

Comorbidity of Personality Disorders With Bipolar Mood Disorders

Alp Üçok, Deniz Karaveli, Turgut Kundakçi, and Olcay Yazici

The aim of the study was to assess the prevalence of personality disorders in a group of outpatients with bipolar I disorder. The Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II) was administered to 90 bipolar outpatients who met the DSM-III-R criteria and 58 control subjects. Of the patients and controls, 47.7% and 15.5%, respectively, had at least

one personality disorder. At least one personality disorder in clusters A, B, and C and obsessive-compulsive, paranoid, histrionic, and borderline personality disorders were significantly more prevalent in bipolars. Suicide attempts were more frequent in patients with a history of personality disorder.
Copyright © 1998 by W.B. Saunders Company

COMORBIDITY of personality disorders in patients with mood disorder has been reported at varying rates. In epidemiological surveys using DSM-III criteria, estimates of the prevalence of overall personality disorders vary from 10% to 13%.¹ Many subjects fulfill criteria for more than one category of a personality disorder²; the mean number of personality disorders per subject has been reported to be 4.5.³ Of psychiatric outpatients, 12.9% were diagnosed as having a personality disorder.⁴ Although lower rates of comorbidity (4% to 12%) between bipolar and personality disorders were reported in the early 1980s,⁵⁻⁷ higher rates (50% to 58%) have been found in recent studies.⁸⁻¹⁰ Some of the differences in reports of comorbidity may be due to the varying methodologies used for assessment of personality disorders. There are many methods used for such assessment, from self-report measures to semistructured interviews. It has been found that the majority of personality disorders are from clusters B and C^{10,11} in bipolars and cluster C in unipolars.^{12,13} Solomon et al.¹⁴ also reported that patients with bipolar I disorder in remission have personality traits that differ from those of normal controls.

The aim of this trial is to assess comorbidity using a semistructured interview and to study the effects of personality disorder on illness severity in a group of bipolar patients.

METHOD

Subjects

The study was conducted at the Department of Psychiatry of Istanbul Medical School in Turkey. Outpatient euthymic sub-

jects who met DSM-III-R criteria for bipolar I mood disorder and attended the Mood Disorders Unit at the Department of Psychiatry between October 1995 and March 1996 were admitted to the study. The Structured Clinical Interview for DSM-III-R (SCID)¹⁵ was used to diagnose bipolar mood disorder. Written informed consent for the collection of clinical and personality data was obtained from all patients who participated in this trial. There was also a control group of healthy subjects without a lifetime history of mental illness. The control group was drawn from outpatients of the Hospital's orthopedic clinic. The subject group (bipolar euthymic outpatients) and control group (orthopedic outpatients without a lifetime history of mental illness) were matched according to age, sex, and economic status.

Method

Patients were evaluated face-to-face by two of three psychiatrists using the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II).¹⁶ To minimize the state effects of mood disorder episodes, the SCID-II was administered when patients were euthymic. Subjects were encouraged and instructed to ignore their past episodes and describe their usual or "habitual" self.

A semistructured questionnaire was administered to assess the demographic and clinical variables of age, sex, age at first episode, frequency of hospitalization and episodes, and presence of suicide attempts in the patients' life history. These data were obtained with the help of a family member. Subjects were also separated into two groups: early onset (before age 20 years) and late onset (at age 20 or later). The response profile of patients who were treated with prophylactic lithium for at least the last 2 consecutive years was also recorded. After the index episode, when lithium treatment was started, the frequency and severity of episodes before and after lithium treatment were compared. Patients who showed a dramatic improvement by having no mood swings at all during prophylactic lithium monotherapy were regarded as good responders. Patients who did not show any difference in the frequency and severity of episodes following lithium treatment were considered poor responders. Patients who were intermediate responders or under lithium prophylaxis for less than 2 years were regarded as a separate group. Assessors were blind to clinical data.

The SCID-I (nonpatient form) and SCID-II were administered to the control group in the same protocol with the patient group.

Student's *t* test was used for comparison of normally distributed variables. Categorical variables were compared with the chi-square test and Fisher's exact test.

From the Department of Psychiatry, Istanbul Medical Faculty, Istanbul, Turkey.

Address reprint requests to Alp Üçok, M.D., Mood Disorders Unit, Department of Psychiatry, Istanbul Medical School, 34390 Çapa, Istanbul, Turkey.

*Copyright © 1998 by W.B. Saunders Company
0010-440X/98/3902-0007\$03.00/0*

RESULTS

Clinical and demographic features of the patient group are shown in Table 1. All patients were type I bipolar. A total of 58 individuals (34 females and 24 males) were in the control group. The age of the control group was 36.1 ± 11.7 years (mean \pm SD). There was no difference between groups according to sex and age. Patients with and without personality disorder did not differ with regard to clinical variables, except for a history of suicide attempts. Suicide attempts were significantly more prevalent for bipolar personality disorders (chi-square = 4.11, $df = 1$, $P = .04$).

A total of 70 diagnoses were made among 90 patients, with a mean of 0.77 per patient. Within these, cluster B and C diagnoses (especially compulsive and histrionic) were the most frequent. Fifteen subjects had one SCID-II personality disorder, 17 had two, and seven had more than two. No significant relationship was found between clinical variables and any personality disorder or cluster.

In the control group, 15.5% of individuals ($n = 9$) had at least one personality disorder. There was no difference in avoidant, dependent, passive-aggressive, and narcissistic personality disorders between bipolar and control groups. However, besides the mean frequency of personality disorders (chi-square = 16.1, $df = 1$, $P < .0001$), the presence of at least one personality disorder in clusters A

Table 2. Prevalence of DSM-III-R Personality Disorders in Mood Disorder and Control Groups

Parameter	Mood Disorder		Control		P
	No.	%	No.	%	
Any personality disorder	43	47.7	8	15.5	.0001
Any cluster A disorder	14	15.6	1	1.7	.006
Paranoid	14	15.6	1	1.7	.006
Schizoid	—	—	—	—	
Schizotypal	—	—	—	—	
Any cluster B disorder	22	24.4	4	6.9	.006
Histrionic	15	16.7	2	3.4	.01
Borderline	9	10	1	1.7	.05
Narcissistic	1	1.1	1	1.7	NS
Antisocial	—	—	—	—	
Any cluster C disorder	29	32.2	5	8.6	.0008
Obsessive-compulsive	15	16.7	2	3.4	.001
Avoidant	9	10	2	3.4	NS
Dependent	3	3.3	—	—	NS
Passive-aggressive	5	5.6	2	3.4	NS

NOTE. Numbers and percentages do not sum to total amounts because some subjects had more than 1 personality disorder.

(chi-square = 5.81, $df = 1$, $P < .006$), B (chi-square = 7.49, $df = 1$, $P < .006$), and C (chi-square = 11.1, $df = 1$, $P < .0008$) and histrionic (chi-square = 6.6, $df = 1$, $P < .01$), paranoid (chi-square = 7.4, $df = 1$, $P < .006$), obsessive-compulsive (chi-square = 6.06, $df = 1$, $P < .01$), and borderline (chi-square = 3.83, $df = 1$, $P < .05$) personality disorders were significantly higher in the bipolar group (Table 2).

DISCUSSION

To our knowledge, the present study is the first to use a semistructured measure for DSM-III-R personality disorders in a group of patients with bipolar I disorder and a control group. We found that 47.7% of the bipolar patients have at least one DSM-III-R personality disorder. Our findings are consistent with recent reports.^{9,10} Although cluster C personality disorders are the most frequent in bipolars and in the controls, only obsessive-compulsive personality disorder shows a significant difference. We believe this finding is independent of sample size and indicates the necessity for a controlled study design. We found obsessive-compulsive and histrionic personality disorders to be the most frequent.

In a recent study, Fava et al.¹⁷ have reported that patients with early-onset unipolar disorder had a significantly higher prevalence of personality disorders. However, our results do not confirm their findings. This may reflect psychopathological differ-

Table 1. Demographic and Clinical Characteristics of Bipolar I Patients With and Without Personality Disorder

Characteristic	Total Group	With PD	Without PD	P
Sex (n)				
Female	50	27	23	
Male	40	16	24	
Age (yr)*	35.2 ± 11.2	34.2 ± 11.3	36 ± 11.1	NS
Suicide attempt in history (n)	19	13	6	.04
Early onset (n) (<20 yr)	32	15	17	NS
No. of hospitalizations*	2.4 ± 1.8	2.3 ± 1.5	2.4 ± 2	NS
No. of episodes*	5.2 ± 4.1	5.4 ± 4.2	5 ± 4	NS
Age of first episode (yr)*	24.5 ± 7.4	24.3 ± 7.4	24.5 ± 7.49	NS
Response to lithium				
Good	40	20	20	NS
Poor	21	10	11	NS
Total	90	43	47	NS

*Mean \pm SD.

Abbreviations: PD, personality disorder; NS, nonsignificant.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات