



SEX DIFFERENCES IN DSM-III-R, AXIS II—PERSONALITY DISORDERS

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Summary—In the present study, an attempt has been made to elucidate sex differences present in the Axis II, personality disorders, in the DSM-III-R. Five-hundred and thirty-one subjects, 176 healthy volunteers and 355 psychiatric patients, 231 males and 300 females, were investigated by means of the SCID screen questionnaire. There were significant sex differences as concerns 31 out of total 103 Axis II criteria. The most pronounced sex differences were seen in narcissistic, borderline and antisocial personality disorders. As a previous study demonstrated that personality disorders are in fact dimensional traits where the cut off points are placed within a normal rather than a bimodal distribution, it was of interest to elucidate the number of criteria fulfilled for each separate personality disorder. Significant sex differences in this dimensional perspective were seen in self-defeating and borderline personality disorders (females predominating). Antisocial personality traits were more common among males.

It has also been demonstrated in an earlier study that if an adjusted cut-off is used, the presence or absence of personality disorders can be determined by means of the SCID screen questionnaire with an accuracy of a kappa coefficient = 0.78. If such a method is used, males had a higher prevalence of obsessive-compulsive and schizoid personality disorder. The opposite was true for borderline personality disorder.

INTRODUCTION

The introduction of an Axis II and operationalized criteria for specific personality disorders has had a dramatic effect on the level of interest in these disorders among clinicians and researchers in the field of psychiatry. Standardized methods for assessment of personality disorders have been developed and interrater reliabilities for the individual measures are in the acceptable range. Many studies have focused on the frequency of personality disorders in different populations and the results obtained indicate that personality disorders are prevalent in the general population (Maier, Lichtermann, Klingler & Heun, Zimmerman & Coryell, 1990) and in psychiatric settings (Alnaes & Torgersen, 1988; Bodlund, Ekselius & Lindström, 1993; Kullgren, 1992).

In the DSM-III and DSM-III-R (American Psychiatric Association, 1987) sex differences in the prevalence of certain personality disorders are suggested. Specifically, DSM-III and DSM-III-R postulate that males may be more prone to develop antisocial, obsessive-compulsive and paranoid personality disorders and that females may be more prone to develop borderline, dependent and histrionic personality disorders. In several studies diagnoses of antisocial personality have been documented as more common among men than among women (Robins, Helzer, Weissman, Orvaschel, Gruenberg, Burke & Regier, 1984; Dahl, 1986; Kass, Spitzer & Williams, 1983; Golomb, Fava, Abraham & Rosenbaum, 1995). The prevalence of obsessive-compulsive personality disorder in epidemiological surveys varies between 1.7–6.4% (Weissman, 1993) depending on method of assessment used. In a study by Nestadt, Romanovski, Brown, Chahal, Merchant, Folstein, Gruenberg and McHugh (1991), the rate among men was about five times that among women. Evidence also exists for men being more likely to be given a diagnosis of paranoid personality disorder (Reich, 1987; Alnaes & Torgersen, 1988). Data concerning sex differences in borderline personality disorder are contradictory. Swartz, Blazer, George and Winfield (1990) found a significantly higher proportion of women assigned borderline personality diagnosis in a community sample while Reich (1987) and Kass *et al.* (1983) failed to find sex differences in clinical settings. In a recent study (Nestadt, Romanovski, Merchant, Folstein, Gruenberg & McHugh, 1990), the prevalence of his-

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trionic personality disorder in the general population was found to be almost equal in men and women. We have earlier demonstrated a tendency that male patients show more personality pathology within paranoid, schizoid, schizotypal, antisocial and obsessive-compulsive personality disorders. Borderline and histrionic personality disorders were more prevalent among female patients. When data were analyzed dimensionally sex differences diminished (Bodlund *et al.*, 1993).

At present, personality disorders in the DSM-III-R are organized as categories with defined cut-off points. The categorical approach is mainly based on clinical tradition in medicine and psychiatry and is favored by clinicians as it is consistent with clinical conventions and practice, while there is more empirical support for the dimensional approach (Costa & McCrae, 1990; Eysenck, Wakefield & Friedman, 1983; Ekselius, Lindström, von Knorring, Bodlund & Kullgren, 1993, 1994a). A dimensional model has psychometric advantages, increases reliability and better demonstrates the relationship between personality traits occurring in the normal population and personality disorders (Gunderson, Links & Reich, 1991).

The aim of the present study was to elucidate sex differences among personality disorders from both a dimensional and a categorical point of view in a sample, comprising healthy Ss and psychiatric in- and outpatients.

METHODOLOGY

Patient series

In total 531 Ss were included, 231 males and 300 females, who completed the SCID screen questionnaire. The series included 176 healthy volunteers, 65 psychiatric outpatients, 37 inpatients with affective disorders, 22 outpatients with affective disorders on prophylactic lithium therapy, nine patients with anorexia nervosa, seven patients with adjustment disorders, 124 patients with somatoform pain disorder, 25 patients with psychotic disorders, four patients with anxiety disorders and 62 patients with sleep disorders. All Ss were between 20–65 yr of age. All were judged to have an intellectual and verbal capacity sufficient to allow them to understand and respond to a self report questionnaire.

SCID screen questionnaire

In the present study, we used a modified version of the SCID II screen questionnaire (Ekselius, Lindström, von Knorring, Bodlund & Kullgren, 1994b) translated into Swedish by Jörgen Herlofson. The questions are very similar to the questions used in the SCID II interview (Spitzer, Williams & Gibbon, 1987). The modified version of the SCID screen includes 124 yes or no questions, reflecting altogether 103 criteria for the diagnosis of avoidant, dependent, obsessive-compulsive, passive-aggressive, self-defeating, paranoid, schizotypal, schizoid, histrionic, narcissistic, borderline and antisocial personality disorders. In two earlier (Bodlund *et al.*, 1993; Ekselius *et al.*, 1994b) studies we have demonstrated that adjusting the cut-off level, by including one more criterion for all diagnoses yields good agreement between the SCID screen and SCID II interviews and clinical diagnoses, respectively. In the present study we have used the 'adjusted cut-off' when personality disorder diagnoses were made.

The SCID screen questionnaire was used to assess the presence or absence of specific personality disorder criteria according to DSM-III-R (APA, 1987). By means of the questionnaire method, only criteria based on reported information could be evaluated while criteria based on observations had to be omitted.

Statistics

Differences in frequency distributions were tested by means of the chi²-test. When less than five Ss were expected in a cell, Yates's correction was made. Differences between means were tested by means of the Student's *t*-test.

RESULTS

A total of 179 individuals (33.7%) fulfilled the criteria for at least one personality disorder; 81 (35.1%) of the men and 98 (31.7%) of the women (Table 1).

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