

## Personality disorders in somatization disorder patients: A controlled study in Spain

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### Abstract

**Objective:** The aim of this paper is to assess personality disorder (PD) comorbidity in somatization disorder (SD) patients compared with psychiatric controls in a Spanish sample. **Methods:** This is a case–control study. Selection of 70 consecutive SD patients was made, and an age-, sex-, and ethnic-group-matched control group of 70 mood and/or anxiety disorder patients recruited in psychiatric outpatient clinics was selected. PDs were measured using the International Personality Disorder Examination, and *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* Axis I morbidity was measured by means of the Standardized Polyvalent Psychiatric Interview. **Results:** PD

comorbidity in SD patients was 62.9%, compared to 28.2% in controls [odds ratio (OR)=3.7; 95% confidence interval (95% CI)=1.8–7.6]. The highest ORs of PD in SD patients, compared with controls, were for paranoid (OR=9.2; 95% CI=1.9–43), obsessive–compulsive (OR=6.2; 95% CI=1.2–53.6), and histrionic (OR=3.6; 95% CI=0.9–13.9) PDs. **Conclusions:** This is a controlled study with the largest sample of SD patients. The prevalence of PD comorbidity is similar to that of a previously published controlled study but is different from those of the most frequent PD subtypes.

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**Keywords:** Somatization disorder; Personality disorder; Comorbidity; Controlled study

### Introduction

Somatization disorder (SD) is considered the most valid, reliable, and stable-over-time disorder from the whole group of somatoform disorders [1]. From the few published studies on personalities in SDs [2–4], it is widely accepted that the association between personality disorders (PDs) and SDs is frequent and intense, and appears early in the history of the patient. In fact, several authors consider somatoform disorders as a form of PD and believe that they should

not be included in the *Diagnostic and Statistical Manual (DSM) Axis I*, but in Axis II disorders instead [5]. Unfortunately, there is only one controlled study on this subject [4], which is in need of replication. Moreover, despite the acceptance of the great influence of transcultural factors on the prevalence and expression of both SD and PD [6], all prior studies on PD and SD have been developed in Western English-speaking countries. Presently, when the very validity of somatoform disorders is being questioned to the extent that this category could disappear in the next *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* [7,8], research on this subject may shed some light on this discussion.

The aim of this article is to compare a group of Spanish SD outpatients to an age-, sex-, and ethnic-group-matched

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control group of psychiatric outpatients diagnosed with depressive and anxiety disorders, in order to determine the differences in the prevalence of Axis II disorders.

## Methods

### Design

This is a case–control study.

### Selection of the control group

The selection of the control group is always the most controversial methodological decision to be made in case–control studies. There were two reasons for selecting patients with psychiatric disorders, more specifically mood and/or anxiety disorders: (a) mood and/or anxiety disorders are the most prevalent Axis I comorbidity in SD patients and, therefore, this would be an opportunity to partially control this variable in SD patients; and (b) the other even more important reason was to exactly replicate the only previous controlled study on this subject [4], in which the authors used this control group. Consequently, a group of psychiatric outpatients who were fluent in Spanish was selected, recruited from the same setting as the SD patients, and diagnosed with depressive and/or anxiety disorders. They were matched by “head-to-head” method [by sex, age ( $\pm 2$  years), and ethnic group (all of them were white Europeans)] to the group of SD patients.

### Setting

This study was carried out at the psychiatric outpatient clinics of Miguel Servet University Hospital (Zaragoza, Spain) during the period 2000–2004. Miguel Servet Hospital is a general hospital that serves an urban population of 375,000 inhabitants in the city of Zaragoza.

### Sample

Sample size ( $n=70$  for each group) was calculated for the following data [9]:  $\alpha=5\%$  (two-tailed) and  $\beta=80\%$ , with expected differences in prevalence between the two groups being 25% and with the prevalence of PD in the anxiety and/or depressive disorder control group being 30%, according to previous research on the prevalence of PD in affective and anxiety disorders [10].

### Subjects

#### SD group

Consecutive patients diagnosed with *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* SD who were attending psychiatric outpatient clinics of Miguel Servet Hospital during this period were

invited to participate in the study in order to make up the expected sample size ( $n=70$ ). Inclusion criteria were as follows: (a) *DSM-IV* diagnosis of SD according to the Standardized Polyvalent Psychiatric Interview (SPPI); (b) age of 18–65 years; and (c) signed informed consent. Exclusion criteria were as follows: (a) not fluent in Spanish; (b) cognitive deterioration or any other condition that, from the clinician’s point of view, would have prevented the subject from completing the study; and (c) refusal to participate in the study.

#### Control group

A control group comprising 70 psychiatric outpatients attending the same psychiatric outpatient clinics during that period and diagnosed with mood or anxiety disorders were consecutively selected and paired with patients in the SD group using the “head-to-head” method. They were matched with SD patients by ethnic group, sex, and age (range, 2 years). Inclusion criteria were as follows: (a) *DSM-IV* mood and/or anxiety diagnosis according to the SPPI; (b) age of 18–65 years; and (c) signed informed consent. Exclusion criteria were as follows: (a) not fluent in Spanish; (b) cognitive deterioration or any other condition that, from the clinician’s point of view, would have prevented the subject from completing the study; and (c) refusal to participate in the study.

Seventy-two patients were interviewed to make up the expected sample of 70 SD patients because two of them refused to participate in the study. All consecutive patients fulfilling inclusion criteria and attending Miguel Servet Hospital outpatient clinics were invited to participate. Due to the relatively low prevalence of SD, the study took 4 years to complete. For the control group, when an SD was included in the study, the first mood and/or anxiety patient attending psychiatric outpatient clinics with the same sex, age, and ethnic group as the included SD patient was invited to participate. In this way, 73 patients were interviewed, again because three patients refused to participate. Each of the three patients was substituted for another patient with similar sex, age, and ethnic characteristics. In this way, the final sample included 140 patients: 70 SD patients and 70 controls. The research was approved by the Ethical Review Board of the hospital, and informed consent was obtained from the patients after the procedure had been fully explained.

### Assessment

*DSM-IV* diagnosis was assessed by means of a psychiatric interview. PDs were measured with the International Personality Disorder Examination (IPDE). Interviewers administering the IPDE were unaware of the patients’ Axis I diagnoses.

#### The SPPI

The SPPI is a psychiatric interview developed by our group in Spain for the multiaxial assessment of psychiatric

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