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Lifetime comorbidity of antisocial personality disorder and anxiety disorders among adults in the community

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Abstract

The association between lifetime anxiety disorders, conduct disorder (CD), and antisocial personality disorder (ASPD) among adults in the community was explored. Data were drawn from the National Comorbidity Survey ($n = 5,877$), a representative community sample of adults aged 15–54 in the 48 contiguous US states. Multiple logistic regression analyses were used to determine the association between anxiety disorders, CD and ASPD, and between the co-occurrence of anxiety disorders and ASPD in the likelihood of comorbid substance use and affective disorders, suicidal ideation (SI) and suicide attempt (SA). Out of the 3.3% of adults with ASPD, over half (54.33%) had a comorbid anxiety disorder (lifetime). Similarly, 42.31% of adults with a history of CD (9.4%) who did not meet criteria for ASPD had a lifetime anxiety disorder. Social phobia [OR = 1.65 (1.01, 2.7)] and post-traumatic stress disorder [OR = 2.28 (1.3, 4.0)] were associated with significantly increased odds of ASPD, after adjusting for differences in sociodemographic characteristics and other psychiatric comorbidity. Major depression was no longer significantly associated with ASPD after adjusting for anxiety disorders. The comorbidity of anxiety disorders and ASPD was associated with significantly higher odds of major depression, substance use disorders, and SI and SA compared with odds among those without both disorders. These data provide initial evidence of an association between PTSD and social phobia and an increased likelihood of ASPD among adults in the community, after adjustment for comorbid affective and substance use disorders. Adults with ASPD and comorbid anxiety had significantly higher levels of comorbid major depression, alcohol dependence, and substance dependence and substantially higher rates of lifetime suicidal ideation and suicide attempts compared to adults with ASPD or anxiety disorders alone or with neither disorder. Future studies are needed to replicate this finding using longitudinal data and to investigate the possible mechanisms of the observed links between anxiety disorders and ASPD.

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1. Introduction

Previous studies have found that comorbidity of anxiety disorders with affective, psychotic, and substance use disorders is common and associated with increased impairment, suicidality and psychiatric symptoms among adults in the general population (Wittchen et al., 2000; Klerman et al., 1991; Kasen et al., 2001; Kessler et al., 1998; Regier et al., 1998). For instance, epidemiologic data suggest that up to half of adults with a lifetime history of depression have also met diagnostic criteria for an anxiety disorder, and that alcohol and substance use disorders are associated with significantly higher than expected rates of comorbid anxiety disorders (Regier et al., 1998). Moreover, previous evidence suggests that the co-occurrence of depression and anxiety is associated with a significantly increased risk of additional psychiatric comorbidity, suicidal ideation and suicidal behavior, compared with the risk in those with either or neither disorder (Roy-Byrne et al., 2000; Cottler et al., 1998). Information about patterns of comorbidity can help to reveal shared and specific risk and protective factors for mental disorders both in terms of primary prevention and secondary prevention of comorbid disorders.

As epidemiologic studies consistently find that the onset of anxiety disorders occurs relatively early in life, frequently temporally primary to affective and substance use disorders, there are some data to suggest that anxiety disorders are risk factors for comorbid affective and substance use disorders and may be modifiable risk factors, though evidence to date remains inconclusive. While the mechanism of the association between anxiety disorders and substance use disorders remains unclear, there are some data and theory to suggest that substance use disorders follow the onset and are associated with anxiety disorders due to the self-medication anxiolytic effects of alcohol. There is also evidence to suggest that the comorbidity of alcohol use disorders and anxiety disorders may be due to a common genetic or environmental factor. It is our hypothesis that anxiety disorders may also be related to antisocial personality disorder (ASPD) by similar mecha-

nisms. It is possible that some antisocial behavior develops as a means of coping with anxiety among persons without the emotional resources to solve problems and manage frustration in more effective and productive ways. It is also conceivable that a third common factor, which could be environmental or genetic, underlies the linkage between anxiety disorders and ASPD.

In contrast to the above-described literature on the prevalence and correlates of the co-occurrence of anxiety disorders with affective, psychotic, and substance use disorders, there has been little available data on the relationship between anxiety disorders and ASPD. Furthermore, relatively few epidemiologic studies have reported on ASPD in a representative population sample (Jackson and Burgess, 2002; Wells et al., 1989), and to our knowledge no previous studies have investigated the relationship between all anxiety disorders and ASPD. Some clinical data and theory have suggested that conduct disorder (CD) with comorbid anxiety is associated with less psychosocial impairment, compared with CD without anxiety (Walker et al., 1991; Pine et al., 2000). Previous findings suggest there may be subtypes of CD, for instance, which are related to the presence of anxiety symptoms and temperamental differences (Frick et al., 1999b; Weissenberger et al., 2001). More recent information, however, has indicated that there may be higher than expected rates of anxiety associated with ASPD in clinical settings. Specifically, two studies have provided evidence of an association between ASPD and an increased likelihood of obsessive-compulsive disorder (Hollander et al., 1996; Kolada et al., 1994) and another recent study showed that anxiety disorders were common among a majority (61%) of patients with ASPD and alcohol use disorders, with 43% having panic/agoraphobia (Tomasson and Vaglum, 2000). Interestingly, the prevalence of comorbid anxiety disorders was higher than that of comorbid affective disorders in this sample (39%). Given the strong association between ASPD and increased likelihood of depression and substance use disorders (Corruble et al., 1996; Rounsaville et al., 1991), both of which are highly comorbid with anxiety (Wittchen et al., 2000; Klerman et al., 1991; Kasen et al., 2001; Kessler et al., 1998;

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