

Death Rates in 71 Men With Antisocial Personality Disorder

A Comparison With General Population Mortality

DONALD W. BLACK, M.D., CONNIE H. BAUMGARD, B.S.N.
SUE E. BELL, M.A., B.S.N., CHI KAO, M.A.

Mortality data are presented from a 16- to 45-year follow-up study of 71 men with antisocial personality disorder. Death ascertainment was made through both a personal follow-up and use of the National Death Index. Comparisons were made with the mortality experience of the general population of the state of Iowa by using gender and age standardized mortality ratios. Seventeen men died (24%) during the follow-up. Antisocial men younger than 40 years were at excessive risk for premature death (standardized mortality ratio [SMR] = 33, $P < 0.25$); men between ages 40 and 60 years also appeared to be at risk for premature death, although the excess was not statistically significant. Three subjects (18% of all deaths) died of complications from diabetes mellitus (SMR = 14, $P < 0.05$). Deaths were spread out among the four decades of follow-up. The findings and their implications are discussed.

(Psychosomatics 1996; 37:131-136)

Antisocial personality disorder (ASPD) is characterized by childhood conduct problems and irresponsible behavior in adulthood as evidenced by inconsistent work behavior, unlawful behavior, irritability and aggression, failure to plan ahead, failure to honor financial obligations, recklessness, parental irresponsibility, sexual promiscuity, and lack of remorse.¹ ASPD has been linked to depression, alcohol and other substance abuse, physical trauma (e.g., motor vehicle accidents), and suicide attempts,²⁻⁵ complications that could lead to a shortened life span. Conceivably, early death could also occur through neglect and improper care of medical problems (e.g., diabetes mellitus).

There have been few reports on death rates in ASPD because most mortality studies have

not clearly identified these patients. Investigators have tended to report death rates among broadly defined groups with "neuroses," "personality disorder," or "character disorders."⁶⁻¹⁵ In her seminal study on ASPD, Robins³ looked at both death rates and causes. In comparison to other study groups, the group with ASPD showed a higher overall death rate, and had a higher rate of death for the combined group of

Received January 26, 1994; revised April 14, 1994; accepted May 12, 1994. From the Department of Psychiatry and the Department of Preventive Medicine and Environmental Health, University of Iowa College of Medicine, Iowa City. Address reprint requests to Dr. Black, Psychiatry Administration, 200 Hawkins Drive-2887 JPP, Iowa City, IA 52242.

Copyright © 1996 The Academy of Psychosomatic Medicine.

Mortality in ASPD

“natural causes, war, and accidents.” She viewed 6 (43%) of 14 deaths as behavioral consequences of ASPD; 2 shot by police in the line of duty, 1 murder, 2 suicides, and 1 death from acute alcoholism. Robins concluded that ASPD contributes disproportionately to violent deaths.

In another prospective study of ASPD, Maddocks¹⁶ followed 59 antisocial persons for 5 years; 3 died during follow-up, all by suicide. Martin et al.^{17,18} followed 500 psychiatric outpatients diagnosed based on the St. Louis¹⁹ criteria, including 35 definite and probable antisocial persons. At follow-up, 33 subjects had been traced; 6 had died, producing a standardized mortality ratio (SMR) of 8.57, which was significantly excessive. One subject had died from natural causes, a 35-year-old black man who died from a hypertension-related cerebral vascular accident. The other five had died unnaturally—two suicides and three homicides. These authors recommended that all psychiatric patients be rigorously scrutinized for the presence of ASPD because the disorder was associated with an elevated risk of early death.

Several retrospective studies have also implicated ASPD as a risk factor for suicide. Dorpat and Ripley²⁰ and Rich and colleagues²¹ found antisocial persons make up 5% to 9% of all suicides, respectively. In 1977, Miles¹⁵ estimated that between 2,000 and 10,000 antisocial individuals commit suicide annually in the United States based on Helgasons's¹⁴ estimate that 6% of “psychopathic deaths” are by suicide.

We recently had an opportunity to study risk of mortality in ASPD. We were interested in confirming whether ASPD leads to early death and which decades of life carry the greatest risk. We also wished to learn how the subjects had died.

METHODS

We conducted a follow-up of 71 men admitted to our hospital between 1945 and 1970 who satisfied DSM-III²² criteria for ASPD. Field follow-up was extensive and took place from 1986

through 1990. It involved the administration of both structured and semistructured interviews to the subjects who were living and willing to be interviewed. Our methods and results are summarized elsewhere.^{23,24}

Death Ascertainment

We learned of 9 deaths from relatives and other informants in the course of the follow-up. We learned of 3 deaths in Iowa through a computer search of Iowa death certificates for the years 1970 through 1988 owned by the Department of Preventive Medicine and Environmental Health. We used the National Death Index to pick up two deaths that occurred outside Iowa. We learned of one death each from the Department of Veterans Affairs and the Social Security Administration.

As a result of our follow-up, we were able to conclude that 17 subjects had died and that 51 were alive. We were unable to make a determination for three persons. Death certificates were obtained for all but two of the deceased. For the 15 for whom we had a death certificate, 7 died in Iowa and 8 elsewhere (i.e., Minnesota, Nevada, Florida [2], California, Colorado, New Mexico, and New York).

Statistical Analysis

We compared the mortality experience of the ASPD sample with a relevant base population. The expected death rate was calculated and adjusted for age, gender, and follow-up time. The latter adjustment is important because the subjects were all followed for a different length of time. For example, a subject followed 10 years would have a greater probability of death during follow-up than a person followed a single year. The expected number of deaths was calculated through 1990, the end of our study period.

To compare the observed number of deaths to expected ones, we used vital statistics and census data for Iowa to compute expected rates of death.²⁵ For cause-specific expected deaths, we followed the assumptions described by

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات