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Diagnostic efficiency of DSM-IV criteria for obsessive compulsive personality disorder in patients with binge eating disorder

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Abstract

This study examined the diagnostic efficiency of the DSM-IV criteria for obsessive compulsive personality disorder (OCPD) in patients with binge eating disorder (BED). Two hundred and eleven consecutive adult patients with axis I diagnoses of BED were reliably assessed with semi-structured diagnostic interviews. Conditional probabilities—sensitivity, specificity, positive predictive power (PPP), and negative predictive power (NPP)—were calculated for each of the eight criteria for OCPD, using the 'best-estimate' OCPD diagnosis as the standard. The diagnostic efficiencies of the OCPD criteria were variable, with three criteria failing to have predictive value (PPP < 0.50). The best inclusion criterion (highest PPP) was 'Perfectionism,' which was also the overall most predictive criterion. The findings suggest ordering of the DSM-IV criteria for OCPD based on performance and call into question the utility of some criteria.

Keywords: Diagnostic efficiency; Obsessive compulsive personality disorder; Binge eating disorder

1. Introduction

Obsessive compulsive personality disorder (OCPD) is a prevalent problem in community (Ekselius, Tillfors, Furmark, & Fredrikson, 2001; Torgersen, Kringlen, & Cramer, 2001) and clinical samples (Stuart et al., 1998; Wilfley et al., 2000). The current OCPD diagnostic construct in the DSM-IV (APA, 1994) has evolved considerably from earlier editions of the DSM and from

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the clinical-descriptive literature dating back to the writings of Freud (1908) through modern and broader views (e.g. Millon, 1981; Salzman, 1980). While considerable attention was paid to the 'pre-DSM-III-R' obsessive compulsive personality (reviewed by Pollak, 1979), little empirical attention has been paid to OCPD in the past two decades (Grilo & McGlashan, 1999; Pfohl & Blum, 1995). Psychometric work on the structure and validity of the current construct of OCPD represents a pressing need (Pfohl & Blum, 1995).

Although empirical analyses of criteria sets for personality disorders (PDs) are important (Blashfield & Druguns, 1976), relatively few empirical efforts have followed. Numerous studies have generally found adequate internal consistency for PDs (e.g. Becker et al., 1999; Grilo et al., 2001; Morey, 1988; Trull, Widiger, & Frances, 1987). More specific aspects of the construct validity of PDs, however, require additional methods such as analyses of diagnostic efficiency of their criteria sets.

Diagnostic efficiency refers to the extent to which diagnostic criteria are able to discriminate persons with a given diagnosis from those without that diagnosis, as determined by the application of conditional probabilities (Becker, Grilo, Edell, & McGlashan, 2002). Such analyses can contribute to the continued refinement of criteria sets and have clinical relevance to clinicians to assist in diagnostic decision-making. Such analyses have contributed to the refinement of certain psychiatric disorders (Baldessarini, Finkelstein, & Arana, 1983; Faraone, Biederman, Sprich-Buckminster, Chen, & Tsuang, 1993; Milich, Widiger, & Landau, 1987; Waldman & Lilienfeld, 1991) and selected PDs (Becker et al., 2002; Trull et al., 1987).

In terms of OCPD diagnostic efficiency, only three studies (with semi-structured diagnostic interviews) have been published, one for DSM-III (Pfohl, Coryell, Zimmerman, & Stangl, 1986) and two for DSM-IV (Farmer & Chapman, 2002; Grilo et al., 2001) criteria. In terms of the DSM-IV studies, while Grilo and colleagues found that all criteria performed better than chance in a large ($N = 668$) patient sample, Farmer and Chapman (2002) found that five criteria failed to perform better than 50/50 chance in a community ($N = 149$) sample. In addition, there exist some findings (sensitivity and specificity) for DSM-III-R criteria from four unpublished data sets reviewed by Pfohl and Blum (1995) as part of the DSM-IV Work Group. Pfohl and Blum (1995) noted considerable variability in the performance of the OCPD criteria within and across the unpublished data sets and stressed the need for additional research given their various methodologic limitations. The relative lack of data is especially noteworthy because the criteria for OCPD in the DSM-IV have undergone significant changes from the DSM-III to DSM-III-R to DSM-IV (1994). Even minor revisions can produce major effects as demonstrated by Blashfield, Blum, and Pfohl (1992).

The purpose of this study was to examine the diagnostic efficiency of the DSM-IV criteria for OCPD. To do this, a study group of patients known to have a sufficient frequency of OCPD was required. For this study, a consecutive series of outpatients with binge eating disorder (BED)—assessed with semi-structured diagnostic interviews—was selected. BED is a new eating disorder category included in the DSM-IV (1994) in Appendix B, reflecting 'criteria sets and axes provided for further study.' BED is characterized by recurrent binge eating without the inappropriate compensatory weight-control methods that distinguish bulimia nervosa. Although BED remains a research category, considerable research has been published pertaining to its validity as a diagnosis and its associated psychopathology (Grilo, 1998). Of relevance here, patients with BED have elevated rates of OCPD (Specker, de Zwaan, Raymond, & Mitchell, 1994; Wilfley et al., 2000).