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Longitudinal comparison of depressive personality disorder and dysthymic disorder

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Abstract

Background: Few studies have compared the related diagnostic constructs of depressive personality disorder (DPD) and dysthymic disorder (DD). The authors attempted to replicate findings of Klein and Shih in longitudinally followed patients with personality disorder or major depressive disorder (MDD) in the Collaborative Longitudinal Personality Disorders Study.
Methods: Subjects (N = 665) were evaluated at baseline and over 2 years (n = 546) by reliably trained clinical interviewers using semistructured interviews and self-report personality questionnaires.
Results: Only 44 subjects (24.6% of 179 DPD and 49.4% of 89 early-onset dysthymic subjects) met criteria for both disorders at baseline. Depressive personality disorder was associated with increased comorbidity of some axis I anxiety disorders and other axis II diagnoses, particularly avoidant (71.5%) and borderline (55.9%) personality disorders. Depressive personality disorder was associated with low positive and high negative affectivity on dimensional measures of temperament. Depressive personality disorder subjects had lower likelihood of remission of baseline MDD at 2-year follow-up, whereas DD subjects did not. The DPD diagnosis appeared unstable over 2 years of follow-up, as only 31% (n = 47) of 154 subjects who had DPD at baseline and also had follow-up assessment met criteria on blind retesting.
Limitations: Results from this sample may not generalize to other populations.
Conclusions: Depressive personality disorder and dysthymic disorder appear to be related but differ in diagnostic constructs. Its moderating effect on MDD and predicted relationship to measures of temperament support the validity of DPD, but its diagnostic instability raises questions about its course, utility, and measurement.

Nothing endures but change.—Heraclitus

1. Introduction

Depressive personality disorder (DPD) is a littoral condition on the diagnostic map of mental disorders. In the territory of chronic mood disorders, DPD abuts or overlaps dysthymic disorder (DD), presumably representing trait to its state. Depressive personality disorder also occupies marginal territory as a condition worthy of further study in the Appendix of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*) [1], a placement reflecting controversy over its diagnostic validity. For years, experts have disputed whether DPD exists, and if so, what it defines.

The concept of depressive character has an ancient history, and both Kraepelin [2] and early editions of the DSM [3] used it. In 1980, however, *DSM-III* [4] replaced depressive character with the concept of DD, redefining it as a chronic affective disorder [5]. Many experts felt that this new construct would subsume DPD. Yet, subsequent research has demonstrated that although their diagnostic criteria overlap, the 2 conditions are not invariably comorbid. A significant percentage of patients who meet DD criteria do not qualify for DPD, and vice versa, suggesting the legitimacy of both diagnoses.

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Several studies [3,6-10] have addressed this axis I/axis II border issue. The rates of overlap of DPD and DD have varied widely, from 18% to 95%, depending upon the sample of assessed subjects and the diagnostic criteria of the disorders [11]. Klein and Shih [9] notably assessed the relationship of *DSM-III-R* DPD and DD in 156 outpatients with mood and/or personality disorders and 267 first-degree relatives at baseline and 30-month follow-up. They used the Structured Clinical Interview for *DSM-III-R* [12] to measure axis I diagnoses, the Personality Disorders Examination [13] for axis II diagnoses, an adaptation of DPD criteria of Akiskal [14], and the revised Eysenck Personality Questionnaire [15] as a dimensional measure of depressive temperament.

Klein and Shih [9] described 89 subjects with DPD and 67 who did not meet that diagnosis. Nearly 80% (n = 71) of DPD subjects also met criteria for *DSM-III-R* dysthymia, whereas only 39% of non-DPD subjects met dysthymic criteria. Conversely, 73% of early-onset dysthymic subjects (total n = 97) met criteria for DPD. The study found a κ for the association of DPD with dysthymia of 0.42. The raters' κ for diagnostic concordance on the International Personality Disorder Examination (IPDE) for DPD itself was 0.70. Test-retest intraclass correlation for number of DPD traits was 0.81. Depressive personality disorder was not significantly associated with current or lifetime major depressive disorder (MDD). Presence of DPD predicted slight increases in comorbidity of other axis II diagnoses, especially avoidant and borderline personality disorders. Klein and Shih found DPD traits correlated positively with neuroticism (ie, negative affectivity) and correlated negatively with extraversion (positive affectivity), but did not significantly correlate with psychoticism on the Eysenck scales.

In the Klein and Shih study, only 5 (8%) of 63 DPD subjects seen at 30-month follow-up, assessed by raters blind to initial assessment, still met diagnostic criteria for DPD. From the dimensional perspective of depressive personality traits, intraclass correlation across time points was 0.51. Presence of DPD at baseline predicted a higher Hamilton Depression Rating Scale (Ham-D; [16]) score at follow-up, even controlling for baseline Ham-D severity. The sample of 267 relatives yielded similar findings, and in this latter group, DPD predicted a subject's likelihood of meeting criteria for a history of mood disorder, even after controlling for positive and negative affectivity.

McDermut et al [10] recently assessed 900 adult outpatients' cross-sectionally using the Structured Clinical Interview for *DSM-IV* axis I Disorders (SCID [17]) for axis I and the Structured Interview for *DSM-IV Personality* [18] for axis II disorders. The investigators diagnosed 198 subjects with DPD, of whom 18.2% met criteria for DD, an elevated rate compared to subjects without DPD. Diagnostic concordance, on the basis of 28 paired interviews, showed a κ of 0.52. Subjects with DPD were more likely to receive axis I and axis II comorbid diagnoses than those without DPD. The most prevalent co-occurring axis II diagnoses were avoidant (43.4%), obsessive-compulsive (21.2%), and borderline (21.7%) personality disorders. Thirty-six (48%) of 75 DD subjects met DPD criteria. Subjects with DPD were more likely than others to have chronic MDD (59.8% vs 29.1%, $P < .0001$), but had no greater likelihood of bipolar spectrum disorders [10].

The ongoing multisite Collaborative Longitudinal Personality Disorders Study (CLPS) tracks the natural course of subjects with 1 of 4 personality disorders (schizotypal, n = 86; borderline, n = 175; avoidant, n = 156; or obsessive-compulsive, n = 154) or MDD without personality disorder (n = 94). Its large, well-diagnosed sample provides an opportunity to assess the relationship between DPD and DD. We used this sample to corroborate the findings of Klein and Shih using *DSM-IV* rather than *DSM-III-R* criteria. An early CLPS report (N = 571) found a 20.9% co-occurrence of DPD and DD [19].

This research also allowed assessment of the stability of the DPD diagnosis. Personality and its disorders historically have been considered largely immutable, developmentally determined human traits; they reside on axis II in part because of their presumed resistance to change relative to axis I disorders. Yet, research is increasingly showing that personality disorder diagnoses may remit with or without treatment (eg, Ref. [20]). Shea et al [21], analyzing data from the CLPS study group, reported that only 44% of subjects with schizotypal, borderline, avoidant, or obsessive-compulsive personality disorders retained these diagnoses at 12-month follow-up.

This study explored the following questions: (1) What is the association between DPD and DD in this sample? We hypothesized that diagnostic overlap between the disorders would be modest. (2) What is the association between DPD and other axis II diagnoses? We assumed that DPD would be highly associated with other axis II diagnoses, given that subjects who meet criteria for one personality disorder are likely to meet criteria for more than one. (3) What is the association between DPD and positive and negative affectivity? Consistent with previous research [6,9], we hypothesized that subjects would have high levels of negative affectivity and low levels of positive affectivity. (4) What is the stability of DPD? On the basis of Klein and Shih's 30-month findings, we hypothesized that the DPD diagnosis would be unstable over time. (5) Does DPD moderate recovery from a major depressive episode? We hypothesized that the diagnosis of DPD at baseline would predict a lower rate of MDD remission at 2-year follow-up.

2. Methods

2.1. Subjects

The CLPS study sample comprises subjects aged 18 to 45 years, recruited at Brown, Columbia, Harvard, and Yale University medical schools, and diagnosed by experienced clinical interviewers trained to reliability on the SCID-I/P