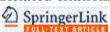
Saint Louis University, 3550 Lindell Boulevard, St. Louis, MO, 63103, USA, **mvaughn9@slu.edu**.

Abstract

The current study examined relations between behavioral indicators of school disengagement and psychiatric disorders. Data was derived from a nationally representative sample of U.S. adults (N = 43,093). Indicators of school disengagement and diagnoses of personality, substance use, mood, and anxiety disorders were assessed with the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV-version. Findings from multinomial logistic regression analyses revealed that cumulative school disengagement is associated with increased odds of reporting a lifetime psychiatric disorder and general antisociality. Behavioral indicators of school disengagement such as absenteeism and cutting class are potentially important signs of psychiatric distress and conduct problems. In addition to attending to academic achievement outcomes school disengagement prevention strategies should consider targeting these psychiatric conditions in order to reduce school dropout.
PMID: 20957435 [PubMed - as supplied by publisher]
Related citations

17. J Consult Clin Psychol. 2010 Oct 18. [Epub ahead of print]
Longitudinal risk factors for intimate partner violence among men in treatment for alcohol use disorders.

Taft CT, **O'Farrell TJ**, **Doron-Lamarca S**, **Panuzio J**, **Suvak MK**, **Gagnon DR**, **Murphy CM**.

Abstract

Objective: This study examined static and time-varying risk factors for perpetration of intimate partner violence (IPV) among men in treatment for alcohol use disorders. Method: Participants were 178 men diagnosed with alcohol abuse or dependence and their partners.

Most (85%) of the men were European American; their average age was 41.0 years. Participants completed measures assessing initial alcohol problem severity, baseline beliefs related to alcohol use, antisocial personality characteristics, alcohol and drug use, relationship adjustment, and IPV. Results: According to couples' reconciled reports, 42% of participants perpetrated IPV at baseline. Among this group, the IPV recurrence rate was 43% at 6-month follow-up and 36% at 12-month follow-up. For participants without IPV perpetration at baseline, new incidence of IPV was 15% and 7% at the 6-month and 12-month follow-up points, respectively. Fixed marker predictors of IPV rates included baseline alcohol problem severity variables, baseline beliefs related to alcohol use, and antisocial personality characteristics. Variable risk factor predictors included alcohol and drug use variables, relationship adjustment factors, and anger. Alcohol use variables and anger were associated with new incidents of IPV among those without reported IPV at baseline only. Conclusions: Findings suggest that assessing and monitoring IPV occurrence by both partners is important for men in treatment for alcohol use disorders. Results indicate vulnerability factors that may identify individuals at risk for IPV and provide targets for IPV prevention among those with alcohol use disorders. These findings can aid in the development of more comprehensive models that more precisely predict IPV. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

PMID: 20954758 [PubMed - as supplied by publisher]

Related citations

APA Full Text

18. J Pers Assess. 2010 Nov;92(6):501-13.

Modeling stability and change in borderline personality disorder symptoms using the revised Interpersonal Adjective Scales-Big Five (IASR-B5).

Wright AG, **Pincus AL**, **Lenzenweger MF**.

Department of Psychology, The Pennsylvania State University, USA.

Abstract

Personality disorders have been defined as "stable over time." However, research now supports marked change in the symptoms of these disorders and significant individual variability in the trajectories across time. Using the Longitudinal Study of Personality Disorders (Lenzenweger, 2006), we explore the ability of the Revised Interpersonal Adjective Scales--Big Five (IASR-B5; Trapnell & Wiggins, 1990) to predict individual variation in initial value and rate of change in borderline personality disorder symptoms. The dimensions of the IASR-B5 predict variability in initial symptoms and rates of change. Interaction effects emerged between Dominance and Conscientiousness, Love and Neuroticism, and Conscientiousness and Neuroticism in predicting initial symptoms; and between Dominance and Love and Love and Neuroticism in predicting rates of change, suggesting that the effects of broad domains of personality are not merely additive but conditional on each other.

PMID: 20954052 [PubMed - in process]

Related citations

19. Am J Psychiatry. 2010 Oct 15. [Epub ahead of print]

The Structure of Genetic and Environmental Risk Factors for Syndromal and Subsyndromal Common DSM-IV Axis I and All Axis II Disorders.

Kendler KS, Aggen SH, Knudsen GP, Røysamb E, Neale MC, Reichborn-Kjennerud T.

Virginia Institute for Psychiatric and Behavioral Genetics, the Departmentof Psychiatry, and the Department of Human and Molecular Genetics, Virginia Commonwealth University, Richmond; the Division of Mental Health, Norwegian Institute of Public Health, Oslo, Norway; the Institute of Psychiatry and the Institute of Psychology, University of Oslo; and the Department of Epidemiology, Columbia University, New York.

Abstract

Objective: The authors sought to clarify the structure of the genetic and environmental risk factors for 22 DSM-IV disorders: 12 common axis I disorders and all 10 axis II disorders. Method: The authors examined syndromal and subsyndromal axis I diagnoses and five categories reflecting number of endorsed criteria for axis II disorders in 2,111 personally interviewed young adult members of the Norwegian Institute of Public Health Twin Panel. Results: Four correlated genetic factors were identified: axis I internalizing, axis II internalizing, axis I externalizing, and axis II externalizing. Factors 1 and 2 and factors 3 and 4 were moderately correlated, supporting the importance of the internalizing-externalizing distinction. Five disorders had substantial loadings on two factors: borderline personality disorder (factors 3 and 4), somatoform disorder (factors 1 and 2), paranoid and dependent personality disorders (factors 2 and 4), and eating disorders (factors 1 and 4). Three correlated environmental factors were identified: axis II disorders, axis I internalizing disorders, and externalizing disorders versus anxiety disorders. Conclusions: Common axis I and II psychiatric disorders have a coherent underlying genetic structure that reflects two major dimensions: internalizing versus externalizing, and axis I versus axis II. The underlying structure of environmental influences is quite different. The organization of common psychiatric disorders into coherent groups results largely from genetic, not environmental, factors. These results should be interpreted in the context of unavoidable limitations of current statistical methods applied to this number of diagnostic categories.

PMID: 20952461 [PubMed - as supplied by publisher]

Related citations

Full Text
Am J Psychiatry

20. J Psychiatr Res. 2010 Oct 14. [Epub ahead of print]

Personality disorders associated with full and partial posttraumatic stress disorder in the U.S. population: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions.

Pietrzak RH, Goldstein RB, Southwick SM, Grant BF.

National Center for Posttraumatic Stress Disorder, VA Connecticut Healthcare System, West Haven, CT, USA; Department of Psychiatry, Yale University School of Medicine, New

Haven, CT, USA.

Abstract

BACKGROUND: While it is well known that personality disorders are associated with trauma exposure and PTSD, limited nationally representative data are available on DSM-IV personality disorders that co-occur with posttraumatic stress disorder (PTSD) and partial PTSD.

METHODS: Face-to-face interviews were conducted with 34,653 adults participating in the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions. Logistic regression analyses controlling for sociodemographics and additional psychiatric comorbidity evaluated associations of PTSD and partial PTSD with personality disorders.

RESULTS: Prevalence rates of lifetime PTSD and partial PTSD were 6.4% and 6.6%, respectively. After adjustment for sociodemographic characteristics and additional psychiatric comorbidity, respondents with full PTSD were more likely than trauma controls to meet criteria for schizotypal, narcissistic, and borderline personality disorders (ORs = 2.1-2.5); and respondents with partial PTSD were more likely than trauma controls to meet diagnostic criteria for borderline (OR = 2.0), schizotypal (OR = 1.8), and narcissistic (OR = 1.6) PDs. Women with PTSD were more likely than controls to have obsessive-compulsive PD. Women with partial PTSD were more likely than controls to have antisocial PD; and men with partial PTSD were less likely than women with partial PTSD to have avoidant PD.

CONCLUSIONS: PTSD and partial PTSD are associated with borderline, schizotypal, and narcissistic personality disorders. Modestly higher rates of obsessive-compulsive PD were observed among women with full PTSD, and of antisocial PD among women with partial PTSD.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

21.
The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury.

Maniglio R.

Department of Pedagogic, Psychological, and Didactic Sciences, University of Salento, Lecce, Italy.

Abstract

Maniglio R. The role of child sexual abuse in the etiology of suicide and non-suicidal self-

injury. Objective: To address the best available scientific evidence on the role of child sexual abuse in the etiology of suicide and non-suicidal self-injury. Method: Seven databases were searched, supplemented with hand-search of reference lists from retrieved papers. The author and a psychiatrist independently evaluated the eligibility of all studies identified, abstracted data, and assessed study quality. Disagreements were resolved by consensus. Results: Four reviews, including about 65 851 subjects from 177 studies, were analyzed. There is evidence that child sexual abuse is a statistically significant, although general and non-specific, risk factor for suicide and non-suicidal self-injury. The relationship ranges from small to medium in magnitude and is moderated by sample source and size. Certain biological and psychosocial variables, such as serotonin hypoactivity and genes, family dysfunction, other forms of maltreatment, and some personality traits and psychiatric disorders, may either act independently or interact with child sexual abuse to promote suicide and non-suicidal self-injury in abuse victims, with child sexual abuse conferring additional risk, either as a 'distal' and indirect cause or as a 'proximal' and direct cause. Conclusion: Child sexual abuse should be considered one of the several risk factors for suicide and non-suicidal self-injury and included in multifactorial etiological models.

Related citations

22.
Epistatic interaction of CREB1 and KCNJ6 on rumination and negative emotionality.

Lazary J, **Juhasz G**, **Anderson IM**, **Jacob CP**, **Nguyen TT**, **Lesch KP**, **Reif A**, **Deakin JF**, **Bagdy G**.

Department of Pharmacology and Pharmacotherapy, Semmelweis University, Budapest, Hungary; Department of Clinical and Theoretical Mental Health, Kutvolgyi Clinical Centre, Semmelweis University, Budapest, Hungary.

Abstract

G protein-activated K+ channel 2 (GIRK2) and cAMP-response element binding protein (CREB1) are involved in synaptic plasticity and their genes have been implicated depression and memory processing. Excessive rumination is a core cognitive feature of depression which is also present in remission. High scores on the Ruminative Response Scale (RRS) questionnaire are predictive of relapse and recurrence. Since rumination involves memory, we tested the hypothesis that variation in the genes encoding GIRK2 (KCNJ6) and CREB1 mechanisms would influence RRS scores. GIRK2 and CREB1 polymorphisms were studied in two independent samples (n=651 and n=1174) from the general population. Strongly significant interaction between the TT genotype of rs2070995 (located in KCNJ6) and the GG genotype of rs2253206 (located in CREB1) on RRS were found in both samples. These results were validated in an independent third sample (n=565; individuals with personality disorders) showing significant main effect of the variants mentioned as well as significant interaction on a categorical diagnosis of Cluster C personality disorder (obsessional-compulsive, avoidant and dependent) in which rumination is a prominent feature. Our results

suggest that genetic epistasis in post-receptor signaling pathways in memory systems may have relevance for depression and its treatment.

Related citations

ELSEVIER
FULL-TEXT ARTICLE

25.
Use of psychiatric inpatient capacities and diagnostic practice in Tashkent/Uzbekistan as compared to Berlin/Germany.

Mundt AP, Fakhriddinov S, Fayzirahmanova M, Aichberger MC, Ivens S, Schouler-Ocak M, Grohmann R, Magzumova S, Heinz A, Sartorius N, Ströhle A.

Psychiatrische Universitätsklinik der Charité im St. Hedwig Krankenhaus, Charité Universitätsmedizin Berlin, Müllerstr. 56-58, 13349, Berlin, Germany, adrian.mundt@charite.de.

Abstract

OBJECTIVES: The present study shows a comparison of diagnoses used for the treatment of urban psychiatric inpatients in Tashkent/Uzbekistan and Berlin/Germany. Differential diagnostic practices related to different traditions in psychopathology between the two settings are analysed to explain part of the difference in relative frequencies of the diagnoses.

METHODS: We conducted a cross-sectional survey of diagnoses used for the treatment of 845 inpatients including 17 out of 18 wards of the Tashkent psychiatric hospital and of all 2,260 psychiatric and psychotherapeutic inpatients in Berlin in October 2008. Relative frequencies of diagnostic categories were calculated for each setting and compared between the two settings using the Chi-square test. A descriptive analysis of differential diagnostic practice is used to explain differences in relative frequencies.

RESULTS: Patients diagnosed with schizophrenia (59.3 vs. 21.0%), with organic mental disorders (20.5 vs. 8.3%), with mental retardation (6.9 vs. 0.2%) and with neurasthenia (1.4 vs. 0.0%) had larger relative frequencies of the psychiatric inpatient population in Tashkent than in Berlin. Patients diagnosed with unipolar depression (24.1 vs. 0.9%), substance use disorder (17.4 vs. 6.4%), adjustment disorder (6.0 vs. 0.4%), schizoaffective disorder (4.9 vs. 0.0%), mania and bipolar disorder (5.3 vs. 0.4%), personality disorder (3.2 vs. 2.0%) and anxiety disorder (3.1 vs. 0.1%) had larger relative frequencies in Berlin than in Tashkent. The diagnostic concept of schizophrenia in Tashkent includes patients with affective psychoses, schizoaffective psychoses and delusional disorders. In Tashkent, mental disorders are more readily associated with organic brain disease such as head trauma or vascular disease than in Berlin.

CONCLUSIONS: In Tashkent, most of the psychiatric inpatient capacities are used for the

treatment of schizophrenia and organic mental disorders, whereas in Berlin patients with affective disorders, schizophrenia and substance use disorders are most commonly treated as inpatients. The differences can in part be explained by differential diagnostic traditions between the Russian/post-Soviet nosology and the use of the ICD.

PMID: 20936463 [PubMed - as supplied by publisher]

Related citations

SpringerLink
FULL-TEXT ARTICLE

26. Schizophr Res. 2010 Oct 6. [Epub ahead of print]

Overlap of autistic and schizotypal traits in adolescents with Autism Spectrum Disorders.Barneveld PS, Pieterse J, de Sonneville L, van Rijn S, Lahuis B, van Engeland H, Swaab H.

Leiden University, Department of Clinical Child and Adolescent Studies, PO Box 9555, 2300 RB Leiden, The Netherlands.

Abstract

This study addresses the unraveling of the relationship between autism spectrum and schizophrenia spectrum traits in a population of adolescents with Autism Spectrum Disorders (ASD). Recent studies comparing isolated symptoms of both spectrum disorders as well as diagnostic criteria for each (DSM-IV-TR) suggest resemblances in the clinical phenotype. A group of 27 adolescents with ASD (11 to 18 years) and 30 typically developing adolescents, matched for age and gender, participated in this study. Within the ASD group 11 adolescents satisfied DSM-IV-TR criteria for schizotypal personality disorders. Autistic and schizotypal traits were identified by means of well validated questionnaires (Autism Questionnaire, AQ and Schizotypal Personality Questionnaire-Revised, SPQ). Significantly more schizotypal traits in adolescents with ASD were found than in typically developing controls. Besides high levels of negative symptoms, adolescents with ASD also displayed high levels of positive and disorganized symptoms. There appeared to be a relationship between the mean level of autistic symptoms and schizotypal traits, as well as specific associations between autistic symptoms and negative, disorganized and positive schizotypal symptoms within individuals. Schizotypal symptomatology in all sub dimensions that are reflected by the SPQ scores, was most prominently associated with attention switching problems of the autism symptoms from the AQ. These findings indicate that patients diagnosed with an ASD show schizophrenia spectrum traits in adolescence. Although other studies have provided empirical support for this overlap in diagnostic criteria between both spectrum disorders, the present findings add to the literature that behavioral overlap is not limited to negative schizotypal symptoms, but extends to disorganized and positive symptoms as well.

PMID: 20933368 [PubMed - as supplied by publisher]

Related citations

28. J Health Psychol. 2010 Oct 7. [Epub ahead of print]

Personality pathology comorbidity in adult females with eating disorders.

De Bolle M, De Clercq B, Pham-Scottez A, Mels S, Rolland JP, Guelfi JD, Braet C, De Fruyt F.

Ghent University, Belgium.

Abstract

Personality pathology is examined in 100 female in-patients diagnosed with eating disorders. The Eating Disorder Inventory-II and the NEO-PI-R were self-administered and personality pathology was assessed using a structured interview. Clinicians additionally evaluated patients' global functioning. The results indicated sizeable personality disorder comorbidity, and two dimensions of personality pathology, for example, an internalizing and an externalizing factor, could be identified. Patients' global functioning was primarily associated with dimensions of personality pathology, but not with eating disorder symptoms. Assessment and therapeutic interventions should focus on this co-occurring pathology in order to improve patients' functioning.

PMID: 20929942 [PubMed - as supplied by publisher]

Related citations

29. Psychiatry Res. 2010 Oct 4. [Epub ahead of print]

Personality disorders improved after arachnoid cyst neurosurgery, then rediagnosed as 'minor' organic personality disorders.

Bechter K, Wittek R, Seitz K, Antoniadis G.

Clinic for Psychiatry and Psychotherapy II, Ulm University, Department of Psychotherapeutic Medicine and Psychosomatics, Bezirkskrankenhaus Günzburg, Germany; Ulm University, Department of Psychiatry II, 89312 Günzburg, Germany.

Abstract

The prevalence of arachnoid cysts (AC) is considerably increased in psychiatric patients, suggesting a possible causal relationship between AC and certain psychiatric disorders. Neurosurgery of AC in psychiatric disorders is, however, not recommended if no accompanying neurological symptoms or signs of increased intracranial pressure are present. In two cases of slow onset personality disorder in persons suffering from so-called asymptomatic AC, we performed AC neurosurgery beyond established rules. Both comparisons before and after neurosurgery of psychopathology and the following long-term course support in retrospect that both cases might be re-diagnosed as having suffered from

'minor' organic personality disorders before AC neurosurgery, which improved thereafter. The two cases did not initially appear to fulfill the established criteria for organic personality disorders either according to ICD-10 or DSM-IV, but in retrospect satisfied most criteria. In themselves, the personality disorders appeared not very severe, but had considerable relevance for the patients' lives. The established rules for AC neurosurgery should be reconsidered at least when therapy-resistant psychiatric disorders are observed in AC sufferers.

PMID: 20923720 [PubMed - as supplied by publisher]
Related citations

ELSEVIER FULL-TEXT ARTICLE

30. J Abnorm Psychol. 2010 Oct 4. [Epub ahead of print]
Challenges associated with a polythetic diagnostic system: Criteria combinations in the personality disorders.

Cooper LD, **Balsis S**, **Zimmerman M**.

Abstract

Converging research on the diagnostic criteria for personality disorders (PDs) reveals that most criteria have different psychometric properties. This finding is inconsistent with the PD diagnostic system according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994), which weights each criterion equally. The purpose of the current study was to examine the potential effects of using equal weights for differentially functioning criteria. Data from over 2,100 outpatients were used to analyze and score response patterns to the diagnostic criteria for 9 PDs within an item response theory framework. Results indicated that combinations that included the same number of endorsed criteria yielded differing estimates of PD traits, depending on which criteria were met. Moreover, trait estimates from subthreshold criteria combinations often overlapped with diagnostic (at-threshold or higher) combinations, indicating that there were subthreshold combinations of criteria that indicated as much or more PD than did some combinations at the diagnostic threshold. These results suggest that counting the number of criteria an individual meets provides only a coarse estimation of his or her PD trait level. Implications for the assessment of polythetically defined mental disorders and for the PD proposal for the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved).
PMID: 20919789 [PubMed - as supplied by publisher]
Related citations

APA Full Text

31. Dev Psychopathol. 2010 Nov;22(4):867-81.
A source, a cascade, a schizoid: a heuristic proposal from the Longitudinal Study of Personality Disorders.
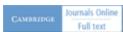
Lenzenweger MF.

Department of Psychology, State University of New York at Binghamton, Science IV, Binghamton, NY 13902-6000, USA. mlenzen@binghamton.edu

Abstract

It is argued that personality pathology represents the final emergent product of a complex interaction of underlying neurobehavioral systems as well as environment inputs. A number of factors may be involved in the developmental pathway and a cascading of effects is plausible, although a unifying cascade for all personality disorders is not likely. The present study suggests a possible cascade relevant to one personality disorder: schizoid personality disorder in emerging adulthood. In brief, it is hypothesized that the absence of a relationship characterized by a rich degree of psychological proximal process in early childhood, which is associated with nurturance and the facilitation of more complex development, predicts impairment in the actualization of the affiliation system (i.e., that system that facilitates interpersonal connectedness and social bonds in human beings and is under substantial genetic influence), and this impairment in the affiliation system predicts the appearance of schizoid personality disorder symptoms in emerging adulthood (late teens/early 20s), which persists over time into emerging adulthood. The impairment in the affiliation system is argued to proceed through childhood sociality as reflected in temperament on through adult personality as reflected in communal positive emotion. Furthermore, it is also hypothesized that the relationship between proximal processes and the affiliation system maintains irrespective of other childhood temperament factors that might adversely impact early parent/caregiver and child relations. The data for a preliminary illustration of this possible cascade are drawn from The Longitudinal Study of Personality Disorders, which is a prospective, multiwave study of personality disorders, personality, and temperament in a large sample of adults drawn from a nonclinical population.

PMID: 20883587 [PubMed - in process]

Related citations

CAMBRIDGE Journals Online Full text

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1. J Pers Assess. 2011 Jan;93(1):76-83.
   Depression, Anxiety, and the MCMI-III: Construct Validity and Diagnostic Efficiency.

Saulsman LM.

Centre for Clinical Interventions, Northbridge, Western Australia.

Abstract

This study aimed to enhance knowledge of the construct validity and diagnostic efficiency of the depression- and anxiety-related scales of the MCMI-III (Millon, 1994). The MCMI-III, various concurrent depression and anxiety measures, and an Axis I structured diagnostic interview were administered in a total sample of 696 outpatients with depressive disorders,

anxiety disorders, or both. Sound construct validity was found for the Dysthymia and Major Depression clinical syndrome scales and the Avoidant and Depressive personality disorder scales. The validity of the Anxiety scale was poor, showing moderate convergence with panic and worry-related anxiety measures, but problems discriminating from depression. Operating characteristics for discriminating depressed patients from anxious patients were fair for the Major Depression scale, but poor for the Anxiety and Dysthymia scales.
PMID: 21184333 [PubMed - in process]
Related citations

2. Biol Psychiatry. 2010 Dec 22. [Epub ahead of print]
Interaction of 5-HTTLPR and a Variation on the Oxytocin Receptor Gene Influences Negative Emotionality.

Montag C, **Fiebach CJ**, **Kirsch P**, **Reuter M**.

Department of Psychology, University of Bonn, Germany; Laboratory of Neurogenetics, University of Bonn, Germany.

Abstract

BACKGROUND: Pharmacological studies indicate a functional interaction between the serotonergic and oxytocinergic system.

METHODS: This study tested for an interaction of the prominent serotonin transporter polymorphism (SLC6A4) and an oxytocin receptor gene variation on individual differences in negative emotionality in healthy Caucasians (n = 750).

RESULTS: Participants carrying both the homozygous LL-variant of the serotonin transporter polymorphism and the TT variant of the single nucleotide polymorphism rs2268498 on the oxytocin receptor gene showed lowest scores on the personality dimensions Fear and Sadness of the Affective Neuroscience Personality Scales, as well as on an underlying factor Negative Emotionality.

CONCLUSIONS: The observed interaction effect provides converging evidence from human molecular genetics that serotonergic and oxytocinergic neurotransmission are entwined and play a crucial role for human personality with implications for affective disorders.

PMID: 21183159 [PubMed - as supplied by publisher]
Related citations
ELSEVIER
FULL-TEXT ARTICLE

3. Int J Soc Psychiatry. 2010 Dec 22. [Epub ahead of print]
Personality disorders: Prevalence and demography at a psychiatric outpatient in North India.

Gupta S, **Mattoo SK**.

Department of Psychiatry, Postgraduate Institute of Medical Education and Research, Chandigarh, India.

Abstract

BACKGROUND: Even though personality disorders are common among psychiatric populations, the data from India on their prevalence and demography are sparse.

AIM: To profile the prevalence and demography of personality disorders in North India.

METHODS: The retrospective study was based on patients attending the outpatient of a general hospital psychiatric centre in North India between June 1996 and June 2006. The specified data were collected from the case records of those receiving a primary or comorbid ICD-10 diagnosis of a personality disorder.

RESULTS: Personality disorders had a prevalence of 1.07%, with a preponderance of those aged 21-40 years (69.4%), men (64.9%), employed and students (37.3% and 32.8% respectively), unmarried (56%), graduates and undergraduates (27.6% each), and referred by the family (68.7%). The most common personality disorders were anxious-avoidant and borderline. Compared with the anxious-avoidant group, the borderline group was younger (mean age 24.44 vs 29.66 years) and had a preponderance of females (60% vs 27.1%).

CONCLUSION: The prevalence of personality disorders among the psychiatric outpatients was low compared to most of the research literature reporting clinically diagnosed personality disorders. The differences between the borderline and anxious-avoidant personality disorder subjects were largely explained by interrelated demographic variables.
PMID: 21177705 [PubMed - as supplied by publisher]
Related citations

View Full-Text Article at SAGE Publications

4. BMC Psychiatry. 2010 Dec 22;10(1):112. [Epub ahead of print]
Attention Deficit Hyperactivity Disorder (ADHD) among longer-term prison inmates is a prevalent, persistent and disabling disorder.

Ginsberg Y, **Hirvikoski T**, **Lindefors N**.

Abstract

ABSTRACT:

BACKGROUND: ADHD is a common and disabling disorder, with an increased risk for coexisting disorders, substance abuse and delinquency. In the present study, we aimed at exploring ADHD and criminality. We estimated the prevalence of ADHD among longer-term prison inmates, described symptoms and cognitive functioning, and compared findings with

ADHD among psychiatric outpatients and healthy controls.

METHODS: At Norrtalje Prison, we approached 315 male inmates for screening of childhood ADHD by the Wender Utah Rating Scale (WURS-25) and for present ADHD by the Adult ADHD Self-Report Screener (ASRS-Screener). The response rate was 62%. Further, we assessed 34 inmates for ADHD and coexisting disorders. Finally, we compared findings with 20 adult males with ADHD, assessed at a psychiatric outpatient clinic and 18 healthy controls.

RESULTS: The estimated prevalence of adult ADHD among longer-term inmates was 40%. Only 2 out of 30 prison inmates confirmed with ADHD had received a diagnosis of ADHD during childhood, despite most needed health services and educational support. All subjects reported lifetime substance use disorder (SUD) where amphetamine was the most common drug. Mood and anxiety disorders were present among half of subjects; autism spectrum disorder (ASD) among one fourth and psychopathy among one tenth. Personality disorders were common; almost all inmates presented conduct disorder (CD) before antisocial personality disorder (APD). Prison inmates reported more ADHD symptoms during both childhood and adulthood, compared with ADHD psychiatric outpatients. Further, analysis of executive functions after controlling for IQ showed both ADHD groups performed poorer than controls on working memory tests. Besides, on a continuous performance test, the ADHD prison group displayed poorer results compared with both other groups.

CONCLUSIONS: This study suggested ADHD to be present among 40% of adult male longer-term prison inmates. Further, ADHD and coexisting disorders, such as SUD, ASD, personality disorders, mood- and anxiety disorders, severely affected prison inmates with ADHD. Besides, inmates showed poorer executive functions also when controlling for estimated IQ compared with ADHD among psychiatric outpatients and controls. Our findings imply the need for considering these severities when designing treatment programmes for prison inmates with ADHD.

Free Article
PMID: 21176203 [PubMed - as supplied by publisher]
Related citations

Full text free on...
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6. J Abnorm Psychol. 2010 Dec 20. [Epub ahead of print]
   Type D personality and the development of PTSD symptoms: A prospective study.

   Rademaker AR, **van Zuiden M**, **Vermetten E**, **Geuze E**.

   Abstract

Psychological trauma and prolonged stress may cause mental disorders such as posttraumatic stress disorder (PTSD). Pretrauma personality is an important determinant of posttraumatic adjustment. Specifically, trait neuroticism has been identified as a risk factor for PTSD. Additionally, the combination of high negative affectivity or neuroticism with marked social inhibition or introversion, also called Type D personality (Denollet, 2000), may compose a risk

factor for PTSD. There is no research available that examined pretrauma Type D personality in relation to PTSD. The present study examined the predictive validity of the Type D personality construct in a sample of Dutch soldiers. Data were collected prior to and 6 months after military deployment to Afghanistan. Separate multiple regression analyses were performed to examine the predictive validity of Type D personality. First, Type D personality was defined as the interaction between negative affect and social inhibition (Na × Si). In a second analysis, Type D was defined following cutoff criteria recommended by Denollet (2000). Results showed that negative affectivity was a significant predictor of PTSD symptoms. Social inhibition and the interaction Na × Si did not add to the amount of explained variance in postdeployment PTSD scores over the effects of childhood abuse, negative affectivity, and prior psychological symptoms. A second analysis showed that Type D personality (dichotomous) did not add to the amount of explained variance in postdeployment PTSD scores over the effects of childhood abuse, and prior psychological symptoms. Therefore, Type D personality appears to be of limited value to explain development of combat-related PTSD symptoms. (PsycINFO Database Record (c) 2010 APA, all rights reserved).
PMID: 21171726 [PubMed - as supplied by publisher]
Related citations

7. J Psychiatr Res. 2010 Dec 16. [Epub ahead of print]
Personality disorders and cigarette smoking among adults in the United States.

Zvolensky MJ, Jenkins EF, Johnson KA, Goodwin RD.

University of Vermont, Department of Psychology, 2 Colchester Avenue, John Dewey Hall, Burlington, VT 05405 0134, USA.

Abstract

INTRODUCTION: There is a paucity of empirical information pertaining to the association between personality disorders and cigarette smoking. The present study examined whether, and to what degree, personality disorders are associated with cigarette smoking; investigated the specificity of any observed smoking-personality disorder association; and the role of mood/anxiety disorders, substance use, and nicotine dependence in those relations.

METHODS: Data were drawn from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), a nationally representative sample of 43,083 adults in the United States.

RESULTS: Results indicated a substantial percentage of those with personality disorders are nicotine dependent. Interestingly, the association between dependent, avoidant, histrionic, schizoid and paranoid personality disorders as well as former dependent smoking was partially explained by co-occurring mood/anxiety disorders, and adjusting for such clinical conditions appeared to generally attenuate the strength of many other associations. Finally, the association between personality disorders and smoking appears to differ by specific personality disorder, with some of the strongest relations being evident for antisocial personality disorder.

DISCUSSION: These novel empirical findings are discussed in relation to the relevance of

cigarette smoking among those with personality disorders.

PMID: 21168156 [PubMed - as supplied by publisher]
Related citations

10. Am J Psychiatry. 2010 Dec 15. [Epub ahead of print]

Correlation of Individual Differences in Schizotypal Personality Traits With Amphetamine-Induced Dopamine Rel ease in Striatal and Extrastriatal Brain Regions.

Woodward ND, **Cowan RL**, **Park S**, **Ansari MS**, **Baldwin RM**, **Li R**, **Doop M**, **Kessler RM**, **Zald DH**.

Psychiatric Neuroimaging Program, Department of Psychiatry; the Department of Psychology; the Institute of Imaging Sciences; and the Department of Radiology, Vanderbilt University School of Medicine.

Abstract

Objective: Schizotypal personality traits are associated with schizophrenia spectrum disorders, and individuals with schizophrenia spectrum disorders demonstrate increased dopamine transmission in the striatum. The authors sought to determine whether individual differences in normal variation in schizotypal traits are correlated with dopamine transmission in the striatum and in extrastriatal brain regions. Method: Sixty-three healthy volunteers with no history of psychiatric illness completed the Schizotypal Personality Questionnaire and underwent positron emission tomography imaging with [(18)F]fallypride at baseline and after administration of oral d-amphetamine (0.43 mg/kg). Dopamine release, quantified by subtracting each participant's d-amphetamine scan from his or her baseline scan, was correlated with Schizotypal Personality Questionnaire total and factor scores using region-of-interest and voxel-wise analyses. Results: Dopamine release in the striatum was positively correlated with overall schizotypal traits. The association was especially robust in the associative subdivision of the striatum. Voxel-wise analyses identified additional correlations between dopamine release and schizotypal traits in the left middle frontal gyrus and left supramarginal gyrus. Exploratory analyses of Schizotypal Personality Questionnaire factor scores revealed correlations between dopamine release and disorganized schizotypal traits in the striatum, thalamus, medial prefrontal cortex, temporal lobe, insula, and inferior frontal cortex. Conclusions: The association between dopamine signaling and psychosis pheno-types extends to individual differences in normal variation in schizotypal traits and involves dopamine transmission in both striatal and extrastriatal brain regions. Amphetamine-induced dopamine release may be a useful endophenotype for investigating the genetic basis of schizophrenia spectrum disorders.
PMID: 21159728 [PubMed - as supplied by publisher]
Related citations

11. Eur J Neurol. 2010 Dec 15. doi: 10.1111/j.1468-1331.2010.03279.x. [Epub ahead of print]
Behavioral and personality features in patients with lateralized Parkinson's disease.

Piacentini S, **Versaci R**, **Romito L**, **Ferré F**, **Albanese A**.

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Abstract

Background: Dopamine neurotransmission plays a key role in several brain activities, including motor, cognitive, and behavioral functions. Parkinson's disease (PD) typically begins with asymmetrical motor features related to asymmetrical dopamine denervation. This study was designed to examine whether distinct cognitive, behavioral, and personality features are related to this asymmetry. Methods: Fifty-six patients with mild PD and lateralized motor features were grouped according to dominant side of motor features and evaluated using a neuropsychological assessment focused on attention and executive functions, impulse control disorders, and personality inventory. Results: There were no differences in neuropsychological functions between patients with right and left lateralized PD, but differences occurred in personality features. Patients with motor impairment predominant on the left-hand side had prevalence of hypomania and conversion profile. Conclusions: This study suggests that side dominance of dopaminergic denervation may be related to personality features in patients with PD that could influence behavioral aspects.

Related citations

12. Dement Geriatr Cogn Disord. 2010 Dec 9;31(1):45-52. [Epub ahead of print]
Subjective Health and Memory Predi ctors of Mild Cognitive Disorders and Cognitive Decline in Ageing: The Personality and Total Health (PATH) through Life Study.

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Centre for Mental Health Research, Australian National University, Canberra, A.C.T., Australia.

Abstract

Aims: To investigate self-reports of memory and health as predictors of transition to mild cognitive impairment (MCI) or any mild cognitive disorder (any MCD) in a community-based study. Method: 2,082 individuals, aged 60-64 years, were assessed at 2 time points 4

years apart for MCI using either the International Consensus Criteria, the Clinical Dementia Rating scale (CDR, 0.5), or a suite of criteria sets for mild cognitive disorders (any MCD) and global cognitive change. Logistic and multiple regression was used to assess conversion to diagnosis and cognitive change from the SF-12 self-rated health (SRH) and physical health subscale measures, as well as reports of memory problems. Results: Of the 2,082 participants with no cognitive impairment at wave 1, 18 participants had a diagnosis of MCI, 32 a CDR score of 0.5, and 64 participants presented with any MCD 4 years later. After controlling for age, sex and education, SRH and physical health were significant predictors of MCD, memory interference was the only significant predictor of MCI, and cognitive change was associated with SRH, physical health and memory interference. Conclusion: Brief, short, easily collected self-reports of health, disability and memory can provide useful information on the risk of MCD and cognitive decline in young-old adults.

Related citations

KARGER *Full Text*

13. Schizophr Bull. 2010 Dec 9. [Epub ahead of print]
Cerebellar-Dependent Eyeblink Conditioning Deficits in Schizophrenia Spectrum Disorders.

Forsyth JK, **Bolbecker AR**, **Mehta CS**, **Klaunig MJ**, **Steinmetz JE**, **O'Donnell BF**, **Hetrick WP**.

1Department of Psychological and Brain Sciences, Indiana University, Bloomington, IN 47405.

Abstract

Accumulating evidence suggests that abnormalities in neural circuitry and timing associated with the cerebellum may play a role in the pathophysiology of schizophrenia. Schizotypal personality disorder (SPD) may be genetically linked to schizophrenia, but individuals with SPD are freer from potential research confounds and may therefore offer insight into psychophysiological correlates of schizophrenia. The present study employed a delay eyeblink conditioning (EBC) procedure to examine cerebellar-dependent learning in schizophrenia, SPD, and healthy control subjects (n = 18 per group) who were matched for age and gender. The conditioned stimulus was a 400-ms tone that coterminated with a 50 ms unconditioned stimulus air puff. Cognitive performance on the Picture Completion, Digit Symbol Coding, Similarities, and Digit Span subscales of the Wechsler Adult Intelligence Scale-Third Edition was also investigated. The schizophrenia and SPD groups demonstrated robust EBC impairment relative to the control subjects; they had significantly fewer conditioned responses (CRs), as well as smaller CR amplitudes. Schizophrenia subjects showed cognitive impairment across subscales compared with SPD and control subjects; SPD subjects showed intermediate performance to schizophrenia and control subjects and performed significantly worse than controls on Picture Completion. Impaired EBC was significantly related to decreased processing speed in schizophrenia spectrum subjects. These

findings support the role of altered cortico-cerebellar-thalamic-cortical circuitry in the pathophysiology of schizophrenia spectrum disorders.
PMID: 21148238 [PubMed - as supplied by publisher]

Related citations

FULL FINAL TEXT
OXFORD JOURNALS

14. J Psychiatr Res. 2010 Dec 9. [Epub ahead of print]
Childhood adversity and personality disorders: Results from a nationally representative population-based study.

Afifi TO, **Mather A**, **Boman J**, **Fleisher W**, **Enns MW**, **Macmillan H**, **Sareen J**.

Department of Community Health Sciences, University of Manitoba, S113 Medical Services Building, 750 Bannatyne Avenue, Winnipeg, Manitoba R3E 0W3, Canada; Department of Psychiatry, University of Manitoba, Winnipeg, Manitoba, Canada.

Abstract

BACKGROUND: Although, a large population-based literature exists on the relationship between childhood adversity and Axis I mental disorders, research on the link between childhood adversity and Axis II personality disorders (PDs) relies mainly on clinical samples. The purpose of the current study was to examine the relationship between a range of childhood adversities and PDs in a nationally representative sample while adjusting for Axis I mental disorders.

METHODS: Data were from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; n=34,653; data collection 2004-2005); a nationally representative sample of the United States population aged 20 years and older.

RESULTS: The results indicated that many types of childhood adversity were highly prevalent among individuals with PDs in the general population and childhood adversity was most consistently associated with schizotypal, antisocial, borderline, and narcissistic PDs. The most robust childhood adversity findings were for child abuse and neglect with cluster A and cluster B PDs after adjusting for all other types of childhood adversity, mood disorders, anxiety disorders, substance use disorders, other PD clusters, and sociodemographic variables (Odd Ratios ranging from 1.22 to 1.63). In these models, mood disorders, anxiety disorders, and substance use disorders also remained significantly associated with PD clusters (Odds Ratios ranging from 1.26 to 2.38).

CONCLUSIONS: Further research is necessary to understand whether such exposure has a causal role in the association with PDs. In addition to preventing child maltreatment, it is important to determine ways to prevent impairment among those exposed to adversity, as this may reduce the development of PDs.

PMID: 21146190 [PubMed - as supplied by publisher]

15. BMC Psychiatry. 2010 Dec 13;10(1):109. [Epub ahead of print]
Psychiatric disorders and clinical correlates of suicidal patients admitted to a psychiatric hospital in Tokyo.

Hayashi N, **Igarashi M**, **Imai A**, **Osawa Y**, **Utsumi K**, **Ishikawa Y**, **Tokunaga T**, **Ishimoto K**, **Harima H**, **Tatebayashi Y**, **Kumagai N**, **Nozu M**, **Ishii H**, **Okazaki Y**.

Abstract

ABSTRACT:

BACKGROUND: Patients admitted to a psychiatric hospital with suicidal behavior (SB) are considered to be especially at high risk of suicide. However, the number of studies that have addressed this patient population remains insufficient compared to that of studies on suicidal patients in emergency or medical settings. The purpose of this study is to seek features of a sample of newly admitted suicidal psychiatric patients in a metropolitan area of Japan.

METHOD: 155 suicidal patients consecutively admitted to a large psychiatric center during a 20-month period, admission styles of whom were mostly involuntary, were assessed using Structured Clinical Interviews for DSM-IV Axis I and II Disorders (SCID-I CV and SCID-II) and SB-related psychiatric measures. Associations of the psychiatric diagnoses and SB-related characteristics with gender and age were examined.

RESULTS: The common DSM-IV axis I diagnoses were affective disorders 62%, anxiety disorders 56% and substance-related disorders 38%. 56% of the subjects were diagnosed as having borderline PD, and 87% of them, at least one type of personality disorder (PD). SB methods used prior to admission were self-cutting 41%, overdosing 32%, self-strangulation 15%, jumping from a height 12% and attempting traffic death 10%, the first two of which were frequent among young females. The median (range) of the total number of SBs in the lifetime history was 7 (1-141). Severity of depressive symptomatology, suicidal intent and other symptoms, proportions of the subjects who reported SB-preceding life events and life problems, and childhood and adolescent abuse were comparable to those of the previous studies conducted in medical or emergency service settings. Gender and age-relevant life-problems and life events were identified.

CONCLUSIONS: Features of the studied sample were the high prevalence of affective disorders, anxiety disorders and borderline PD, a variety of SB methods used prior to admission and frequent SB repetition in the lifetime history. Gender and age appeared to have an influence on SB method selection and SB-preceding processes. The findings have important implications for assessment and treatment of psychiatric suicidal patients.

16. CNS Neurosci Ther. 2010 Dec 8. doi: 10.1111/j.1755-5949.2010.00207.x. [Epub ahead of print]
   HPA Axis Alterations in Mental Disorders: Impact on Memory and its Relevance for Therapeutic Interventions.

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Abstract

Dysfunctions in hypothalamic-pituitary-adrenal (HPA) axis have been reported for several mental disorders that are also often characterized by memory disturbances. It is now well established that glucocorticoids influence cognitive processes by enhancing memory consolidation and impairing memory retrieval. There is further evidence for an association between HPA axis related disturbances and memory function in mental disorders. The present selective review provides a brief overview of HPA axis dysfunction and its impact on memory function in major depressive disorder, posttraumatic stress disorder, and borderline personality disorder. Furthermore, the relevance of these findings for therapeutic intervention is discussed.

PMID: 21143429 [PubMed - as supplied by publisher]

17. Psychol Med. 2010 Dec 7:1-12. [Epub ahead of print]
   Personality and bipolar disorder: dissecting state and trait associations between mood and personality.

Barnett JH, **Huang J**, **Perlis RH**, **Young MM**, **Rosenbaum JF**, **Nierenberg AA**, **Sachs G**, **Nimgaonkar VL**, **Miklowitz DJ**, **Smoller JW**.

Psychiatric and Neurodevelopmental Genetics Unit, Center for Human Genetic Research, and Psychiatric Genetics Program in Mood and Anxiety Disorders, Department of Psychiatry, Massachusetts General Hospital, Boston, MA, USA.

Abstract

BACKGROUND: Some personality characteristics have previously been associated with an increased risk for psychiatric disorder. Longitudinal studies are required in order to tease apart temporary (state) and enduring (trait) differences in personality among individuals with bipolar disorder (BD). This study aimed to determine whether there is a characteristic

personality profile in BD, and whether associations between BD and personality are best explained by state or trait effects.MethodA total of 2247 participants in the Systematic Treatment Enhancement Program for Bipolar Disorder study completed the NEO Five-Factor Inventory administered at study entry, and at 1 and 2 years.

RESULTS: Personality in BD was characterized by high neuroticism (N) and openness (O), and low agreeableness (A), conscientiousness (C) and extraversion (E). This profile was replicated in two independent samples, and openness was found to distinguish BD from major depressive disorder. Latent growth modeling demonstrated that manic symptoms were associated with increased E and decreased A, and depressed symptoms with higher N and lower E, A, C and O. During euthymic phases, high N and low E scores predicted a future depression-prone course.

CONCLUSIONS: While there are clear state effects of mood on self-reported personality, personality variables during euthymia predict future course of illness. Personality disturbances in extraversion, neuroticism and openness may be enduring characteristics of patients with BD.
PMID: 21134316 [PubMed - as supplied by publisher]
Related citations

CAMBRIDGE Journals Online Full text

18. Eur Arch Psychiatry Clin Neurosci. 2010 Dec 5. [Epub ahead of print]
Disgust and implicit self-concept in women with borderline personality disorder and posttraumatic stress disorder.

Rüsch N, Schulz D, Valerius G, Steil R, Bohus M, Schmahl C.

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Abstract

Disgust may be a key emotion and target for psychotherapeutic interventions in borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD) at explicit and implicit-automatic levels. However, automatically activated disgust reactions in individuals with these disorders have not been studied. Disgust and its correlation with childhood abuse were assessed in women with BPD, but without PTSD; women with PTSD, but without BPD; women with BPD and PTSD; and healthy women. Disgust sensitivity, anxiety and depression were measured by self-report. Implicit disgust-prone (relative to anxiety-prone) self-concept was assessed using the Implicit Association Test. Women with BPD and/or PTSD reported more disgust sensitivity than controls. The implicit self-concept among patients was more disgust-prone (relative to anxiety-prone) than in controls. Women with BPD, with PTSD, or BPD and PTSD did not differ significantly in self-reported disgust levels or implicit disgust-related self-concept. Among women with BPD and/or PTSD, current psychiatric comorbidity (major depression, anxiety disorder, eating disorder, or substance-related disorder) did not affect disgust-related variables. More severe physical abuse in childhood was associated with

a more anxiety-prone (less disgust-prone) implicit self-concept. Independent of psychiatric comorbidity, disgust appears to be elevated at implicit and explicit levels in trauma-related disorders. Psychotherapeutic approaches to address disgust should take implicit processes into account.

PMID: 21132504 [PubMed - as supplied by publisher]

Related citations

SpringerLink FULL-TEXT ARTICLE

19. Psychiatry Res. 2010 Dec 3. [Epub ahead of print]

Impulsivity and aggressiveness in bipolar disorder with co-morbid borderline personality disor der.

Carpiniello B, **Lai L**, **Pirarba S**, **Sardu C**, **Pinna F**.

Department of Public Health, Section of Psychiatry and Psychiatric Clinic, University of Cagliari, Italy.

Abstract

Few studies to date have been performed to investigate impulsivity and aggressivity in patients with bipolar disorder (BD) and borderline personality disorder (BPD); the primary aim of the present study was to evaluate the impact of co-morbidity of BPD on impulsivity and aggressivity in patients affected by BD. A total of 57 patients (male=20, female=37) affected by BD (BD-I 51%; BD-II 49%) in clinical stable remission were recruited; 28 patients were affected by BD (49.1%), 18 by BD and BPD (31.6%) and 11 (19.3%) by BD plus Other Personality Disorders (OPD) (19.3%). They were submitted to Structured Clinical Interview for DSM-IV (SCID)-I and SCID-II, and were evaluated by means of the Clinical Global Impression (CGI)-severity and Global Assessment Functioning (GAF) scales, the Barratt Impulsivity Scale (BIS-11) and the Aggression Questionnaire (AQ). Mean total scores were significantly higher among BD/BPD patients with respect to BD and to BD/OPD, both at BIS-11 and AQ; rate of attempted suicides was approximately 3 times higher in BD/BPD with respect to BD and 7.6 times higher than in BD/OPD patients. The results of our study suggest that patients with co-morbid BD and BPD are more impulsive and aggressive. Furthermore, this co-morbid condition may be a risk factor for suicidality.

PMID: 21131058 [PubMed - as supplied by publisher]

Related citations

ELSEVIER FULL-TEXT ARTICLE

20. Acta Paediatr. 2010 Dec 4. doi: 10.1111/j.1651-2227.2010.02111.x. [Epub ahead of print]

PSYCHIATRIC MORBIDITY IN TWO LOW BIRTH WEIGHT G ROUPS ASSESSED BY DIAGNOSTIC INTERVIEW IN YOUNG ADULTHOOD.

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Abstract

Aim: To study the prevalence and characteristics of psychiatric symptoms and disorders in young adults born with low birth weight. Methods: At 20 years of age 44 very low birth weight (VLBW, birth weight ≤1500 g), 55 term born small for gestational age (SGA, birth weight <10(th) percentile) and 75 control subjects born 1986-1988 were assessed using the interview Schedule for Affective Disorders and Schizophrenia for School-age children and Structured Clinical Interview for DSM-IV Personality Disorders, Children's Global Assessment Scale and ADHD Rating Scale IV; self- and parent report. Results: Fourteen (33%) VLBW versus six (8%) control participants had a definite psychiatric disorder, OR=5.6 (1.9-15.9). In the term SGA group, 14 (26%) had a disorder, OR=3.9 (1.4-11.0) vs controls. Anxiety disorders and ADHD were the most frequent diagnoses. The differences were not explained by gender, assessment age or parental socioeconomic status. ADHD Rating Scale mean scores were higher in parent-reports in the VLBW group and in self-reports in the term SGA group compared with the control group. Conclusion: Children born with low birth weight, whether caused by preterm birth or by growth retardation at term seems to be at increased risk for psychiatric disorders as young adults.

Related citations

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