Avoidant personality disorder is a separable schizophrenia-spectrum personality disorder even when controlling for the presence of paranoid and schizotypal personality disorders ☆

The UCLA family study

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Abstract

It is unresolved whether avoidant personality disorder (APD) is an independent schizophrenia (Sz)-spectrum personality disorder (PD). Some studies find APD and social anxiety symptoms (Sxs) to be separable dimensions of psychopathology in relatives (Rels) of schizophrenics while other studies find avoidant Sxs to be correlated with schizotypal and paranoid Sxs.

Rates of APD among first-degree Rels of Sz probands, attention-deficit/hyperactivity disorder (ADHD) probands, and community control (CC) probands were examined. Further analyses examined rates when controlling for the presence of schizotypal (SPD) and paranoid (PPD) personality disorders, differences in APD Sxs between relative groups, and whether APD in Rels of Szs reflects a near miss for another Sz-spectrum PD.

Three hundred sixty-two first-degree Rels of Sz probands, 201 relatives of ADHD probands, and 245 Rels of CC probands were interviewed for the presence of DSM-III-R Axis I and II disorders. Diagnoses, integrating family history, interview information, and medical records, were determined.

APD occurred more frequently in Rels of Sz probands compared to CC probands (p<0.001) and also when controlling for SPD and PPD (p<0.005). Two Sxs of APD were most characteristic of the Rels of Sz probands: “avoids social or occupational activities…” and “exaggerates the potential difficulties…” 65% of the Rels of Sz probands who had diagnoses of APD were more

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than one criterion short of a DSM-III-R diagnosis of either SPD or PPD. This indicates that APD is a separate Sz-spectrum disorder, and not merely a sub-clinical form of SPD or PPD.

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1. Introduction

The detection of relatives of schizophrenia (Sz) probands who are affected by a schizophrenia-spectrum diagnosis allows delineation of an extended phenotype that may be helpful for establishing patterns of familial transmission. Accepted schizophrenia-spectrum disorders include: Sz, schizoaffective disorder, atypical psychosis, schizotypal personality disorder and paranoid personality disorder. Some family studies have also found a familial relationship of Sz with avoidant personality disorder which suggests that avoidant personality disorder is a schizophrenia-spectrum disorder (Asarnow et al., 2001; Baron et al., 1985; Kendler et al., 1993).

Meehl (1962) hypothesized that social anxiety is part of the schizotypy core, predisposing to Sz. We review below several other lines of research which support the association between symptoms of social anxiety and a liability to Sz: social anxiety symptoms in the relatives of schizophrenics, social anxiety in patients with Sz, examination of “high-risk” children for early predictors of psychosis, and factor analyses demonstrating that social anxiety is separable from other types of schizophrenia-spectrum related psychopathology. These studies offer mixed support for the hypothesis that symptoms of social anxiety may represent an extended phenotype that may be helpful in the delineation of the familial transmission of Sz.

1.1. Social anxiety in relatives of probands with schizophrenia

Family studies have found an increased prevalence of social anxiety personality traits in the family members of Sz probands (Torgersen, 1994). Studies of psychosis proneness in relatives (Lyons et al., 1995; Bailey et al., 1993) report that avoidant personality disorder in the relatives of patients with Sz explains a modest amount of variance in the perceptual aberration and social anhedonia scales completed by these relatives (Eckblad et al., 1982; Chapman et al., 1978). A study of “social closeness” and emotional blunting in first-degree relatives of probands with Sz shows that the relatives score poorly on a measure of social closeness which most likely reflects anhedonia, social anxiety, and odd behaviors (Berenbaum et al., 1994). These studies do not address whether social anxiety in the relatives is separable from other measures of psychosis proneness.

1.2. Social anxiety in schizophrenia patients

Social anxiety is highly prevalent in outpatients with Sz and is unrelated to clinical psychotic symptoms (Pallanti et al., 2004). Social anxiety comorbid with Sz is associated with higher risk for suicide attempts, greater lethality of suicide attempts, more substance abuse, lower social adjustment, and lower overall quality of life (Bayle et al., 2001; Blanchard et al., 1998; Pallanti et al., 2004; Taiminen et al., 2001). The rate of social anxiety ranges from 13% to 39% in patients with Sz (Bermanzohn et al., 2000; Cassano et al., 1999; Cosof and Hafner, 1998; Kendler et al., 1995a). “Shyness” as a personality trait is greater in schizophrenics than in controls (Flanagan, 1992). Social anxiety and shyness have been studied in the interactions of schizophrenic patients with others (Fingeret et al., 1985; Heinssen and Glass, 1990; Monti et al., 1984; Morrison and Bellack, 1987; Penn et al., 1994; Pilkonis et al., 1980). These studies were not designed to determine whether social anxiety was an independent factor from positive or negative symptoms. However, one study that examined this question directly found social anxiety to be unrelated to clinical psychotic symptoms (Pallanti et al., 2004). More recently, studies have shown that avoidant personality scores were highly intercorrelated with all DSM cluster A personality disorder (Spitzer et al., 1990) dimensional scores and that avoidant personality disorder is highly prevalent in outpatients with schizotypal personality disorder (Keshavan et al., 2005; Battaglia et al., 1995). These latter studies are at odds with the finding that social anxiety symptoms are unrelated to other dimensions of psychosis (Pallanti et al., 2004).

1.3. Social anxiety in individuals at heightened risk for schizophrenia

Studies of children at high risk for developing Sz have examined the prevalence of social anxiety related
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