



0022-3956(95)00015-1

## PATTERNS OF ANXIETY AND PERSONALITY DISORDER COMORBIDITY

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(Received 1 August 1994; accepted 23 February 1995)

**Summary**—The purpose of this study was to examine patterns of comorbidity of DSM-III-R anxiety disorders and personality disorders (PD). Two-hundred subjects were independently interviewed with the Structured Clinical Interview for DSM-III-R (SCID) and the Personality Disorder Examination (PDE) face-to-face by two experienced clinicians. One-hundred and forty-six also completed the Personality Diagnostic Questionnaire—Revised (PDQ-R). Rates of personality disorder among patients with and without anxiety disorders were determined by each of the three instruments. Comorbidity between panic disorder, social phobia, obsessive-compulsive disorder, and simple phobia and a conservative estimate of individual Axis II disorders was examined. Results indicate that panic disorder, either current or lifetime, is associated with borderline, avoidant, and dependent personality disorders; social phobia is associated with avoidant personality disorder; and obsessive-compulsive disorder is associated with obsessive-compulsive and avoidant personality disorders. Anxiety disorders with personality disorders are characterized by chronicity and lower levels of functioning compared with anxiety disorders without personality disorders.

### Introduction

Recently, Siever & Davis (1991) postulated a continuum of psychopathology that includes specific fears and anxieties on the one hand and generalized behavioral inhibition on the other. They hypothesized that such a state/trait anxiety spectrum would span DSM-III-R anxiety disorders and personality disorders (PD) comprising Cluster C, the anxious, fearful cluster. Hypotheses about the structure of comorbidity of anxiety disorders and personality disorders are testable and a fundamental behavioral dimension organized around the emotion of anxiety and its management would be supported if predictable patterns can be demonstrated empirically (Cloninger et al., 1990).

Previous research on the comorbidity of anxiety disorders and personality disorders indicates substantial rates of personality disorder in patients with panic disorder, social phobia, and obsessive-compulsive disorder (Stein et al., 1993). Owing to design limitations and method variation, however, it remains unclear whether rates differ for patients with different anxiety disorders, whether there is any specificity in the association between anxiety

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disorder and personality disorder subtypes, and whether there is any clear relationship between the age at onset, severity, or duration of anxiety disorders or associated impairments and the diagnosis of comorbid personality disorders. Studies using rigorous assessment procedures for Axis II, i.e. semi-structured interviews, have been conducted most often in out-patient clinics specializing in the treatment of certain anxiety disorders and are thus limited in their generalizability. Such assessments frequently have been non-blind to the Axis I status of the patients, allowing for possible interviewer bias to influence personality disorder diagnosis. The significance of reported rates of personality disorders in patients with anxiety disorders has often been impossible to determine because comparison groups with other anxiety or other Axis I disorders have been rarely included in prior studies.

The purpose of this study was to examine patterns of comorbidity of DSM-III-R anxiety disorders and personality disorders. We predicted that anxiety disorders would be preferentially associated with Cluster C personality disorders, which are characterized by behaviors that can be seen as maladaptive attempts to cope with anxiety (Siever & Davis, 1991). Specific syndromal anxiety disorders, such as social phobia or obsessive-compulsive disorder, were predicted to be related to an Axis II counterpart, i.e. avoidant and obsessive-compulsive personality disorders. Comorbidity results have important implications for the current categorical conceptualizations of pathological anxiety and personality, the Axis I/Axis II distinction, and the nature of a fundamental dimension of anxiety.

## Methods

### *Subjects*

One-hundred subjects were recruited from applicants to each of two treatment settings in the New York State Psychiatric Institute: the General Clinical Research Service, a long-term, in-patient unit specializing in the treatment of personality disorders, and the Columbia University Center for Psychoanalytic Training and Research, an out-patient clinic providing low-cost psychoanalysis to suitable patients. Informed consent was obtained after the nature of the procedures had been fully explained.

The 100 applicants to the in-patient service were recruited from a consecutive series of 106 applicants. Fifty-two were hospitalized on the unit; an additional six were not, but were in-patients at other hospitals at the time of the evaluation. The remaining 42 applicants were out-patients who were not hospitalized.

The 100 applicants to the psychoanalytic clinic were recruited from a larger sample of 305 consecutive patients. Fifty-eight applicants were accepted for analysis and the remaining 42 were referred for other out-patient treatment.

Table 1 shows the demographic characteristics of the two groups and of the combined sample of 200 subjects. The psychoanalytic applicants were more often male ( $\chi^2 = 17.07$ ,  $df = 1$ ,  $p < .001$ ), were older (mean age  $31.6 \pm 8.0$  vs  $27.7 \pm 6.0$ ,  $t = 3.86$ ,  $df = 198$ ,  $p < .001$ ), more often had graduated college ( $\chi^2 = 51.5$ ,  $df = 1$ ,  $p < .001$ ), and more likely had been employed at the time of the evaluation ( $\chi^2 = 106.62$ ,  $df = 1$ ,  $p < .001$ ) and during the past year ( $\chi^2 = 24.97$ ,  $df = 1$ ,  $p < .001$ ). Overall, the sample consisted of mostly well-educated,

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