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Psychiatry Research 71 (1997) 77–82

PSYCHIATRY
RESEARCH

Antisocial traits in psychiatrically ill veterans without antisocial personality disorder: relationship to Axis I disorders and effects on functioning

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Received 18 June 1996; revised 4 November 1996; accepted 4 December 1996

Abstract

The prevalence of antisocial traits was investigated in a group of veterans who were in treatment at an out-patient psychiatric clinic and who did not meet diagnostic criteria for an antisocial personality disorder. Standardized DSM-III-R interviews were used to diagnose Axis I disorders and antisocial personality disorders and traits. Frequencies of antisocial traits were compared between patients and controls as well as between diagnostic subgroups in the clinical population. Odds ratios were used to assess the effect of antisocial traits on several standardized measures of functioning. There was no overall difference in the dimensional measure of antisocial traits between the clinical and normal groups. There were trends for the frequency of individual traits to vary by Axis I diagnosis. The amount of antisocial traits (measured dimensionally) negatively affected measures of functioning for the overall clinical population. Different specific antisocial traits were associated with trends towards poorer functioning in the alcohol, major depression and post-traumatic stress syndrome subgroups. It is recommended that future research in the area of antisocial traits pay careful attention to the possible negative effects on functioning of subthreshold antisocial traits and also to Axis I comorbidity. © 1997 Elsevier Science Ireland Ltd.

Keywords: Personality disorder; Alcohol abuse; Major depression; Post-traumatic stress disorder; Comorbidity; Diagnosis

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1. Introduction

The concept of antisocial personality has been approached from many different perspectives. In DSM-III-R (American Psychiatric Association, 1987), it is conceptualized as a syndrome with definite familial and probable genetic components (Robins, 1966; Crowe, 1974). Eysenck (1977) considered antisocial personality to have definite genetic components, while Hare (1968) focused on the concept of a biological deficit in the limbic system. Millon (1981) and many other dimensional theorists viewed sociopathy as a personality trait which exists to a greater or lesser extent throughout most of the population and which may be normally distributed. Although a complete review of the concept of antisocial personality is beyond the scope of this article, it appears that many theorists believe that antisocial traits that do not reach the threshold necessary to qualify for a formal diagnosis may, nonetheless, have negative effects on behavior and functioning (the dimensional concept of sociopathy). The term 'antisocial' is used in this article because it best describes the DSM measures used in this study. The behavioral/descriptive approach of DSM should be distinguished from the more theoretical orientation of researchers such as Hare (1968), whose concept posits an emotional deficit — lovelessness and lack of guilt — combined with an impulse disorder that has its roots in a deficit in the central nervous system.

This report focuses on veterans in an out-patient psychiatric clinic and examines the prevalence of modest levels of antisocial traits in this population and the effects of these traits, if present, on general functioning. The study's goals were: (a) to determine if veterans in a psychiatric out-patient clinic who do not meet criteria for antisocial personality disorder have more antisocial traits than screened control veterans; (b) to explore whether the presence of antisocial traits differs by Axis I diagnosis; and (c) to examine how the presence of antisocial traits affects functioning in this population.

2. Methods

Subjects for this study were drawn from a free-

standing Veterans Administration out-patient clinic in a city in the Northeast United States with a population of 300 000. The population was 100% male. Two subpopulations were sampled. The first was a random sample of psychiatric out-patients who did not meet criteria for antisocial personality disorder. The second group consisted of veterans who presented to the medical clinic for acute, minor medical problems and who had no history of psychiatric illness.

The information used in this report was gathered by direct interview. The evaluation consisted of an established measure of Axis I disorders, the Structured Clinical Interview for DSM-III-R (SCID) (Spitzer et al., 1988), and an established measure of DSM-III-R personality disorders, the Personality Disorder Examination, version 2 (PDE) (Loranger et al., 1987; Loranger, 1988). The computerized dimensional scoring on the PDE was used to determine overall antisocial dimensions; veterans scored positive on a given antisocial dimension if they had a score of '2'. The interview also included the Hollingshead scale of socioeconomic status, the Global Assessment Scale (GAS) (Spitzer et al., 1973; Endicott et al., 1976), the percentage of VA disability, and several dimensional self-report scales measuring various aspects of functioning. The self-report scales include a measure of work functioning (WORK), a combined measure of family and home functioning (FAMILY/HOME), and a combined measure of work and social functioning (WORK and SOCIAL). These self-report functioning scales are Likert scales, have face validity, and have been extensively used in pharmacological treatment trials.

Patients were approached, either by mail or in person at the time of a visit to the out-patient clinic, to take part in the study. Approximately 65% of eligible subjects participated in the interviews. To evaluate possible differences between respondents (those who were interviewed) and non-respondents (those who declined to participate in the research), the two groups were compared by chart review on the variables of diagnosis, age, and percentage of VA disability. (Chart diagnoses had to be used for comparison as there were no research diagnoses for the non-respondents.) No differences at the $P < 0.10$ level

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