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Factorial structure and diagnostic efficiency of DSM-IV criteria for avoidant personality disorder in patients with binge eating disorder

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Abstract

This study examined the factorial structure and diagnostic efficiency of the DSM-IV criteria for avoidant personality disorder (AVPD). Two hundred and twenty-eight consecutive outpatients (181 females and 47 males) with a primary diagnosis of binge eating disorder were reliably assessed with diagnostic interviews. Internal consistency of AVPD criteria was good, as suggested by coefficient alpha of 0.87, the pattern of inter-item correlations (range 0.41 to 0.64), and the lack of changes in alpha if any criteria are deleted. Exploratory factor analysis revealed a one-factor solution (56% of variance) supporting the unidimensionality of the AVPD criteria. Diagnostic efficiency indices (conditional probabilities, total predictive power, and kappa coefficients) were calculated for each AVPD criterion, for the entire study group and separately by gender. Overall, the best inclusion criterion was ‘fears being ridiculed,’ which was also the best predictor overall. These psychometric findings did not differ by gender. The findings support certain important aspects of the AVPD diagnosis.

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1. Introduction

Avoidant personality disorder (AVPD) is a prevalent but understudied personality disorder (Alden, Laposa, Taylor, & Ryder, 2002). AVPD had the highest (Torgersen, Kringlen, &

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Cramer, 2001) and second highest (Ekselius, Tillfors, Furmark, & Fredrikson, 2001) prevalence rate of any personality disorder (PD) in two community-based studies, and is generally one of the most frequently diagnosed PDs in clinical samples (Stuart et al., 1998). The current AVPD diagnostic construct in the DSM-IV (APA, 1994) evolved based partly on conceptual and empirical differences from schizoid PD and dependent PD (Livesley, West, & Tanney, 1985; Trull, Widiger, & Frances, 1987). Despite increased research efforts on PDs, basic questions remain regarding their construct validity (Grilo & McGlashan, 1999) that dictate the need for psychometric work.

While empirical analyses of criteria sets and their co-variation are important (Blashfield & Druguns, 1976), relatively few empirical efforts with PD have followed. Studies of internal consistency have generally found adequate internal consistency for AVPD and other PDs (Trull et al., 1987; Becker et al., 1999; Grilo et al., 2001). More specific aspects of PDs can be examined by factor analysis and by study of diagnostic efficiency of their criteria sets.

Factor analysis can be used to test for the unidimensionality of a PD and to empirically identify meaningful components (if relevant). While factor analytic studies have probed the architecture of borderline PD (Sanislow, Grilo, & McGlashan, 2000; Sanislow et al., 2002), the author could only identify one such study for AVPD (Baillie & Lampe, 1998). Baillie and Lampe (1998), in a study of DSM-III-R (APA, 1987) AVPD, found that a single factor emerged as the most appropriate solution for the pattern of relationships among the seven criteria. No such study has been conducted with the DSM-IV (APA, 1994) AVPD criteria. This is especially noteworthy because the diagnostic criteria for AVPD in DSM-IV (APA, 1994) underwent significant changes from the DSM-III-R (APA, 1987), and even minor revisions can produce major effects as demonstrated by Blashfield, Blum, and Pfohl (1992). Importantly, three criteria identified as not reflecting the single factor as highly as the other four criteria were subsequently dropped or replaced in the DSM-IV (APA, 1994).

The second relevant approach—diagnostic efficiency—refers to the extent to which diagnostic criteria are able to discriminate individuals with a given disorder from those without that disorder, as determined by the application of conditional probabilities (Becker, Grilo, Edell, & McGlashan, 2002). These analyses are relevant for informing decisions regarding the continued refinement of criteria sets and are of interest to clinicians for assisting in diagnostic decision-making. This approach has contributed to the refinement of psychiatric disorders (Baldessarini, Finkelstein, & Arana, 1983; Faraone, Biederman, Sprich-Buckminster, Chen, & Tsuang, 1993; Milich, Widiger, & Landau, 1987; Waldman & Lilienfeld, 1991) and borderline personality disorder (Becker et al., 2002; Widiger, Hurt, Frances, Clarkin, & Gilmore, 1984).

Only four studies—based on semi-structured diagnostic interviews—of AVPD diagnostic efficiency have been published, two for DSM-III (Phofl, Coryell, Zimmerman, & Stangl, 1986; Trull et al., 1987) and two for DSM-IV (Farmer & Chapman, 2002; Grilo et al., 2001) criteria. In addition, there exist some additional diagnostic efficiency data in the form of unpublished data sets were reviewed by Millon and Martinez (1995) as part of the DSM-IV Work Group. Both DSM-IV studies (Farmer & Chapman, 2002; Grilo et al., 2001) found that the AVPD criteria generally performed well in terms of diagnostic efficiency. Grilo et al. (2001), in their study of a heterogeneous sample of 668 patients, found that all seven AVPD criteria performed adequately for inclusion purposes although there was some variability in their performance.

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