

## Premorbid personality disorders in schizophrenia

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### Abstract

Premorbid personality disorders (PD) were studied retrospectively in 40 schizophrenic patients by interviewing the parents and patients who were reliable with the SCID-II. 85% of the patients had premorbid PDs. The most frequent premorbid PDs were: avoidant PD (32.5%), schizoid PD (27.5%), paranoid PD (20%), dependent PD (20%) and schizotypal PD (12.5%). In most of the patients, two or more PDs could be diagnosed simultaneously (47.5%), comorbidity of the premorbid PDs in schizophrenia being the most common one. The most frequent combination was avoidant-schizoid-schizotypal PD. © 2000 Elsevier Science B.V. All rights reserved.

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### 1. Introduction

For many years, psychiatrists have attempted to understand mental illness and its relationship to the characteristics of the patients suffering from it. The relationship between premorbid personality and schizophrenia was first studied in the early years of this century. Some authors proposed that a worsening of previously present schizoid features produced schizophrenia (Kraepelin, 1913; Bleuler, 1924; Kretschmer, 1925). Others suggested that schizophrenia was independent of the previous personality and that schizophrenic patients could have previously had normal personalities or any PD (Jaspers, 1948; Schneider, 1974).

It has been suggested that PDs can be consid-

ered as intermediate points on a spectrum having mild traits at one extreme and serious symptomatic disorders at the other (Kretschmer, 1925; Meehl, 1962; Claridge, 1987; Siever and Davis, 1991; Stone, 1993). Schizophrenic disorders seem to exist on a spectrum with group A PDs (Kety et al., 1968; Rosenthal et al., 1971; Kendler et al., 1981; Kendler and Gruenberg, 1982, 1984; Baron et al., 1983; Gunderson and Siever, 1985; Torgersen, 1985; Nestadt et al., 1994; Kendler and Walsh, 1995). Thus schizoid, schizotypal and paranoid disorders are made up by what are called 'schizophrenia spectrum PDs'.

On the other hand, other authors, in agreement with the ideas of Jaspers and Schneider, have found premorbid PDs which do not form a part of the spectrum and which are also associated with schizophrenia. (Arieti, 1974; Bleuler, 1978; Hogg et al., 1990).

The existence of premorbid PDs in schizophrenia is compatible with the neurodevelopment hypothesis of schizophrenia (Murray and Lewis,

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1987; Weinberger, 1987; Lewis, 1989). This hypothesis proposes that schizophrenia arises as a consequence of an early and non-progressive brain lesion. This lesion would be manifested as schizophrenia in adolescence or later, but up to that point the manifestations would be much subtler, appearing either as disorders of premorbid adjustment or as PDs. The existence of premorbid PDs could be the expression of these psychosocial functioning difficulties which would arise from a non-progressive lesion of the CNS.

The available evidence suggests that PDs are highly prevalent in both the general population (2–28%) (Casey and Tyrer 1986, 1990) and the general psychiatric population (36–67%) (Kass et al., 1985; Koenigsberg et al., 1985; Dhal, 1986; Jackson et al.; 1991). The high prevalence of PDs in psychiatric patients demands a significant consumption of mental health resources. Consequently, these PDs cannot be overlooked by the psychiatric field.

In summary, in the present report we attempt to determine the prevalence of specific PDs in a group of schizophrenic patients.

## 2. Method

### 2.1. Subjects

40 schizophrenic outpatients were studied (DSM-III-R). After having reviewed their diagnoses, it was verified that all the patients also fulfilled the DSM-IV and CIE-10 schizophrenia criteria. They were consecutively selected from different area I health service centers in Madrid (Spain). The inclusion criteria were:

- that the patients were at least 18 years old in order to be able to make diagnoses of PDs;
  - a maximum of 10 years since the onset of the schizophrenia; and
  - to be in remission of the acute stage of the illness so that the severe symptoms would not influence in the collaboration of the interviews.
- Patients with an overall important impairment and those in which it was impossible to obtain family collaboration were not included. Only two patients refused to participate in the study. Five patients were not included due to an important overall

impairment. Information was obtained from family members of all of the 40 patients chosen. All of the patients gave written consent to participate in the study.

No patient was excluded for having suffered an axis I disorder, other than schizophrenia as long as this was the main diagnosis.

The mean age of the 40 patients was  $29 \pm 6$  years, 22 of them (55%) were male and 28 (70%) were single. The mean time since the onset of the schizophrenia was  $5 \pm 4$  years. When evaluated, all the patients were receiving out-patient treatment, however, all of them had had a mean of  $1.4 \pm 1.6$  hospitalizations. In 75% of the cases the schizophrenia was paranoid. Although this paranoid ratio is high, it is quite representative of the total group of schizophrenics in our environment. 60% of the patients had combined pharmacological and psychotherapeutic treatment (group and individual).

### 2.2. Material

The structured clinical interview for DSM-III-R, PDs (SCID-II version 1.0) by Spitzer et al. (1990a) was used to study PDs. This is a structured interview designed to diagnose the full range of DSM-III-R PDs, including the self-defeating disorder in the appendix. Two kinds of measures were used. The first was categorical, that is, whether it fulfilled the criteria established to evaluate the prevalences. The second was dimensional: the proportion of criteria which each patient fulfilled for each specific PD. This second measure was used to observe the correlation among the different PDs. Although it is questionable, we used the non-hierarchical system of psychopathology of the DSM-IV which estimates the diagnosis of several PDs when the descriptive aspects of their behavior corresponds to them.

### 2.3. Procedure

After schizophrenia was diagnosed with the structured clinical interview for DSM-III-R (SCID) by Spitzer et al. (1990b) and the patients were included in the study, the patient and their family members were interviewed separately to study PDs.

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