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Frequency and structure of DSM-IV personality disorder traits in college students

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Abstract

A sample of French female college students ($N = 201$) completed the self-report Personality Disorder Questionnaire for DSM-IV (PDQ-4+; Hyler, 1994). Forty-two participants (21%) had a PDQ total score equal or greater to 30 suggesting a personality disturbance. The DSM-IV three-cluster classification of PDs was tested using confirmatory factor analysis and failed to produce an acceptable fit. An exploratory factorial analysis extracted a four-factor solution possessing both satisfactory fit and meaningful interpretations. This model was compared with the two other studies which have tested the three-cluster model and found that PDs grouped themselves into components differing from DSM-IV clusters. It may be unlikely to find an universal structure for DSM-IV PDs generalizable to all clinical and non-clinical populations.
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1. Introduction

Personality disorder traits and diagnoses are frequent in community samples of young adults. For example, in a large epidemiological sample of young adults, Moran, Coffey, Mann, Carlin,

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and Patton (2006) found that the prevalence of personality disorders was 18.6%. Among young adults, college students constitute a vulnerable group at high risk for psychological morbidity (e.g., Harrison, Barrow, Gask, & Creed, 1999). In particular, Ekselius, Tillfors, Furmark, and Frederikson (2001) found that personality disorders (PDs) were significantly more often diagnosed in students than in younger subjects and older adults in a community sample. High rates of PDs have been found using both self-report questionnaires (Johnson & Bornstein, 1992; Sinha & Watson, 2004) or structured clinical interviews (Taylor, 2005). Moreover, Benton, Robertson, Tseng, Newton, and Benton (2003) found a growing number of college students with serious psychological problems, including PDs, among students attending university counselling centers. There are few studies of the structure of PDs among young adults. Further studies of PDs in young adults and college students are warranted.

The most authoritative classifications of PDs is provided by the third and fourth editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III, APA, 1980; DSM-III-R, APA, 1987; DSM-IV, APA, 1994) which present a three-cluster classification of personality disorders (PDs). Empirical testing of this three-cluster model using exploratory or confirmatory factorial analyses (EFA, CFA) have yielded mixed results. Some of them support the DSM-III and DSM-III-R three-factor structure of Axis II (e.g., Bagby, Joffe, Parker, & Schuller, 1993; Hyler & Lyons, 1988; Hyler et al., 1990) whereas others found that PDs show a poor fit to the clusters (Bell & Jackson, 1992; Deary, Peter, Austin, & Gibson, 1998). Others reported four (e.g., Kass, Skodol, Charles, Spitzer, & Williams, 1985) or five (Nestad et al., 1994) factor structures.

As only 10 of the 93 DSM-III-R Axis II criteria were not changed in DSM-IV (Widiger, 2001), studies assessing DSM-IV structure of PDs are needed. Only three studies have been conducted all on psychiatric patient samples; they find little support for the DSM-IV three-cluster model. Yang, Bagby, Costa, Ryder, and Herbst (2002) used the Personality Disorder Questionnaire (PDQ-4+; Hyler, 1994) and a semi-structured interview for the assessment of PDs among Chinese psychiatric patients. Using CFA, the DSM-IV three-cluster model was compared to a one-factor model and a set of random three-factor models. Only the clinician-rated instrument was considered to support the DSM-IV three-cluster model although the fit indices were equivocal. Only two studies using principal component or cluster analyses proposed alternative structures for the DSM-IV PDs. In the study by Fossati et al. (2000) using a semi-structured interview for the assessment of PDs, DSM-IV PD cluster were not replicated in a sample of Italian psychiatric patients. Durrett and Westen (2005) using cluster analysis did not recover the DSM-IV three-cluster model in a sample of adolescent patients. There are no known studies of the DSM-IV three-cluster model among non-clinical or clinical young adults or college students.

More studies are needed to explore the structure of PDs. Indeed, these studies are important as regard the debate about categorical versus dimensional classification systems. Whether PDs are accurately or optimally classified categorically or dimensionally is still a controversial topic (Widiger & Samuel, 2005). Assessment of clinical utility and user acceptability of both classification systems needs further empirical investigations (First, 2005). An interesting solution to the present state of knowledge may be the tandem use of categorical and dimensional assessments of PDs in research (Kessler, 2002). DSM classification of PDs offers this possibility. A dimensional approach of PDs based on criteria counts have been proposed by Kass et al. (1985) and been proved to be relevant. The dimensional approach considers PD traits as variant of basic personality traits continuously distributed in populations with indistinct boundaries between normal and abnormal

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