

2. J Med Humanit. 2010 Feb 26. [Epub ahead of print]

Drawing the Eczema Aesthetic: The Psychological Effects of Chronic Skin Disease as Depicted in the Works of John Updike, Elizabeth Bishop, and Zelda Fitzgerald.

[Tatum KE.](#)

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How might the psycho-social effects of chronic skin disease, its treatments (and discontents) be figuratively expressed in writing and painting? Does the art reveal common denominators in experience and representation? If so, how do we understand the cryptic language of these expressions? By examining the works of artists with chronic skin diseases—John Updike, Elizabeth Bishop, and Zelda Fitzgerald—some common features can be noted. Chronically broken skin can fracture the ego or self-perception, resulting in a disturbed body image, which leads to personality disorders and co-morbid affective disorders such as anxiety and depression. The vertiginous feeling that results can be noted in the paradoxical characters, figures, and psyches portrayed in the works of these artists. This essay will examine the more specific ways in which artists disclose and/or conceal their experiences and the particular ways in which these manifest in their works. While certain nuances exist, the common denominators give us a starting point for developing an eczema aesthetic, a code for interpreting the ways in which artists' experiences with skin disease manifest in their works.

PMID: 20186566 [PubMed - as supplied by publisher]

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3. Can J Psychiatry. 2010 Feb;55(2):74-81.

Adaptation of interpersonal psychotherapy to borderline personality disorder: a comparison of combined therapy and single pharmacotherapy.

[Bellino S](#), [Rinaldi C](#), [Bogetto F](#).

Assistant Professor, Service for Personality Disorders, Unit of Psychiatry 1, Department of Neurosciences, University of Turin, Turin, Italy.

Objective: Combined treatment with interpersonal psychotherapy (IPT) and antidepressants (ADs) has been found more effective than single pharmacotherapy in patients with major depression and concomitant borderline personality disorder (BPD).

The aim of our study is to investigate whether combined treatment with a modified version of IPT is still superior to ADs when treating patients with a single diagnosis of BPD. Method: Fifty-five consecutive outpatients with a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, diagnosis of BPD were enrolled. They were randomly assigned to 2 treatment arms for 32 weeks: fluoxetine 20 to 40 mg per day plus clinical management; and fluoxetine 20 to 40 mg per day plus IPT adapted to BPD (IPT-BPD). Eleven patients (20%) discontinued treatment owing to noncompliance. Forty-four patients completed the treatment period. They were assessed at baseline, and at week 16 and 32 with: a semi-structured interview for demographic and clinical variables; Clinical Global Impression Scale (CGI-S); Hamilton Depression Rating Scale (HDRS); Hamilton Anxiety Rating Scale (HARS); Social and Occupational Functioning Assessment Scale (SOFAS); BPD Severity Index (BPD-SI); and a questionnaire for quality of life (Satisfaction Profile [SAT-P]). A univariate general linear model was performed with 2 factors: duration and type of treatment. P values of less than 0.05 were considered significant. Results: Remission rates did not differ significantly between subgroups. Duration, but not type of treatment, had a significant effect on CGI-S, HDRS, SOFAS, and total BPD-SI score changes. Combined therapy was more effective on the HARS; the items: interpersonal relationships, affective instability, and impulsivity of BPD-SI; and the factors: psychological functioning and social functioning of SAT-P. Conclusions: Combined therapy with adapted IPT was superior to fluoxetine alone in BPD patients, concerning a few core symptoms of the disorder, anxiety, and quality of life.

PMID: 20181302 [PubMed - in process]

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4. Can J Psychiatry. 2010 Feb;55(2):65-73.

Personality disorders among alcoholic outpatients: prevalence and course in treatment.

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Objective: To determine the prevalence of concurrent personality disorders (PDs) among alcoholic men and women seeking outpatient treatment, and to examine their effect on the course of alcohol treatment. Method: Patients with alcohol use disorders (n = 165) were assessed by clinical and semi-structured interviews, as well as self-report scales, to measure levels of psychological distress, impulsivity, social functioning, and addiction severity at treatment intake. PD diagnoses were assessed using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Personality Disorder (SCID-II). Course in treatment was monitored prospectively for 12 weeks. Results: Using the results of the SCID-II (n = 138), the sample was divided into 3 groups-that is, no PD 41% (n = 57), Cluster B PD 32% (n = 44), and other PD 27% (n = 37). The 3 groups did not differ in their alcohol

use severity at intake. However, the Cluster B PD group achieved alcohol milestones at a younger age. Subjects with a PD had more severe psychological and social problems at intake. The Cluster B PD group showed significantly higher levels of impulsivity at intake, greater likelihood of early treatment dropout, and quicker times to first slip and to relapse. Conclusions: This study supports the high prevalence of concurrent PDs, particularly Cluster B PDs, among treatment-seeking alcoholics. The relation between observed high levels of impulsivity and worse course in early alcohol treatment among people with a Cluster B PD merits further investigation.

PMID: 20181301 [PubMed - in process]

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5. Psychol Psychother. 2010 Feb 22. [Epub ahead of print]

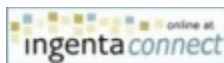
[A rational model for maximizing the effects of therapeutic relationship regulation in personality disorders with poor metacognition and over-regulation of affects.](#)

[Dimaggio G](#), [Carcione A](#), [Salvatore G](#), [Semerari A](#), [Nicolò G](#).

Background The therapeutic relationship plays a key role in personality disorder (PD) psychotherapy. Some aspects of therapeutic relationship regulation appear important for treatment of PD clients, including those with constricted relational schemas, poor metacognition, and over-regulation of affects described here. **Aim** To propose a rational model for how and when to work on the therapeutic relationship by treating the underlying personality pathology. **Method** Formalize a step-by-step procedure for performing operations such as validation of clients' experiences, creating a sense of sharedness, assessing the quality of the therapeutic relationship in order to prevent and repair ruptures in the alliance, self-disclosing by the therapist, and metacommunication on the basis of clients' responses to treatment. **Conclusion** We discuss the implications of this model for further research into the PD therapy process.

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6. Psychiatr Q. 2010 Feb 23. [Epub ahead of print]

[Psychiatric Correlates of Bullying in the United States: Findings from a National Sample.](#)

[Vaughn MG](#), [Fu Q](#), [Bender K](#), [Delisi M](#), [Beaver KM](#), [Perron BE](#), [Howard MO](#).

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The aim of this study was to examine the psychiatric correlates of bullying behavior in the United States. Data were derived from the National Epidemiologic Survey on Alcohol and Related Conditions, a nationally representative sample of US adults. Structured psychiatric interviews (N = 43,093) were completed by trained lay interviewers between 2001 and 2002. Six percent of US adults reported a lifetime history of bullying others. Respondents who were men, 18 to 34, Asian/Native American, earned \leq \$35,000 annually, were born in the US, and received no college education had significantly higher rates of bullying. Multivariate logistic regression analyses identified significant associations between bullying and bipolar disorder, lifetime alcohol and marijuana use disorders, nicotine dependence, conduct disorder, antisocial, paranoid, and histrionic personality disorders, and family history of antisocial behavior. Prevention and treatment targeting bullying behaviors, comorbid conditions, and their precursors could potentially reduce the prevalence and consequences of bullying.

PMID: 20177967 [PubMed - as supplied by publisher]

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7. Schizophr Bull. 2010 Feb 22. [Epub ahead of print]

The Silent Side of the Spectrum: Schizotypy and the Schizotaxic Self.

[Raballo A](#), [Parnas J](#).

1Danish National Research Foundation: Center for Subjectivity Research.

The identification of individuals carrying unexpressed genetic liability to schizophrenia is crucial for both etiological research and clinical risk stratification. Subclinical psychopathological features detectable in the nonpsychotic part of the schizophrenia spectrum could improve the delineation of informative vulnerability phenotypes. Inspired by Meehl's schizotaxia-schizotypy heuristic model, we tested anomalous subjective experiences (self-disorders, SDs) as a candidate vulnerability phenotype in a sample of nonpsychotic, genetically high-risk subjects. A total of 218 unaffected members of 6 extended multiplex families (assessed between 1989 and 1999 during the Copenhagen Schizophrenia Linkage Study) were stratified into 4 groups of increasing psychopathological expressivity: no mental illness (NMI), no mental illness with schizotypal traits (NMI-ST), personality disorders not fulfilling other personality disorders (OPDs), and schizotypal personality disorder (SPD). We tested the distribution of SDs among the subgroups, the effect of SDs on the risk of belonging to the different subgroups, and the effect of experimental grouping and concomitant psychopathology (ie, negative symptoms (NSs) and subpsychotic formal thought disorder [FTD]) on the chances of experiencing SDs. SDs distribution followed an incremental pattern from NMI to SPD. SDs were associated with a markedly increased risk of NMI-ST, OPDs, or SPD. The odds of SDs increased as a function of the

diagnostic category assignment, independently of sociodemographics and concomitant subclinical psychopathology (NSs and FTD). The results support SDs as an expression of schizotaxic vulnerability and indicate a multidimensional model of schizotypy-characterized by SDs, NSs, FTD-as a promising heuristic construct to address liability phenotypes in genetically high-risk studies.

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9. J Affect Disord. 2010 Feb 18. [Epub ahead of print]

Differences in neuroticism and extraversion between patients with bipolar I or II and general population subjects or major depressive disorder patients.

[Jylhä P](#), [Mantere O](#), [Melartin T](#), [Suominen K](#), [Vuorilehto M](#), [Arvilommi P](#), [Leppämäki S](#), [Valtonen H](#), [Rytsälä H](#), [Isometsä E](#).

Department of Mental Health and Substance Use, National Institute of Health and Welfare, Helsinki, Finland; Department of Psychiatry, Jorvi Hospital, Helsinki University Central Hospital, Espoo, Finland.

BACKGROUND: Whether levels of neuroticism or extraversion differ between patients with bipolar disorder (BD), major depressive disorder (MDD) and subjects from the general population, or between BD I and BD II patients, remains unclear. **METHODS:** BD patients (n=191) from the Jorvi Bipolar Study, and MDD patients (n=358) from both the Vantaa Depression Study and the Vantaa Primary Care Depression Study cohorts, were interviewed at baseline and at 18months. A general population comparison group (n=347) was surveyed by mail. BD patients' neuroticism and extraversion scores, measured by Eysenck Personality Inventory, were compared at an index interview, when the levels of depression and mania were lowest, with scores of MDD patients and general population controls. Comparisons were also made between BD I (n=99) and BD II (n=92) patients. **RESULTS:** In multinomial logistic regression, BD patients had higher neuroticism (OR=1.17, p<0.001) and lower extraversion (OR=0.92, p=0.003) than the general population. When entered simultaneously into the model, the effect of extraversion disappeared. In logistic regression, the levels of neuroticism and extraversion did not differ between BD and MDD patients, or between BD I and II patients. **LIMITATIONS:** Patients' personality scores were not pre-morbid. **CONCLUSIONS:** Levels of neuroticism and extraversion are unlikely to differ between BD and MDD patients, or between BD I and II patients. The overall level of neuroticism is moderately higher and extraversion somewhat lower in BD patients than in the general population. High neuroticism may be an indicator of vulnerability to both bipolar and unipolar mood disorders. Copyright © 2010 Elsevier B.V. All rights reserved.

PMID: 20171323 [PubMed - as supplied by publisher]

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11. Nicotine Tob Res. 2010 Feb 18. [Epub ahead of print]

Relationships of personality and psychiatric disorders to multiple domains of smoking motives and dependence in middle-aged adults.

[Kahler CW](#), [Leventhal AM](#), [Daughters SB](#), [Clark MA](#), [Colby SM](#), [Ramsey SE](#), [Boergers J](#), [Abrams DB](#), [Niaura R](#), [Buka SL](#).

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INTRODUCTION: Individual differences in psychopathology and personality may associate with dependence on smoking for specific motivational reasons. However, the associations among psychopathology, personality, and smoking dependence and motives have not been examined simultaneously in studies to date, leaving it unclear whether specific patterns of affective and behavioral functioning are associated with specific aspects of smoking dependence. **METHODS:** The present study examined these associations in 296 current smokers aged 35-43 years. Smoking dependence and motives were assessed with structured interview, the Fagerström Test for Nicotine Dependence, and the Wisconsin Inventory of Smoking Dependence Motives. **RESULTS:** Regardless of the measure of smoking dependence tested, a lifetime history of major depression and high levels of trait stress reaction were consistently related to greater current smoking dependence severity. Substance dependence showed significant associations with some measures of smoking dependence but had relatively few effects when entered in models along with depression history and trait stress reaction. In multivariate models, alcohol dependence and conduct disorder history did not show unique significant associations with smoking dependence nor did trait aggression, alienation, control, or harm avoidance. **DISCUSSION:** Results indicate little specificity in the associations of particular psychiatric diagnoses or personality traits with specific self-reported facets of smoking dependence. It appears that a general vulnerability to depression and negative emotions is the most robust indicator of vulnerability to high levels of self-reported smoking dependence, regardless of which dimensions of smoking dependence are analyzed.

PMID: 20167635 [PubMed - as supplied by publisher]

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12. Cochrane Database Syst Rev. 2010 Feb 17;2:CD003499.

Antiepileptics for aggression and associated impulsivity.

[Huband N](#), [Ferriter M](#), [Nathan R](#), [Jones H](#).

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BACKGROUND: Aggression is a major public health issue and is integral to several mental health disorders. Antiepileptic drugs may reduce aggression by acting on the central nervous system to reduce neuronal hyper-excitability associated with aggression. **OBJECTIVES:** To evaluate the efficacy of antiepileptic drugs in reducing aggression and associated impulsivity. **SEARCH STRATEGY:** We searched CENTRAL, MEDLINE, EMBASE, CINAHL, PsycINFO, metaRegister of Controlled Trials (mRCT) and ClinicalTrials.gov to April 2009. We also searched Cochrane Schizophrenia Group's register of trials on aggression, National Research Record and handsearched for studies. **SELECTION CRITERIA:** Prospective, placebo-controlled trials of antiepileptic drugs taken regularly by individuals with recurrent aggression to reduce the frequency or intensity of aggressive outbursts. **DATA COLLECTION AND ANALYSIS:** Three authors independently selected studies and two authors independently extracted data. We calculated standardised mean differences (SMDs), with odds ratios (ORs) for dichotomous data. **MAIN RESULTS:** Fourteen studies with data from 672 participants met the inclusion criteria. Five different antiepileptic drugs were examined. Sodium valproate/divalproex was superior to placebo for outpatient men with recurrent impulsive aggression, for impulsively aggressive adults with cluster B personality disorders, and for youths with conduct disorder, but not for children and adolescents with pervasive developmental disorder. Carbamazepine was superior to placebo in reducing acts of self-directed aggression in women with borderline personality disorder, but not in children with conduct disorder. Oxcarbazepine was superior to placebo for verbal aggression and aggression against objects in adult outpatients. Phenytoin was superior to placebo on the frequency of aggressive acts in male prisoners and in outpatient men including those with personality disorder, but not on the frequency of 'behavioral incidents' in delinquent boys. **AUTHORS' CONCLUSIONS:** The authors consider that the body of evidence summarised in this review is insufficient to allow any firm conclusion to be drawn about the use of antiepileptic medication in the treatment of aggression and associated impulsivity. Four antiepileptics (valproate/divalproex, carbamazepine, oxcarbazepine and phenytoin) were effective, compared to placebo, in reducing aggression in at least one study, although for three drugs (valproate, carbamazepine and phenytoin) at least one other study showed no statistically significant difference between treatment and control conditions. Side effects were more commonly noted for the intervention group although adverse effects were not well reported. Absence of information does not necessarily mean that the treatment is safe, nor that the potential gains from the medication necessarily balance the risk of an adverse event occurring. Further research is needed.

PMID: 20166067 [PubMed - in process]

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13. Am J Psychiatry. 2010 Feb 16. [Epub ahead of print]

State Effects of Major Depression on the Assessment of Personality and Personality Disorder.

[Morey LC](#), [Shea MT](#), [Markowitz JC](#), [Stout RL](#), [Hopwood CJ](#), [Gunderson JG](#), [Grilo CM](#), [McGlashan TH](#), [Yen S](#), [Sanislow CA](#), [Skodol AE](#).

Objective The authors sought to determine whether personality disorders diagnosed during a depressive episode have long-term outcomes more typical of those of other patients with personality disorders or those of patients with noncomorbid major depression. **Method** The authors used 6-year outcome data collected from the multisite Collaborative Longitudinal Personality Disorders Study (CLPS). Diagnoses and personality measures gathered from the study cohort at the index assessment using interview and self-report methods were associated with symptomatic, functional, and personality measures at 6-year follow-up. Of 668 patients initially recruited to the CLPS, 522 were followed for 6 years. All participants had either a DSM-IV diagnosis of one of four personality disorders (borderline, schizotypal, obsessive-compulsive, or avoidant) or a DSM-IV diagnosis of major depressive disorder with no accompanying personality disorder. **Results** Six-year outcomes for patients with comorbid personality disorder and major depressive disorder at the index evaluation were similar to those of patients with pure personality disorder and significantly worse than those of patients with pure major depressive disorder. Stability estimates of personality traits were similar for personality disorder patients with and without major depressive disorder at the index evaluation. **Conclusions** These results suggest that personality disorder diagnoses established during depressive episodes are a valid reflection of personality pathology rather than an artifact of depressive mood.

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15. J Psychosom Res. 2010 Mar;68(3):285-92. Epub 2009 Dec 9.

The Beliefs about Emotions Scale: validity, reliability and sensitivity to change.

[Rimes KA](#), [Chalder T](#).

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OBJECTIVE: Beliefs about the unacceptability of experiencing or expressing negative emotions have been noted in individuals with a range of problems, including chronic fatigue syndrome (CFS), irritable bowel syndrome, somatization disorder, depression, eating disorders, social phobia, posttraumatic stress disorder, and borderline personality disorder. These beliefs are likely to have implications for emotion regulation and processing, and are addressed explicitly or implicitly within many therapies including cognitive behavior therapy (CBT), mindfulness-based cognitive therapy (MBCT), and Acceptance and Commitment Therapy (ACT). This article describes the development, validation, and internal reliability of the Beliefs about Emotions Scale (BES), a self-report questionnaire to assess such beliefs.

METHODS: The new scale was completed by people with CFS (n=121) and healthy controls (n=73). Twenty-two individuals with CFS completed the scale before and after CBT. **RESULTS:** People with CFS had significantly higher scores on this new questionnaire than healthy controls. Principal components analysis identified one factor, and the scale had high internal consistency (0.91). Scores on the BES were most highly correlated with a measure of negative perfectionism ($r=0.59$) and also showed significant correlations with measures of dysfunctional attitudes, self-sacrifice, depression, anxiety, and fatigue. When completed before and after CBT for CFS, the questionnaire was sufficiently sensitive to detect a significant reduction in endorsement of unhelpful beliefs about emotions. **CONCLUSION:** The new Beliefs about Emotions Scale showed good internal reliability, validity and sensitivity to change. Copyright 2010 Elsevier Inc. All rights reserved.

PMID: 20159215 [PubMed - in process]

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Publication Types:

- Research Support, Non-U.S. Gov't

16. J Psychosom Res. 2010 Mar;68(3):279-83. Epub 2009 Dec 4.

[Health-related quality-of-life profiles in nonalexithymic and alexithymic subjects from general population.](#)

[Mattila AK](#), [Saarni SI](#), [Alanen E](#), [Salminen JK](#), [Kronholm E](#), [Jula A](#), [Sintonen H](#), [Joukamaa M](#).

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OBJECTIVE: Earlier studies have shown an association between alexithymia and health-related quality of life (HRQoL). There has been some controversy as to

whether this is attributable solely to psycho-social domains of HRQoL or also to physical domains. Furthermore, there are no studies on HRQoL profiles in representative general population samples controlling for sociodemographic variables, mental health and somatic health. **METHODS:** The study forms part of the Health 2000 Study. Altogether 5090 participants from general population, aged 30-97 years, filled in the 20-item Toronto Alexithymia Scale and the 15D HRQoL scale. Depressive and anxiety disorders were assessed in a structured psychiatric interview. Physical health was examined by physicians. The 15-dimension HRQoL profiles of both alexithymic and non-alexithymic subjects were obtained by analysis of covariance, controlling for sociodemographic and health-related variables. **RESULTS:** The alexithymic group had significantly ($P < .001$) lower mean scores on every dimension of the 15D even after controlling for confounding demographic variables, somatic diagnoses and depressive and anxiety disorders. The differences were greatest in the psycho-social domains. **CONCLUSIONS:** Alexithymia seems to be a personality trait with a statistically significant association to every dimension of HRQoL, not only to psychosocial domains. However, the associations between alexithymia and some somatic dimensions may be of little clinical significance. Copyright 2010 Elsevier Inc. All rights reserved.

PMID: 20159214 [PubMed - in process]

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17. J Psychosom Res. 2010 Mar;68(3):275-7. Epub 2009 Nov 17.

[Commentary on the paper "Is alexithymia a risk factor for major depression, personality disorder, or alcohol use disorders? A prospective population-based study".](#)

[Luminet O.](#)

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Comment on:

- [J Psychosom Res. 2010 Mar;68\(3\):269-73.](#)

PMID: 20159213 [PubMed - in process]

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Publication Types:

- Comment

18. J Psychosom Res. 2010 Mar;68(3):269-73. Epub 2009 Sep 23.

[Is alexithymia a risk factor for major depression, personality disorder, or alcohol use disorders? A prospective population-based study.](#)

[Honkalampi K](#), [Koivumaa-Honkanen H](#), [Lehto SM](#), [Hintikka J](#), [Haatainen K](#), [Rissanen T](#), [Viinamäki H](#).

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Comment in:

- [J Psychosom Res. 2010 Mar;68\(3\):275-7.](#)

OBJECTIVE: Disagreements concerning the stability of alexithymia and its ability to predict subsequent psychiatric disorders prevail. The aim of this 7-year follow-up study was to examine whether alexithymia predicts subsequent major depression, personality disorder, or alcohol use disorders in a population-based sample.

METHODS: The four-phase Kuopio Depression Study (KUDEP) was conducted in the eastern part of Central Finland. The study population (aged 25-64, n=2050) was randomly selected from the National Population Register. Data were collected in 1998, 1999, and 2001. In 2005, a subsample (n=333, 43 were excluded) of the 3-year follow-up population (1998-2001) was gathered and their diagnoses of mental disorders were confirmed by the Structure Clinical Interview for DSM-IV Axis I (SCID-I). Alexithymia was measured using the Toronto Alexithymia Scale (TAS-20) and depressive symptoms using the Beck Depression Inventory (BDI-21). For both of these measures, two groups were formed based on the median of their sum score (summing the 1998, 1999, and 2001 scores). Logistic regression analyses were performed. **RESULTS:** BDI sum scores, but not those of TAS, were associated with subsequent major depressive disorder, personality disorder, and alcohol use disorders in 2005. The BDI sum scores explained 35.7% of the variation in concurrent TAS sum scores. **CONCLUSION:** Alexithymia did not predict diagnoses of major depressive disorder, personality disorder, or alcohol use disorders. Alexithymia was closely linked to concurrent depressive symptoms. Thus, depressive symptoms may act as a mediator between alexithymia and psychiatric morbidity. Copyright 2010 Elsevier Inc. All rights reserved.

PMID: 20159212 [PubMed - in process]

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19. Arch Womens Ment Health. 2010 Feb 16. [Epub ahead of print]

Maternal personality disorder and babies' exposure to tobacco smoke.

[Conroy S](#), [Marks MN](#), [Schacht R](#), [Davies HA](#), [Moran PA](#).

Institute of Psychiatry, Perinatal Psychiatry, Kings College London, De Crespigny Park, London, SE5 8AF, UK, susan.conroy@kcl.ac.uk.

This study examined the association between smoking practices and maternal personality disorder in a sample of 200 mothers of 2-month-old babies. Maternal personality disorder was robustly associated with allowing smoking in the home and also exposing the baby to tobacco smoke. The findings suggest that mothers with personality disorders might particularly benefit from targeting with education and advice about reducing their baby's exposure to environmental tobacco smoke in the postpartum period.

PMID: 20157744 [PubMed - as supplied by publisher]

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20. Prog Neuropsychopharmacol Biol Psychiatry. 2010 Feb 13. [Epub ahead of print]

The integrity of corpus callosum and cluster B personality disorders: A quantitative MRI study in juvenile myoclonic epilepsy.

[Filho GM](#), [Jackowski AP](#), [Lin K](#), [Silva I](#), [S B Guaranha M](#), [Guilhoto LM](#), [Júnior HC](#), [Yacubian EM](#), [Bressan RA](#).

Department of Neurology, Universidade Federal de São Paulo/UNIFESP, São Paulo, Brazil.

Evidence suggests increased prevalence of cluster B personality disorders (PD) among patients with juvenile myoclonic epilepsy (JME), which has been associated with worse seizure control and more psychosocial dysfunctions. A preliminary voxel-based morphometry study demonstrated corpus callosum (CC) volume reduction in patients with JME and cluster B PD, particularly in the posterior midbody and isthmus. In this study we aimed to follow up these results with region of interest analysis. Sixteen JME patients with cluster B PD, 38 JME patients without any psychiatric disorder, and 30 demographically matched healthy controls submitted to a psychiatric evaluation and a magnetic resonance imaging scan. The total and regional callosal areas were obtained from the midsagittal slice using a semi-automated program. Psychiatric evaluation was performed through SCID-I and -II. Significant

reductions in the posterior region of the CC were observed in the JME with PD group relative to the other groups. These data support previous findings of callosal reductions in cluster B PD, as well as a possible involvement of CC in patients with JME and such personality characteristics. Copyright © 2010. Published by Elsevier Inc.

PMID: 20156513 [PubMed - as supplied by publisher]

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21. Psychiatry Res. 2010 Mar 30;181(3):226-232. Epub 2010 Feb 12.

[Altered emotional information processing in borderline personality disorder: An electrophysiological study.](#)

[Marissen MA](#), [Meuleman L](#), [Franken IH](#).

Centre for Personality Disorders, PsyQ, The Hague, The Netherlands; Erasmus University Rotterdam, Institute of Psychology, Rotterdam, The Netherlands.

Emotional dysregulation is one of the key symptoms of patients with borderline personality disorder (BPD). In the present study it is hypothesized that borderline patients display a cortical hyper-responsivity to emotional stimuli compared with a healthy control group. Further, we aimed to examine whether BPD patients were able to suppress stimuli with negative emotional valence as well as healthy control participants could. This is the first study addressing the electrophysiological processing of emotional stimuli in BPD. The electrophysiological response to emotional information was studied among 30 BPD patients and compared with the response in 30 normal controls using event-related potentials (ERPs). Participants were shown pictures selected from the International Affective Picture System with neutral, positive, and negative valence. After performing an attentional task, the participants were asked to perform a reappraisal task. The assignment was to consciously suppress emotions that might occur after viewing pictures with an unpleasant content. Borderline patients displayed larger late positive potentials (LPP) to pictures with an unpleasant valence as compared with the control group, indicating an enhanced elaborative processing of unpleasant stimuli. However, they did not differ on the reappraisal task. Borderline patients show an enhanced emotional cortical reactivity to unpleasant stimuli as compared with a control group. This suggests an emotional dysfunctioning in BPD patients. This feature might be an important focus in the treatment of BPD. Copyright © 2009 Elsevier Ireland Ltd. All rights reserved.

PMID: 20153144 [PubMed - as supplied by publisher]

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22. Compr Psychiatry. 2010 Mar-Apr;51(2):201-6. Epub 2009 Jul 10.

Direct and indirect effects of the temperament and character on alexithymia: a pathway analysis with mood and anxiety.

[Lee YJ](#), [Yu SH](#), [Cho SJ](#), [Cho IH](#), [Koh SH](#), [Kim SJ](#).

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OBJECTIVE: We aimed to assess the pathway from personality to alexithymia through mood and anxiety as mediators. **METHOD:** Three hundred thirty-four subjects (130 male), whose psychiatric health was verified by Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Axis I disorders, completed the Toronto Alexithymia Scale-20 (TAS-20), the Temperament and Character Inventory, the State-Trait Anxiety Inventory (STAI), and the Center for Epidemiological Studies-Depression scale (CES-D). The schematic models for the pathway analysis from Temperament and Character Inventory (TCI) to TAS-20 scores were made. **RESULTS:** Low reward dependence (RD), low self-directedness (S-D), and high cooperativeness (CO) had paths to TAS-20 total ($P = .000$, $P = .000$, and $P = .042$, respectively). S-D had also an indirect path via STAI-state to TAS total. On TAS-20 factor 1, low RD, low S-D, and high self-transcendence (ST) had direct effects ($P = .004$, $P = .000$, and $P = .000$, respectively). S-D had also an indirect path via STAI-state and (CES-D) on TAS-20 factor 1. On TAS factor 2, low novelty seeking (NS), high harm avoidance (HA), low RD, low S-D, and high cooperativeness (CO) had direct effects ($P = .005$, $P = .011$, $P = .000$, $P = .000$, and $P = .004$, respectively). On TAS-20 factor 3, low RD and S-D had direct effects ($P = .002$ and $P = .000$, respectively). **CONCLUSION:** Current results suggest that although alexithymia is affected by the personality, state-dependent mood and anxiety may mediate the relationship between alexithymia and personality. Copyright 2009 Elsevier Inc. All rights reserved.

PMID: 20152303 [PubMed - in process]

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Publication Types:

- Research Support, Non-U.S. Gov't

24. Compr Psychiatry. 2010 Mar-Apr;51(2):99-105. Epub 2009 Jul 9.

Clinical characteristics of depressed outpatients

[previously overdiagnosed with bipolar disorder.](#)

[Zimmerman M](#), [Ruggero CJ](#), [Chelminski I](#), [Young D](#).

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The diagnosis of bipolar disorder in depressed patients requires the ascertainment of prior episodes of mania and hypomania. Several research reports and commentaries have suggested that bipolar disorder is underrecognized and that many patients with nonbipolar major depressive disorder have, in fact, bipolar disorder. In a previous article from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we reported the opposite phenomenon—that bipolar disorder is often overdiagnosed in psychiatric outpatients. An important question that has not been previously examined is whether there is a particular clinical or demographic profile associated with bipolar disorder overdiagnosis among depressed patients. Forty psychiatric outpatients with current major depressive disorder reported having been previously diagnosed with bipolar disorder, which was not confirmed when interviewed with the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (SCID). Psychiatric diagnoses, clinical and demographic variables were compared in these 40 patients and 233 depressed patients who were not diagnosed with bipolar disorder. Patients were interviewed by a highly trained diagnostic rater who administered the SCID for DSM-IV Axis I disorders, the Structured Interview for DSM-IV Personality for DSM-IV Axis II disorders, and the Schedule for Affective Disorders and Schizophrenia for clinical features of depression. The depressed patients who were overdiagnosed with bipolar disorder were diagnosed with a significantly higher number of Axis I disorders and were more likely to be diagnosed with specific phobia, posttraumatic stress disorder, and drug abuse/dependence. The patients overdiagnosed with bipolar disorder were also significantly more likely to be diagnosed with a current personality disorder and were more chronically ill with greater psychosocial impairment. Thus, the results suggest that depressed outpatients who had previously been overdiagnosed with bipolar disorder were more chronically and severely ill than depressed outpatients who had not been overdiagnosed. Copyright 2010 Elsevier Inc. All rights reserved. PMID: 20152287 [PubMed - in process]

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25. *Neuro Endocrinol Lett.* 2010 Feb 16;31(1):5. [Epub ahead of print]

[The serotonin transporter gene \(5-HTT\) variant and psychiatric disorders: review of current literature.](#)

[Kuzelova H](#), [Ptacek R](#), [Macek M](#).

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Both serotonin and the serotonin transporter, which transports the neurotransmitter serotonin from synaptic spaces into presynaptic neurons, play an important role in the pathophysiology of several psychiatric disorders. Mutations associated with the serotonin transporter gene may result in changes in serotonin transporter function. The serotonin transporter gene promoter variant, consisting of a long (L) and a short (S) variant, is one of the major factors which contribute to the etiology of many psychiatric disorders. In this regard, many studies have been published on association of this variant with various psychiatric disorders. This repeat length variant in the promoter region of this gene has been shown to affect the rate of serotonin uptake and may play a role in post-traumatic stress disorder and depression-susceptibility in people experiencing emotional trauma. Associations between a functional variant in the serotonin transporter anxiety-related personality traits were found, as well as the risk of developing depression, alcoholism or suicidal behavior. Understanding of possible associations of these variants and psychiatric disorders would bring progress in principles and treatment of many disorders.

PMID: 20150867 [PubMed - as supplied by publisher]

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27. World Psychiatry. 2010 Feb;9(1):56-60.

[Personality disorder: a new global perspective.](#)

[Tyrer P](#), [Mulder R](#), [Crawford M](#), [Newton-Howes G](#), [Simonsen E](#), [Ndeti D](#), [Koldobsky N](#), [Fossati A](#), [Mbatia J](#), [Barrett B](#).

WPA Section on Personality Disorders.

Personality disorder is now being accepted as an important condition in mainstream psychiatry across the world. Although it often remains unrecognized in ordinary practice, research studies have shown it is common, creates considerable morbidity, is associated with high costs to services and to society, and interferes, usually negatively, with progress in the treatment of other mental disorders. We now have evidence that personality disorder, as currently classified, affects around 6% of the world population, and the differences between countries show no consistent variation. We are also getting increasing evidence that some treatments, mainly psychological, are of value in this group of disorders. What is now needed is a new classification that is of greater value to clinicians, and the WPA Section on Personality Disorders is currently undertaking this task.

PMCID: PMC2816919

PMID: 20148162 [PubMed]

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28. World Psychiatry. 2010 Feb;9(1):11-5.

Mentalization based treatment for borderline personality disorder.

[Bateman A](#), [Fonagy P](#).

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Mentalizing is the process by which we make sense of each other and ourselves, implicitly and explicitly, in terms of subjective states and mental processes. It is a profoundly social construct in the sense that we are attentive to the mental states of those we are with, physically or psychologically. Given the generality of this definition, most mental disorders will inevitably involve some difficulties with mentalization, but it is the application of the concept to the treatment of borderline personality disorder (BPD), a common psychiatric condition with important implications for public health, that has received the most attention. Patients with BPD show reduced capacities to mentalize, which leads to problems with emotional regulation and difficulties in managing impulsivity, especially in the context of interpersonal interactions. Mentalization based treatment (MBT) is a time-limited treatment which structures interventions that promote the further development of mentalizing. It has been tested in research trials and found to be an effective treatment for BPD when delivered by mental health professionals given limited additional training and with moderate levels of supervision. This supports the general utility of MBT in the treatment of BPD within generic mental health services.

PMCID: PMC2816926

PMID: 20148147 [PubMed]

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29. J Abnorm Child Psychol. 2010 Feb 10. [Epub ahead of print]

Personality Mediation of Genetic Effects on Attention-Deficit/Hyperactivity Disorder.

[Martel MM](#), [Nikolas M](#), [Jernigan K](#), [Friderici K](#), [Nigg JT](#).

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Personality traits may be viable candidates for mediators of the relationship between genetic risk and ADHD. Participants were 578 children (331 boys; 320 children with ADHD) between the ages of six and 18. Parents and teachers completed a comprehensive, multi-stage diagnostic procedure to assess ADHD and comorbid disorders. Mother completed the California Q-Sort to assess child Big Five personality traits. Children provided buccal samples of DNA which were assayed for selected markers on DRD4, DAT1, and ADRA2A. An additive genetic risk composite was associated with ADHD symptoms and maladaptive personality traits; maladaptive personality traits were associated with ADHD symptoms. Low conscientiousness and high neuroticism partially mediated the relationship between genetic risk and ADHD symptoms. Mediation effects for conscientiousness were specific to inattentive symptoms; effects for neuroticism generalized to all disruptive behaviors. High neuroticism and low conscientiousness may be useful as early markers for children at risk for ADHD.

PMID: 20146095 [PubMed - as supplied by publisher]

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30. J Nerv Ment Dis. 2010 Feb;198(2):110-5.

Process and outcome in psychodynamic hospitalization-based treatment for patients with a personality disorder.

[Vermote R](#), [Lowyck B](#), [Luyten P](#), [Vertommen H](#), [Corveleyn J](#), [Verhaest Y](#), [Stroobants R](#), [Vandeneede B](#), [Vansteelandt K](#), [Peuskens J](#).

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This study examined the relationship between the psychotherapeutic process and outcome in 44 patients who completed hospitalization-based psychodynamic treatment for personality disorders. Using self-report and interview ratings, outcome was assessed in terms of symptoms and personality functioning, and the psychotherapeutic process in terms of self and object relations, felt safety, and reflective functioning. Symptom and process measures were administered at intake, every 3 months during treatment, and at 3 and 12 months follow-up. Personality measures were collected at intake, the end of treatment, and at 3 and 12 months follow-up. Using Piecewise Linear Growth Curve Analysis results showed improvement in symptoms, personality functioning, self and object relations and felt safety, but not in reflective functioning. Linear changes in self and object representation and felt safety, but not in reflective functioning, predicted improvement

in outcome.

PMID: 20145485 [PubMed - in process]

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Publication Types:

- Research Support, Non-U.S. Gov't

33. J Abnorm Psychol. 2010 Feb;119(1):197-205.

[Shame aversion and shame-proneness in Cluster C personality disorders.](#)

[Schoenleber M](#), [Berenbaum H](#).

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The associations between shame and Cluster C personality disorders (PDs) were examined in 237 undergraduates, 35 of whom met at least subthreshold criteria for Cluster C PDs assessed using the Personality Disorder Interview-IV. Shame-proneness (the propensity to experience shame across many situations) was measured using the Test of Self-Conscious Affect-3, and shame aversion (the tendency to perceive shame as especially painful and undesirable) was measured using the Shame-Aversive Reactions Questionnaire. A go/no-go association task was used to assess the strength of implicit mental representations of the association between shame and pain, relative to that between shame and pleasure. Shame-proneness and shame aversion were associated with Cluster C PD symptoms over and above trait positive and negative affect. Further, shame-proneness was found to be associated with Cluster C PDs among individuals with high but not low levels of shame aversion. Finally, shame-pain associations were uniquely associated with dependent personality disorder.

PMID: 20141256 [PubMed - in process]

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34. J Abnorm Psychol. 2010 Feb;119(1):186-96.

[A person -centered personality approach to heterogeneity in attention-deficit/hyperactivity disorder \(ADHD\).](#)

[Martel MM](#), [Goth-Owens T](#), [Martinez-Torteya C](#), [Nigg JT](#).

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Person-centered personality approaches are an underused means of illuminating clinical heterogeneity of attention-deficit/hyperactivity disorder (ADHD). In the present study, latent profile analysis was conducted with personality traits to identify homogeneous profiles within the ADHD population. Participants were 548 children ages 6-18 years (302 with ADHD). Personality traits were measured via parent report on the California Q-Sort (A. Caspi et al., 1992). Latent profile analysis was conducted on the Big 5 factors. A 6-profile solution best fit the data. Resulting groups were characterized as "disagreeable," "introverted," "poor control," "well adjusted," "extraverted," and "perfectionistic." External validation of this model using ADHD diagnosis, subtypes, and comorbid psychopathology suggested that children with ADHD could be parsed into 4 groups: (a) an introverted group with high rates of the ADHD-inattentive type, (b) a group characterized by poor control, with high rates of ADHD-combined type (ADHD-C) and comorbid disruptive behavior disorders, (c) an extraverted group, with ADHD-C and few associated comorbid disorders, and (c) possibly, a very rare "perfectionistic" group, exhibiting obsessive traits. A person-centered personality approach may be one promising way to capture homogeneous subgroups within the ADHD population.

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Publication Types:

- Research Support, N.I.H., Extramural

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- MH70542/MH/NIMH NIH HHS/United States
- R01-MH63146/MH/NIMH NIH HHS/United States

35. J Abnorm Psychol. 2010 Feb;119(1):93-105.

[Do changes in drinking motives mediate the relation between personality change and "maturing out" of problem drinking?](#)

[Littlefield AK](#), [Sher KJ](#), [Wood PK](#).

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Midwest Alcoholism Research Center, Columbia, Missouri 65211-0001, USA.
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Recent research has indicated that developmental changes in the personality traits of neuroticism and impulsivity correlate with changes in problem drinking during emerging and young adulthood. However, it remains unclear what potential mechanisms, or mediators, could account for these associations. Drinking motives, particularly drinking to regulate negative affect (drinking to cope) and to get "high" or "drunk" (drinking for enhancement), have been posited to mediate the relationship between personality and drinking problems. Recent work indicates that changes in drinking motives parallel changes in alcohol involvement from adolescence to young adulthood. The present study examined changes in drinking motives (i.e., coping and enhancement) as potential mediators of the relation between changes in personality (impulsivity and neuroticism) with changes in alcohol problems in emerging and young adulthood. Analyses were based on data collected from a cohort of college students (N = 489) at varying risk for alcohol use disorders from ages 18 to 35. Parallel process latent growth modeling indicated that change in coping (but not enhancement) motives specifically mediated the relation between changes in neuroticism and alcohol problems as well as the relation between changes in impulsivity and alcohol problems. Findings suggest that change in coping motives is an important mechanism in the relation between personality change and the "maturing out" of problematic alcohol involvement.

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Publication Types:

- Research Support, N.I.H., Extramural

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- R01 AA13987/AA/NIAAA NIH HHS/United States
- R37 AA07231/AA/NIAAA NIH HHS/United States
- T32 AA13526/AA/NIAAA NIH HHS/United States

36. Soc Psychiatry Psychiatr Epidemiol. 2010 Feb 6. [Epub ahead of print]

[The recognition of mental health disorders and its association with psychiatric scepticism, knowledge of psychiatry, and the Big Five personality factors: an](#)

[Investigation using the overclaiming technique.](#)

[Swami V](#), [Persaud R](#), [Furnham A](#).

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The present study examined the general public's ability to recognise mental health disorders and this ability's association with psychiatric scepticism, knowledge of psychiatry, and the Big Five personality factors. A total of 477 members of the British general public completed an overclaiming scale, in which they were asked to rate the degree to which they believed 20 mental health disorders (of which five were foils designed to resemble real disorders) were real or fake. Participants also completed a novel scale measuring psychiatric scepticism, a single-item measure of knowledge of psychiatry, and a measure of the Big Five personality factors. Results showed that participants were significantly more likely to rate foils as fake disorders than real disorders. In addition, the difference between real and foil ratings was significantly predicted by knowledge of psychiatry, psychiatric scepticism, and the Big Five personality factors of agreeableness and openness to experience. These results are discussed in relation to the overclaiming technique as a novel method to study mental health literacy.

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37. J Intellect Disabil Res. 2010 Feb 2. [Epub ahead of print]

[Personality disorders in offenders with intellectual disability: a comparison of clinical, forensic and outcome variables and implications for service provision.](#)

[Alexander RT](#), [Green FN](#), [O'Mahony B](#), [Gunaratna IJ](#), [Gangadharan SK](#), [Hoare S](#).

Psychiatry, PIC LD Services, St John's House, Norfolk, UK.

Abstract Aim To establish any differences between patients with and without a diagnosis of personality disorders, being treated in a secure inpatient service for offenders with intellectual disability (ID) in the UK. **Method** A cohort study involving a selected population of people with ID and offending behaviours. **Results** The study included a total of 138 patients, treated over a 6 year period - 77 with a dissocial or emotionally unstable personality disorder and 61 without. Women were more likely to be in the personality disorder group. Both groups had high prevalence of abuse with no significant differences. Depressive disorders and substance abuse were more common in the personality disorder group, while epilepsy and autistic spectrum

disorders were more common in the non-personality disorder group. Rather than differences, what was more striking was the rate and range of these comorbidities across both groups. Although past histories of violence and institutional aggression were no different, compulsory detention under criminal sections and restriction orders were more common in the personality disorder group. There were no differences in treatment outcomes. Conclusions Although about half of patients detained in secure units for offenders with ID have a personality disorder, there were more similarities than differences between this group and the rest. While good treatment outcomes supported the case for specialised secure treatment units for people with ID, the case for establishing a more specialised ID-personality disorder unit was less convincing. There is also a need to explore whether there are alternative diagnostic models that can delineate better the group with personality difficulties in this population.

PMID: 20136682 [PubMed - as supplied by publisher]

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38. Psychiatry Clin Neurosci. 2010 Feb 1. [Epub ahead of print]

Relationship of alexithymia and temperament and character dimensions with lifetime post-traumatic stress disorder in male alcohol-dependent inpatients.

[Evren C](#), [Dalbudak E](#), [Cetin R](#), [Durkaya M](#), [Evren B](#).

Bakirkoy State Hospital for Mental Health and Neurological Disorders, Alcohol and Drug Research, Treatment and Training Center (AMATEM), Istanbul, Turkey.

Aims: The purpose of the present study was to evaluate the prevalence of lifetime post-traumatic stress disorder (PTSD) in male alcohol-dependent inpatients and to investigate the relationship of PTSD with alexithymia and temperament and character dimensions. **Methods:** Participants were 156 consecutively admitted male alcohol-dependent subjects. Patients were investigated using the Clinician-Administered PTSD Scale (CAPS), the Toronto Alexithymia Scale (TAS-20) and the Temperament and Character Inventory (TCI). **Results:** Among alcohol-dependent inpatients 32.1% were considered as having lifetime PTSD. Mean scores of alexithymia, novelty seeking (NS), harm avoidance (HA) and self-transcendence (ST) were higher in the PTSD group, whereas age and self-directedness (S) were lower. Among age and other factors of TAS-20, 'difficulty in identifying feelings (DIF)' predicted PTSD in a logistic regression model. When age and personality dimensions of TCI were taken as independent variables, S predicted PTSD in the logistic regression model. Finally, among subscales of TCI, 'impulsiveness versus reflection' (NS2) and 'congruent second nature versus bad habits' (S5) predicted PTSD. **Conclusions:** Alexithymia and personality traits, particularly high DIF and S scores are related with lifetime PTSD diagnosis, even when controlling for age among alcohol-dependent inpatients. Causal relationships between alexithymia, personality dimensions and PTSD, and their implications on treatment are not clear and should be evaluated in longitudinal studies.

PMID: 20132531 [PubMed - as supplied by publisher]

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39. Neuropsychopharmacology. 2010 Feb 3. [Epub ahead of print]

[Pergolide Treatment of Cognitive Deficits Associated with Schizotypal Personality Disorder: Continued Evidence of the Importance of the Dopamine System in the Schizophrenia Spectrum.](#)

[McClure MM](#), [Harvey PD](#), [Goodman M](#), [Triebwasser J](#), [New A](#), [Koenigsberg HW](#), [Sprung LJ](#), [Flory JD](#), [Siever LJ](#).

[1] VA VISN 3 Mental Illness Research, Education, and Clinical Center, Bronx, NY, USA [2] Mt Sinai School of Medicine, New York, NY, USA.

Cognitive deficits observed in schizophrenia are also frequently found in individuals with other schizophrenia spectrum disorders, such as schizotypal personality disorder (SPD). Dopamine appears to be a particularly important modulator of cognitive processes such as those impaired in schizophrenia spectrum disorders. In a double-blind, placebo-controlled clinical trial, we administered pergolide, a dopamine agonist targeting D(1) and D(2) receptors, to 25 participants with SPD and assessed the effect of pergolide treatment, as compared with placebo, on neuropsychological performance. We found that the pergolide group showed improvements in visual-spatial working memory, executive functioning, and verbal learning and memory. These results suggest that dopamine agonists may provide benefit for the cognitive abnormalities of schizophrenia spectrum disorders. *Neuropsychopharmacology* advance online publication, 3 February 2010; doi:10.1038/npp.2010.5.

PMID: 20130535 [PubMed - as supplied by publisher]

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40. J Affect Disord. 2010 Feb 1. [Epub ahead of print]

[The influence of affective temperaments and psychopathological traits on the definition of bipolar disorder subtypes: A study on Bipolar I Italian National sample.](#)

[Perugi G](#), [Toni C](#), [Maremmani I](#), [Tusini G](#), [Ramacciotti S](#), [Madia A](#), [Fornaro M](#), [Akiskal HS](#).

Department of Psychiatry, University of Pisa, Pisa, Italy; Institute of Behavioural

Sciences, "G. De Lisio", Pisa, Italy.

Affective temperament and psychopathological traits such as separation anxiety (SA) and interpersonal sensitivity (IPS) are supposed to impact on the clinical manifestation and on the course of Bipolar Disorder (BD); in the present study we investigated their influence on the definition of BD subtypes. **METHOD::** Among 106 BD-I patients with DSM-IV depressive, manic or mixed episode included in a multicentric Italian study and treated according to the routine clinical practice, 89 (84.0%) were in remission after a follow-up period ranging from 3 to 6 months (Clinical Global Impression-BP [CGI-BP] <2). Remitting patients underwent a comprehensive evaluation including self-report questionnaires such as the Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS-A) scale, Separation Anxiety Symptom Inventory (SASI), Interpersonal Sensitivity Measure (IPSM) and the Semi-structured interview for Mood Disorder (SIMD-R) administered by experienced clinicians. Correlation and factorial analyses were conducted on temperamental and psychopathological measures. Comparative analyses were conducted on different temperamental subtypes based on the TEMPS-A, SASI and IPSM profile. **RESULTS::** Depressive, cyclothymic and irritable TEMPS-A score and SASI and IPSM total scores were positively and statistically correlated with each other. On the contrary, hyperthymic temperament score was negatively correlated with depressive temperament and not significantly correlated with the other temperamental and psychopathological dimensions. The factorial analysis of the TEMPS-A subscales and SASI and IPSM total scores allowed the extraction of 2 factors: the cyclothymic-sensitive (explaining 46% of the variance) that included, as positive components, depressive, cyclothymic, irritable temperaments and SASI and IPSM scores; the hyperthymic (explaining the 19% of the variance) included hyperthymic temperament as the only positive component and depressive temperament and IPSM, as negative components. Dominant cyclothymic-sensitive patients (n=49) were more frequently females and reported higher number of depressive, hypomanic and suicide attempts when compared to the dominant hyperthymic patients (n=40). On the contrary, these latter showed a higher number of manic episodes and hospitalizations than cyclothymic-sensitive patients. The rates of first-degree family history for both mood and anxiety disorders were higher in cyclothymic-sensitive than in hyperthymic patients. Cyclothymic sensitive patients also reported more axis I lifetime co-morbidities with Panic Disorder/Agoraphobia and Social Anxiety Disorder in comparison with hyperthymics. As concerns axis II co-morbidity the cyclothymic-sensitive patients met more frequently DSM-IV criteria 1, 5 and 7 for borderline personality disorder than the hyperthymics. On the contrary, antisocial personality disorder was more represented among hyperthymic than cyclothymic patients, in particular for DSM-IV criteria 1 and 6. **LIMITATION::** No blind evaluation and uncertain validity of personality inventory. **CONCLUSION::** Our results support the view that affective temperaments influence the clinical features of BD in terms of both clinical and course characteristics, family history and axis I and II co-morbidities. Hypothetical temperamental subtypes as measured by TEMPS-A presented important interrelationships that permit to reliably isolate two fundamental temperamental disposition: the first characterized by rapid fluctuations of mood and

emotional instability, and the second by hyperactivity, high level of energy and emotional intensity. Dominant cyclothymic and hyperthymic bipolar I patients reported important differences in terms of gender distribution, number and polarity of previous episodes, hospitalizations, suicidality, rates of co-morbid anxiety and personality traits and disorders. Our data are consistent with the hypothesis that affective temperaments, and in particular cyclothymia, could be utilized as quantitative, intermediate phenotypes in order to identify BD susceptibility genes. Copyright © 2010. Published by Elsevier B.V.

PMID: 20129674 [PubMed - as supplied by publisher]

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41. J Behav Med. 2010 Feb 3. [Epub ahead of print]

Treatment adherence in multiple sclerosis: association with emotional status, personality, and cognition.

[Bruce JM](#), [Hancock LM](#), [Arnett P](#), [Lynch S](#).

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The purpose of the present study was to prospectively examine the association between treatment adherence and common neuropsychiatric symptoms in multiple sclerosis (MS). Patients underwent a thorough psychiatric and neuropsychological evaluation at the outset of the study. Patient adherence to disease modifying therapies was then tracked for 8 weeks using self-report, a medication diary, and an electronic monitoring device that recorded needle disposals. Results indicated that MS patients with current mood or anxiety disorders were almost five times as likely as MS patients with no psychiatric diagnosis to exhibit problems adhering to their disease modifying therapies. Poor adherence was also associated with memory difficulties, anxiety, depression, neuroticism, and low conscientiousness. Findings highlight the importance of conducting a thorough psychiatric and neuropsychological evaluation when clinicians suspect poor adherence to disease modifying therapies. Pharmacological or psychotherapeutic treatment of mood/anxiety disorders, use of scheduled reminders, and/or increased organization and structure may lead to improved treatment adherence in MS.

PMID: 20127401 [PubMed - as supplied by publisher]

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43. Psychiatr Genet. 2010 Feb;20(1):25-30.

[Fluoxetine response in impulsive-aggressive behavior and serotonin transporter polymorphism in personality disorder.](#)

[Silva H](#), [Iturra P](#), [Solari A](#), [Villarroel J](#), [Jerez S](#), [Jiménez M](#), [Galleguillos F](#), [Bustamante ML](#).

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BACKGROUND: Disturbances in central serotonin function have been implicated in impulsive and aggressive behavior. A deletion/insertion polymorphism within the 5-HT transporter promoter gene (5-HTTLPR) is thought to be associated with disturbed impulse control, anxiety, and depression. The serotonin transporter (5-HTT) is the primary action site for selective serotonin reuptake inhibitors (SSRIs). Several studies of major depression have shown that the l allele of 5-HTTLPR is associated with better SSRI antidepressant effects than the s allele. **METHODS:** This study investigates the association between response of impulsivity to treatment with fluoxetine and 5-HTTLPR polymorphism in 49 personality disordered patients. Additionally, we studied TPH1, 5HT1B and 5HT2C receptor polymorphisms as predictors of response in this population. **RESULTS:** Results reveal that patients with the l/l genotype of 5-HTTLPR had a significantly better response to fluoxetine when compared to s allele carriers, as evaluated on the basis of total ($P < 0.05$) and Aggression subscale ($P < 0.01$) Overt Aggression Scale Modified-score percentage change. There were no significant associations between fluoxetine response and TPH1 (A218C) (-6525 A>G) (-5806 G>T), HTR1B (G861C) and HTR2C (G68C) genotype groups. **CONCLUSION:** This is the first study assessing the association between these polymorphisms and anti-impulsive response to fluoxetine in personality disorder. As the s genotype is associated with a poorer selective serotonin reuptake inhibitors response in major depression, bulimia nervosa and borderline personality disorder, it could represent a common biological background for SSRI response.

PMID: 20010449 [PubMed - indexed for MEDLINE]

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Publication Types:

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MeSH Terms:

- Adolescent
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- Personality Disorders/genetics*
- Polymorphism, Genetic/genetics*
- Psychiatric Status Rating Scales
- Serotonin Plasma Membrane Transport Proteins/genetics*
- Serotonin Uptake Inhibitors/therapeutic use*
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Substances:

- Serotonin Plasma Membrane Transport Proteins
- Serotonin Uptake Inhibitors
- Fluoxetine

PMID: 20008944 [PubMed - indexed for MEDLINE]

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47. J Behav Ther Exp Psychiatry. 2010 Mar;41(1):52-9. Epub 2009 Oct 17.

Mediation of early maladaptive schemas between perceptions of parental rearing style and personality disorder symptoms.

[Thimm JC.](#)

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In schema therapy (ST), early maladaptive schemas (EMS) are proposed to be the defining core of personality disorders. Adverse relational experiences in childhood are assumed to be the main cause for the development of EMS. The present study explored the links between perceived parental rearing behaviours, EMS, and personality disorder symptoms in a clinical sample (N=108). Results from mediation

analyses suggest that EMS mediate the relationships between recalled parenting rearing behaviours and personality disorder symptoms. Findings give support to the theoretical model ST is based on.

PMID: 19896642 [PubMed - indexed for MEDLINE]

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- Statistics as Topic
- Young Adult

49. Clin Psychol Rev. 2010 Feb;30(1):89-100.

[Explaining the relationship between age and crime: contributions from the developmental literature on personality.](#)

[Blonigen DM.](#)

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The robust link between age and crime has received considerable inquiry. However,

the etiology of this association remains elusive. The present exposition provides a review of seminal theories on age and crime and discusses potential contributions from personality psychology in explaining this relationship. Specifically, personality development is highlighted with emphasis on patterns of change in traits from late adolescence to early adulthood in order to address the misconception within the age-crime literature that personality is only relevant to stability in antisocial behavior over time. It is theorized that age-related declines in antisocial behavior reflect normative change in key dimensions of personality. Findings from the developmental literature on personality are integrated with past biological and sociological perspectives on the age-crime curve to articulate a theory that emphasizes the co-development of personality and antisocial behavior from late adolescence to early adulthood. It is concluded that changes in personality undergird the development of antisocial behavior during this formative stage of the life-course and that personality development represents a viable theoretical framework for understanding the link between age and crime.

PMID: 19892450 [PubMed - indexed for MEDLINE]

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- Crime/psychology*
- Humans
- Juvenile Delinquency/psychology
- Personality/physiology*
- Personality Development*
- Social Behavior*

PMID: 19733343 [PubMed - indexed for MEDLINE]

2. Fortschr Neurol Psychiatr. 2010 Jan 28. [Epub ahead of print]

[Development of Antisocial Disorders - Impact of the](#)

[Autonomic Stress System.](#)

[Vloet TD](#), [Konrad K](#), [Herpertz SC](#), [Matthias K](#), [Polier GG](#), [Herpertz-Dahlmann B](#).

Klinik für Kinder- und Jugendpsychiatrie und -psychotherapie, Medizinische Fakultät, Universitätsklinikum Aachen (Klinikleiterin: Univ.-Prof. B. Herpertz-Dahlmann).

The current selective review emphasizes the heterogeneity of antisocial behaviour in children and adolescents. It focuses on the development of children of the early-starter subtype of conduct disorder who are at high risk for the development of an antisocial personality disorder. Especially the autonomic stress system seems to have an important impact on symptoms and the prognosis of antisocial individuals. While autonomic hypoarousal and a reduced autonomic reactivity seem to be associated with more proactive aggressiveness and a negative outcome, increased autonomic arousal and reactivity might be related to reactive aggressiveness and constitutes possibly a protective trait. Data of the current psychophysiological and neuroendocrinological literature are summarized. Moreover, the impact of comorbid attention deficit hyperactivity disorder and anxiety disorders on dissocial development is illustrated. Particularly early diagnostic assessment of the individual's extent of trait anxiety might help to specify therapeutic opportunities and could thereby improve therapeutic efficiency. © Georg Thieme Verlag KG Stuttgart · New York.

PMID: 20112176 [PubMed - as supplied by publisher]

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3. Psychopathology. 2010 Jan 23;43(2):110-120. [Epub ahead of print]

[Diagnostic Validity of ICD-10 Personality Dimensions: A Multitrait-Multimethod Analysis of Two Self-Report Questionnaires and a Structured Interview.](#)

[Schroeder K](#), [Andresen B](#), [Naber D](#), [Huber CG](#).

Department of Psychiatry and Psychotherapy, University Medical Centre Hamburg-Eppendorf, Hamburg, Germany.

Background/Aims: There is growing evidence that the validity of diagnostic methods for personality disorders (PD) may be insufficient. Although the ICD-10 classification system is widely used, there is little data concerning its validity for diagnosing PD. **Methods:** To examine convergent and discriminant validity of ICD-10 PD, corresponding dimensions were calculated using the Inventory of Clinical Personality Accentuations (self-rating) and the International Personality Disorder Examination ICD-10 module (interview and screening questionnaire). These were administered to 42 psychiatric patients. A multitrait-multimethod analysis of the 2 self-administered

questionnaires and the structured interview was conducted. Results: Correspondence between methods is significant at the level of 0.01 for the schizoid, borderline, anankastic, anxious and dependent PD dimensions. The investigation of discriminant validity within and between instruments reveals several strong relationships between different PD dimensions. Conclusion: Convergent validity can be considered sufficient for 5 of the 9 examined PD dimensions. Non-convergence must partly be interpreted as caused by poor discriminant validity inherent in the ICD-10 classification. Conceptualization of PD as completely distinguishable entities may not reflect the clinical reality of a partial overlap between personality disorders. Copyright © 2010 S. Karger AG, Basel.

PMID: 20110763 [PubMed - as supplied by publisher]

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4. Gerontology. 2010;56(1):93-99. Epub 2010 Jan 26.

[Depression among Centenarians and the Oldest Old: Contributions of Cognition and Personality.](#)

[Margrett J](#), [Martin P](#), [Woodard JL](#), [Miller LS](#), [Macdonald M](#), [Baenziger J](#), [Siegler IC](#), [Davey A](#), [Poon L](#).

Iowa State University, Ames, Iowa, USA.

Background: An estimated 20% of adults over the age of 55 experience clinical mental disorders such as depression and anxiety. For older adults, mental health concerns are often undetected, concomitant with physical challenges, and ultimately go untreated. These realities have significant implications for older adults' day-to-day functioning, particularly among the oldest old. Objective: The present study examined the ability of cognition and personality in explaining depression within a sample of octogenarians and centenarians. Methods: Participants were assessed during the most recent cross-sectional data collection of the Georgia Centenarian Study. The final eligible sample included 76 octogenarians (mean: 84.25 years, SD: 2.82; range: 81-90) and 158 centenarians and near centenarians (mean: 99.82 years, SD: 1.72; range: 98-109). Results: Hierarchical regression analyses were conducted to examine the relation between key variables and depressive symptoms in the two age groups. Blocks entered into the analyses included: demographics (i.e. age group, residential status, sex, and ethnicity) and functioning, memory and problem-solving ability, and personality (i.e. extraversion and neuroticism). Models differed for octogenarians and centenarians. Decreased problem-solving ability was related to greater depressive symptoms among octogenarians. For centenarians, institutional residence and increased neurotic tendencies were related to greater depressive symptoms. Conclusion: Study findings demonstrate the need to examine a variety of factors which influence mental health in later life and to consider the unique contexts and differential experiences of octogenarians and centenarians. Copyright © 2010 S. Karger AG, Basel.

6. BMC Psychiatry. 2010 Jan 28;10(1):10. [Epub ahead of print]

[Screening for personality disorder with the Standardised Assessment of Personality: Abbreviated Scale \(SAPAS\): further evidence of concurrent validity.](#)

[Hesse M](#), [Moran P](#).

ABSTRACT: BACKGROUND: The assessment of personality disorders (PD) is costly and time-consuming. There is a need for a brief screen for personality disorders that can be used in routine clinical settings and epidemiological surveys. AIMS: To test the validity of the SAPAS as a screen for PD in a clinical sample of substance abusers. METHODS: Convergent validity of the SAPAS with both categorical and dimensional representations of personality disorders was estimated. RESULTS: In this sample, the SAPAS correlated well with dimensional representations of cluster A and C personality disorders, even after controlling for ADHD symptoms, anxiety/depression symptoms and recent substance use. The SAPAS was also significantly associated with total number of PD criteria, although correlation with categorical measures of PD was weak. CONCLUSIONS: The SAPAS is an effective brief screen for PD as assessed dimensionally.

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7. Alcohol Alcohol. 2010 Jan 27. [Epub ahead of print]

[Supervised Disulfiram in Relapse Prevention in Alcohol-Dependent Patients Suffering From Comorbid Borderline Personality Disorder--A Case Series.](#)

[Mutschler J](#), [Grosshans M](#), [Koopmann A](#), [Hermann D](#), [Diehl A](#), [Mann K](#), [Kiefer F](#).

Department of Addictive Behaviour and Addiction Medicine, Central Institute of Mental Health, Mannheim, University of Heidelberg, J5, 68159 Mannheim, Germany.

AIMS: Disulfiram is widely used to prevent alcoholic relapse. However, due to the intended adverse reaction with ethanol, some believe that its use is dangerous for patients with personality disorders or psychiatric comorbidities because of their increased risk of impulsivity or suicidal behaviour. We examined the safety and efficacy in relapse prevention of a series of alcoholics with borderline personality disorder (BPD). METHODS: Case history study of patients diagnosed with BPD, prescribed disulfiram in a dose of 1.5-2.5 g/week, supervised by a physician in up to three brief contacts per week. RESULTS: Two out of eight patients remained

completely abstinent during the supervised disulfiram therapy over a mean period of 9.25 months. Adherence to treatment was 18.44 +/- 21.78 months. The first relapse occurred after 1.38 +/- 1.41 months. The cumulated time of abstinence was 16.88 +/- 20.48 months. The overall tolerability was considered to be high; dizziness and fatigue appeared in all patients at the beginning of the therapy but did not persist. No serious adverse events or ethanol-disulfiram interactions were observed. No suicidal behaviour was reported. CONCLUSIONS: Although case observations should be interpreted with caution, supervised disulfiram seems to deserve further investigation in patients with comorbid BPD, for whom it appears to help prevent alcoholic relapse.

PMID: 20107104 [PubMed - as supplied by publisher]

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8. Int J Obes (Lond). 2010 Jan 26. [Epub ahead of print]

[Obesity status and risk of disability pension due to psychiatric disorders.](#)

[Kark M](#), [Neovius M](#), [Rasmussen F](#).

Child and Adolescent Public Health Epidemiology Group, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden.

Objective:The aim of this study was to investigate associations between underweight, overweight and obesity in young adult men and risk of disability pension (DP) due to psychiatric disorders.**Design and subjects:**In this nationwide study of 1 110 139 Swedish men (mean age 18.3+/-0.5 years), weight, height and muscular strength were measured at mandatory military conscription testing (1969-1994). Information on DP (1971-2006), residential area, parental socioeconomic position and education and preexisting psychiatric disorders was obtained by record linkage of national registers.**Results:**During 26 million person-years of follow-up, 19 684 men received DP due to psychiatric disorders. After adjustment, hazard ratios (HRs) due to any psychiatric disorder were 1.20 (95% CI: 1.15-1.26) for underweight, 1.14 (95% CI: 1.08-1.21) for overweight and 1.43 (95% CI: 1.28-1.60) for obesity compared to normal weight. For affective disorders, HRs were elevated for underweight (1.24, 95% CI: 1.16-1.32), overweight (1.19, 95% CI: 1.10-1.28) and obesity (1.55, 95% CI: 1.33-1.81), whereas for substance abuse increased risks were seen only for underweight (1.41, 95% CI: 1.23-1.61) and obesity (1.50, 95% CI: 1.07-2.12). For nonaffective disorders (including schizophrenia) overweight (HR=0.87, 95% CI: 0.76-1.00) and obesity (HR=0.79, 95% CI: 0.57-1.10) seemed to be protective, although not statistically significant. HRs for personality disorders were increased for underweight (1.18, 95% CI: 1.04-1.34), overweight (1.16, 95% CI: 1.00-1.30) and obesity (1.40, 95% CI: 1.03-1.90).**Conclusion:**Underweight and overweight were associated with small risk increases, whereas higher risks for DP were generally found for obesity. International Journal of Obesity advance online publication, 26 January 2010;

doi:10.1038/ijo.2009.298.

PMID: 20101246 [PubMed - as supplied by publisher]

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9. Depress Anxiety. 2010 Jan 22. [Epub ahead of print]

Comparative outcomes among the problem areas of interpersonal psychotherapy for depression.

[Levenson JC](#), [Frank E](#), [Cheng Y](#), [Rucci P](#), [Janney CA](#), [Houck P](#), [Forgione RN](#), [Swartz HA](#), [Cyranowski JM](#), [Fagiolini A](#).

Department of Psychiatry, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania.

Background: Although interpersonal psychotherapy (IPT) is an efficacious treatment for acute depression, the relative efficacy of treatment in each of the four IPT problem areas (grief, role transitions, role disputes, interpersonal deficits) has received little attention. We evaluated the specificity of IPT by comparing treatment success among patients whose psychotherapy focused on each problem area. Moreover, we sought to understand how the patient characteristics and interpersonal problems most closely linked to the onset of a patient's current depression contributed to IPT success. **Methods:** Patients meeting DSM-IV criteria for an episode of major depressive disorder (n=182) were treated with weekly IPT. Remission was defined as an average Hamilton Rating Scale for Depression 17-item score of 7 or below over 3 weeks. Personality disorders were diagnosed using the Structured Clinical Interview for DSM-IV Personality Disorders. **Results:** Contrary to our prediction that patients whose treatment was focused on interpersonal deficits would take longer to remit, survival analyses indicated that patients receiving treatment focused on each of the four problem areas did not differ in their times to remission. Nor were patients in the interpersonal deficits group more likely to have an Axis II diagnosis. Patients whose treatment focused on role transitions remitted faster than those whose treatment focused on role disputes, after controlling for covariates. **Conclusion:** With skillful use of IPT strategies and tactics and with careful medication management where appropriate, patients in this study whose treatment focused on each problem area were treated with equal success by trained IPT clinicians. *Depression and Anxiety* 0:1-7, 2010. (c) 2010 Wiley-Liss, Inc.

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12. Neuroscience. 2010 Jan 21. [Epub ahead of print]

Juvenile social experience regulates central neuropeptides relevant to emotional and social behaviors.

[Tanaka K](#), [Osako Y](#), [Yuri K](#).

Department of Neurobiology and Anatomy, Kochi Medical School, Kochi, Japan.

Stressful social experiences during early-life can increase the risk of developing neuropsychiatric disorders associated with anxiety, mood, and personality. Early neglect also alters peripheral arginine vasopressin (AVP) and oxytocin (OXT). We hypothesized that a lack of social stimuli should adversely affect developmental AVP and OXT systems. To test this idea, we examined changes of central AVP- and OXT-immunoreactive (ir) cell number as well as its related behaviors in socially isolated rats. Animals were weaned at 23 days of age, divided into group- or isolation-reared conditions, and maintained for at least 2 weeks. At 38-48 days of age, animals were sacrificed for immunohistochemistry, or used for two behavioral tests: elevated plus-maze test and social recognition test. The results from immunohistochemistry showed that isolation-reared males have decreased AVP-ir cells in the paraventricular nucleus hypothalamus (PVH), medial parvocellular part, ventral zone, and that isolation-reared females have decreased OXT-ir cells in the PVH, medial parvocellular part, dorsal zone, when compared with group-reared counterparts. The results from behavioral assessment showed that isolation-reared animals have difficulty with social recognition, and that isolation-reared males, but not females, have anxiogenic profile. The present study demonstrates that post-weaning social isolation results in decrease of male AVP-ir cells and female OXT-ir cells in the PVH parvocellular divisions, and supports the idea that juvenile social environment may play a critical role in neuronal and behavioral development. Copyright © 2010. Published by Elsevier Ltd.

PMID: 20096332 [PubMed - as supplied by publisher]

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13. Neuropsychobiology. 2010 Jan 16;61(2):87-96. [Epub ahead of print]

Platelet Monoamine Oxidase B Activity Did Not Predict Destructive Personality Traits or Violent Recidivism: A Prospective Study in Male Forensic Psychiatric Examinees.

[Gustavson C](#), [Wass C](#), [Mansson JE](#), [Blennow K](#), [Forsman A](#), [Anckarsater H](#), [Nilsson T](#).

Forensic Psychiatry, Malmö University Hospital, Lund University, Lund, Sweden.

Aims: This prospective study was designed to replicate previous findings of an association between the platelet monoamine oxidase B (MAO-B) activity and factors of relevance for criminal behaviour in a well-documented clinical study population. **Methods:** Subjects (n = 77, aged 17-76 years, median 30 years) were recruited among consecutive perpetrators of severe interpersonal violent and/or sexual crimes referred to forensic psychiatric investigation. Participants were extensively investigated by structured psychiatric, psychological and social workups, including state-of-the-art rating instruments and official records, and with laboratory tests including venous blood sampling for determination of MAO-B activity. A subset of 36 individuals had lumbar punctures to measure cerebrospinal fluid concentrations of monoamine neurotransmitter metabolites. **Results:** Platelet MAO-B activity did not show any significant correlation with assessments of childhood behavioural disorders, substance abuse, or psychosocial adversity, nor with any crime-related factors, such as scores on the Life History of Aggression Scale, the Psychopathy Checklist or recidivistic violent crime. No significant correlation was found between MAO-B and any of the monoamine metabolites. Analyses in subgroups of smokers/non-smokers did not change this overall result. **Conclusions:** The findings of the present study did not support the use of MAO-B as a biological marker for aggression-related personality traits or as a predictor for violent recidivism among violent offenders. Copyright © 2010 S. Karger AG, Basel.

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16. J Affect Disord. 2010 Jan 18. [Epub ahead of print]

Toward interaction of affective and cognitive contributors to creativity in bipolar disorders: A controlled study.

[Srivastava S](#), [Childers ME](#), [Baek JH](#), [Strong CM](#), [Hill SJ](#), [Warsett KS](#), [Wang PW](#), [Akiskal HS](#), [Akiskal KK](#), [Ketter TA](#).

Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, California, USA.

BACKGROUND: Enhanced creativity in bipolar disorder patients may be related to affective and cognitive phenomena. **METHODS:** 32 bipolar disorder patients (BP), 21 unipolar major depressive disorder patients (MDD), 22 creative controls (CC), and 42 healthy controls (HC) (all euthymic) completed the Revised Neuroticism Extraversion Openness Personality Inventory (NEO), the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A), the Myers-Briggs Type

Inventory (MBTI); the Barron-Welsh Art Scale (BWAS), the Adjective Check List Creative Personality Scale, and the Figural and Verbal Torrance Tests of Creative Thinking. Mean scores were compared across groups, and relationships between temperament/personality and creativity were assessed with bivariate correlation and hierarchical multiple linear regression. RESULTS: BP and CC (but not MDD) compared to HC had higher BWAS-Total (46% and 42% higher, respectively, $p < 0.05$) and BWAS-Dislike (83% and 93% higher, $p < 0.02$) scores, and higher MBTI-Intuition preference type rates (78% vs. 50% and 96% vs. 50%, $p < 0.05$). BP, MDD, and CC, compared to HC, had increased TEMPS-A-Cyclothymia scores (666%, 451% and 434% higher, respectively, $p < 0.0001$), and NEO-Neuroticism scores (60%, 57% and 51% higher, $p < 0.0001$). NEO-Neuroticism and TEMPS-A Cyclothymia correlated with BWAS-Dislike (and BWAS-Total), while MBTI-Intuition continuous scores and NEO-Openness correlated with BWAS-Like (and BWAS-Total). LIMITATIONS: Relatively small sample size. CONCLUSIONS: We replicate the role of cyclothymic and related temperaments in creativity, as well as that of intuitive processes. Further studies are needed to clarify relationships between creativity and affective and cognitive processes in bipolar disorder patients. Copyright © 2009. Published by Elsevier B.V.

PMID: 20085848 [PubMed - as supplied by publisher]

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17.J Affect Disord. 2010 Jan 16. [Epub ahead of print]

Behavioural addictions in bipolar disorder patients: Role of impulsivity and personality dimensions.

[Di Nicola M](#), [Tedeschi D](#), [Mazza M](#), [Martinotti G](#), [Harnic D](#), [Catalano V](#), [Bruschi A](#), [Pozzi G](#), [Bria P](#), [Janiri L](#).

Institute of Psychiatry, Bipolar Disorder Unit, Catholic University Medical School, Rome, Italy.

BACKGROUND: Behavioural addictions (BAs) can be understood as disorders characterized by repetitive occurrence of impulsive and uncontrolled behaviours. Very few studies have investigated their association with mood disorders. The present study was undertaken to determine the prevalence of the main behavioural addictions in a sample of bipolar outpatients in euthymic phase or stabilised by medications and to investigate the role of impulsivity and temperamental and character dimensions. METHODS: One-hundred-fifty-eight Bipolar Disorder (BD) (DSM-IV) outpatients were assessed with tests designed to screen the main behavioural addictions: pathological gambling (SOGS), compulsive shopping (CBS), sexual (SAST), Internet (IAD), work (WART) and physical exercise (EAI) addictions. TCI-R and BIS-11 were administered to investigate impulsivity and personality dimensions mainly associated with BAs. The clinical sample has been compared with 200 matched

healthy control subjects. RESULTS: In bipolar patients, 33% presented at least one BA respect to the 13% of controls. Significantly higher scores at the scales for pathological gambling ($p < .001$), compulsive buying ($p < .05$), sexual ($p < .001$) and work addictions ($p < .05$) have been found. Self-Directness ($p = .007$) and Cooperativeness ($p = .014$) scores were significantly lower while impulsivity level was significantly higher ($p = .007$) in bipolar patients with BA than those without BA. CONCLUSIONS: To our knowledge, this is the first study investigating the prevalence of behavioural addictions in BD showing a significant association of these disorders. BAs are more frequent in bipolar patients than in healthy controls and are related to higher impulsivity levels and character immaturity. Copyright © 2010 Elsevier B.V. All rights reserved.

PMID: 20083309 [PubMed - as supplied by publisher]

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18. Int J Law Psychiatry. 2010 Jan 15. [Epub ahead of print]

[Beyond categorical diagnostics in psychiatry: Scientific and medicolegal implications.](#)

[Anckarsäter H.](#)

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Conforming to a medical disease model rooted in phenomenology and natural science, psychiatry classifies mental disorders according to signs and symptoms considered to be stable and homogeneous across individuals. Scientific studies addressing the validity of this classification are scarce. Following a seminal paper by Robins and Guze in 1970, validity of categories has been sought in specific criteria referring to symptoms and prognosis, aggregation in families, and "markers", preferentially laboratory tests. There is, however, a growing misfit between the model and empirical findings from studies putting it to the test. Diagnostic categories have not been shown to represent natural groups delineated from the normal variation or from each other. Aetiological factors (genetic and/or environmental), laboratory aberrations, and treatment effects do not respect categorical boundaries. A more adequate description of mental problems may be achieved by: 1) a clear definition of the epistemological frame in which psychiatry operates, 2) a basic rating of the severity of intra- and interpersonal dysfunctions, and 3) empirical comparisons to complementary rather than exclusive dimensions of inter-individual differences in context-specific mental functions, treatment effects, and laboratory findings. Such a pluralistic understanding of mental health problems would fit empirical models in the neurosciences and postmodern notions of subjectivity alike. It would also clarify the assessment of dysfunction and background factors in relation to the requisites for penal law exemptions or insurance policies and make them empirically testable rather than

dependent on expert opinion on issues such as whether a specific dysfunction is "psychiatric", "medical", or ascribable to "personality". Copyright © 2009 Elsevier Ltd. All rights reserved.

PMID: 20080303 [PubMed - as supplied by publisher]

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19. Drug Alcohol Depend. 2010 Jan 14. [Epub ahead of print]

[The relationship of DSM-IV personality disorders to nicotine dependence-results from a national survey.](#)

[Pulay AJ](#), [Stinson FS](#), [Ruan WJ](#), [Smith SM](#), [Pickering RP](#), [Dawson DA](#), [Grant BF](#).

Laboratory of Epidemiology and Biometry, Division of Intramural Clinical and Biological Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, 5635 Fishers Lane, M.S. 9304, Bethesda, MD 20892-9304, USA.

This study examined the prevalence of nicotine dependence (ND) and its associations with DSM-IV personality disorders (PDs) among current smokers (n=7078), controlling for sociodemographic characteristics and comorbid Axis I and II disorders. Data were derived from a nationally representative sample of the U.S. population. Although all PDs were significantly associated with ND when sociodemographic factors were controlled, only schizotypal, borderline, narcissistic and obsessive-compulsive PDs were associated with ND after adding controls for Axis I and other Axis II disorders. These associations remained significant after controlling for degree of smoking exposure. The results suggest that both shared and PD-specific pathogenetic factors underlie these PD-ND associations. Implications are also discussed in terms of the relationship between personality features of schizotypal, borderline, narcissistic and obsessive-compulsive PDs and the self-medication hypothesis and the role of neurotransmission. Published by Elsevier Ireland Ltd.

PMID: 20079976 [PubMed - as supplied by publisher]

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20. Int J Law Psychiatry. 2010 Jan 13. [Epub ahead of print]

[Prevalence and screening of mental disorders in short-term correctional facilities.](#)

[Lafortune D](#).

C.P. 6128, succursale Centre-ville, University of Montreal, Montreal, QC, Canada

H3C 3J7.

A majority of people incarcerated in correctional facilities have been affected by mental problems at least once in their lifetime. Among them, 12 to 25% suffer from severe and persistent mental disorders at the time of admission. Certain "profiles" are more likely to be detected than others. This is why the main objectives of this research are to establish, in both male and female offenders admitted in short-term detention facilities, the rate of those who have received medical diagnoses of mental disorders, the rate of screening for "mental health problems" at admission and the psychiatric diagnoses (last five years) most strongly associated with a positive screening. Using computerized medical and prison files, it can be established that 61% of the 671 offenders sent to a short-term correctional facility received, during 2002-2007, at least one diagnosis for mental disorder. A total of 227 subjects (33.8%) obtained a positive score to the indicator of mental health problem." In the case of men, correctional services workers identified as mental health problems: psychotic disorders, adjustment reactions, <<neurotic>>/anxiety disorders, being coupled to drug dependence. Positively detected women tend to exhibit problems of anxiety, personality disorder and substance related disorders. This study highlights, the difficulties faced by correctional services workers in detecting recent depressive disorders both in men and women offenders and also difficulties to detect recent affective psychoses. Copyright © 2009. Published by Elsevier Ltd.

PMID: 20079534 [PubMed - as supplied by publisher]

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21. J Clin Psychiatry. 2010 Jan 12. [Epub ahead of print]

Categorical and dimensional stability of comorbid personality disorder symptoms in DSM-IV major depressive disorder: a prospective study.

[Melartin TK](#), [Haukka J](#), [Rytsälä HJ](#), [Jylhä PJ](#), [Isometsä ET](#).

Mood, Depression, and Suicidal Behavior Unit, National Institute for Health and Welfare, Helsinki; Department of Psychiatry, Jorvi Hospital, Helsinki University Central Hospital, Espoo, Finland.

OBJECTIVE: To investigate the categorical and dimensional temporal stability of Axis II personality disorders among depressive patients, and to determine whether variations in Axis I comorbid disorders or self-reported personality traits predict changes in researcher-assigned personality disorder symptoms. **METHOD:** Patients with DSM-IV major depressive disorder (MDD) in the Vantaa Depression Study (N = 269) were interviewed with the World Health Organization Schedules for Clinical Assessment in Neuropsychiatry, version 2.0, and the Structured Clinical Interview for DSM-III-R Axis II Disorders and were assessed with the 57-item Eysenck Personality

Inventory at baseline, 6 months, and 18 months. Baseline interviews occurred between February 1, 1997, and May 31, 1998; follow-up interviews were 6 months and 18 months after baseline for each patient. Of the patients included in the study, 193 remained unipolar and could be interviewed at both follow-ups. The covariation of the severity of depression, anxiety, alcohol use, and reported neuroticism and extraversion with assigned personality disorder symptoms was investigated by using general estimation equations. RESULTS: The diagnosis of personality disorder persisted at all time points in about half (43%) of the 81 MDD patients diagnosed with personality disorder at baseline. The number of positive personality disorder criteria declined, particularly during the first 6 months, by a mean of 3 criteria. The decline in reported personality disorder symptoms covaried significantly with declines in the severity of depressive and anxiety symptoms (depressive: $P = .02$ for paranoid, $P = .02$ for borderline, and $P = .01$ for avoidant; anxiety: $P = .08$ for paranoid, $P = .01$ for borderline, and $P < .001$ for avoidant). Changes in patients' perceptions of self as measured by neuroticism covaried with changes in paranoid ($P = .01$) and borderline ($P < .001$) personality disorder symptoms. CONCLUSIONS: Among MDD patients, the categorical stability of concurrent personality disorder diagnoses assigned while depressed is relatively poor, but the dimensional stability is moderate. The remission of depression as well as variations in Axis I comorbidity, particularly anxiety disorders, influences personality disorder diagnoses. These diagnostic difficulties most likely reflect broader variations in patients' perceptions of self over time, not merely psychometric problems related to the pertinent diagnostic criteria. © Copyright 2010 Physicians Postgraduate Press, Inc.

PMID: 20079331 [PubMed - as supplied by publisher]

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22. J Clin Psychopharmacol. 2010 Feb;30(1):44-7.

[Olanzapine versus haloperidol in the management of borderline personality disorder: a randomized double-blind trial.](#)

[Shafti SS](#), [Shahveisi B](#).

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INTRODUCTION: The newer atypical antipsychotics seem to be as effective as previous antipsychotics for impulsivity and aggressiveness of patients with borderline personality disorder (BPD). Objective of this assessment was to compare the effectiveness of olanzapine versus haloperidol in BPD. METHOD: Twenty-eight female inpatients, meeting the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, criteria for BPD, were randomly entered in one of the 2 matching contemporaneous groups for an 8-week parallel double-blind study. This

included the random assignment to olanzapine or haloperidol in a 1:1 ratio. Primary outcome measurements were as follows: Brief Psychiatric Rating Scale, Clinical Global Impression-Severity Scale, Buss-Durkee Hostility Inventory. Baselines were created at the beginning of the trial through patient assessments and final assessments at the end of the experiment. Analysis of effect size, calculation of confidence intervals and power analysis were also prepared. RESULTS: All of the patients from within both groups completed the study. Intragroup analysis at the eighth week interval revealed significant positive response by both olanzapine and haloperidol in comparison with the baseline ($P < 0.05$); however, the between-group analysis showed no significant difference, among the patients, at the end of the experiment. The analysis of specific Brief Psychiatric Rating Scale subscales in both groups revealed considerable and comparable improvements in anxiety, tension, depressive mood, and hostility. The effect size analyzes illustrated remarkable improvements with both groups. CONCLUSION: There seems to be no significant difference between olanzapine and haloperidol regarding the management of mental and behavioral symptoms of patients with BPD.

PMID: 20075647 [PubMed - in process]

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23. Brain Lang. 2010 Jan 11. [Epub ahead of print]

[Neural correlates of irony comprehension: The role of schizotypal personality traits.](#)

[Rapp AM](#), [Mutschler DE](#), [Wild B](#), [Erb M](#), [Lengsfeld I](#), [Saur R](#), [Grodd W](#).

Department of Psychiatry, University of Tuebingen, Osianderstrasse 26, 72076 Tuebingen, Germany; Section Experimental MR of the CNS, Department of Neuroradiology, University of Tuebingen, Hoppe-Seyler-Str. 3, 72076 Tuebingen, Germany.

To detect that a conversational turn is intended to be ironic is a difficult challenge in everyday language comprehension. Most authors suggested a theory of mind deficit is crucial for irony comprehension deficits in psychiatric disorders like schizophrenia; however, the underlying pathophysiology and neurobiology are unknown and recent research highlights the possible role of language comprehension abnormalities. Fifteen female right-handed subjects completed personality testing as well as functional magnetic resonance imaging (fMRI) and neuropsychology. Subjects were recruited from the general population. No subject had a lifetime history of relevant psychiatric disorder; however, subjects differed in their score on the German version of the schizotypal personality questionnaire (SPQ). During fMRI scans, the subjects silently read 44 short text vignettes that ended in either an ironic or a literal statement. Imaging was performed using a 3 T Siemens scanner. The influence of schizotypy on brain activation was investigated by using an SPM5 regression analysis with the SPQ

total score and the SPQ cognitive-perceptual score as regressors. Reading ironic in contrast to literal sentences activated a bilateral network including left medial prefrontal and left inferior parietal gyri. During reading of ironic sentences, brain activation in the middle temporal gyrus of both hemispheres showed a significant negative association with the SPQ total score and the SPQ cognitive-perceptual score. Significant positive correlation with the SPQ total score was present in the left inferior frontal gyrus. We conclude schizotypal personality traits are associated with a dysfunctional lateral temporal language rather than a theory of mind network.

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24. J Forensic Sci. 2010 Jan 11. [Epub ahead of print]

Psychiatric Disorders (Axis I and Axis II) and Self-Immolation: A Case-Control Study from Iran*

[Ahmadi A](#), [Mohammadi R](#), [Schwebel DC](#), [Yeganeh N](#), [Hassanzadeh M](#), [Bazargan-Hejazi S](#).

Department of Anesthesiology, Critical Care and Pain Management, Kermanshah University of Medical Sciences, Kermanshah, Iran.

The objective of this study was to investigate preexisting psychiatric disorders in self-immolation patients. In a case-control study, 30 consecutive cases of deliberate self-inflicted burns, admitted to the regional burn center, were compared with 30 controls. Mental disorders were assessed via detailed clinical interview. Descriptive data revealed that 67% of self-immolation patients had adjustment disorder (all female), 10% drug and alcohol abuse/dependence (all male), 7% dysthymia, 3% major depression, 3% anorexia nervosa, 3% primary insomnia, 7% borderline personality disorder (50% male), 7% depressive personality disorder (100% female), and 3% antisocial personality disorder. In bivariate comparisons, adjustment disorders emerged as related to risk of self-immolation (odds ratio = 13.00). This study suggests that adjustment disorder is a risk factor for self-immolation. As a result, it has been suggested that increasing education about problem-solving approaches, and coping skills for females and at-risk groups are appropriate prevention programs and strategies in Iranian communities.

PMID: 20070465 [PubMed - as supplied by publisher]

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25. Acta Psychiatr Scand. 2010 Jan 7. [Epub ahead of print]

Interactions between bipolar disorder and antisocial personality disorder in trait impulsivity and severity of illness.

[Swann AC](#), [Lijffijt M](#), [Lane SD](#), [Steinberg JL](#), [Moeller FG](#).

Department of Psychiatry and Behavioral Sciences, The University of Texas Health Science Center, Houston, TX, USA.

Swann AC, Lijffijt M, Lane SD, Steinberg JL, Moeller FG. Interactions between bipolar disorder and antisocial personality disorder in trait impulsivity and severity of illness. Objective: We investigated trait impulsivity in bipolar disorder and antisocial personality disorder (ASPD) with respect to severity and course of illness. Method: Subjects included 78 controls, 34 ASPD, 61 bipolar disorder without Axis II disorder, and 24 bipolar disorder with ASPD, by Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (SCID-I and -II). Data were analyzed using general linear model and probit analysis. Results: Barratt Impulsiveness Scale (BIS-11) scores were higher in ASPD (effect sizes 0.5-0.8) or bipolar disorder (effect size 1.45) than in controls. Subjects with both had more suicide attempts and previous episodes than bipolar disorder alone, and more substance-use disorders and suicide attempts than ASPD alone. BIS-11 scores were not related to severity of crimes. Conclusion: Impulsivity was higher in bipolar disorder with or without ASPD than in ASPD alone, and higher in ASPD than in controls. Adverse effects of bipolar disorder in ASPD, but not of ASPD in bipolar disorder, were accounted for by increased impulsivity.
PMID: 20064125 [PubMed - as supplied by publisher]

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28. Schizophr Res. 2010 Jan 4. [Epub ahead of print]

Avoidant personality disorder symptoms in first-degree relatives of schizophrenia patients predict performance on neurocognitive measures: The UCLA family study.

[Fogelson DL](#), [Asarnow RA](#), [Sugar CA](#), [Subotnik KL](#), [Jacobson KC](#), [Neale MC](#), [Kendler KS](#), [Kuppinger H](#), [Nuechterlein KH](#).

Department of Psychiatry and Biobehavioral Sciences, Semel Institute for Neuroscience and Human Behavior, David Geffen School of Medicine at UCLA, 300 UCLA Medical Plaza, Rm. 2240, Los Angeles, CA 90095-6968, USA.

Whether avoidant personality disorder symptoms are related to neurocognitive impairments that aggregate in relatives of schizophrenics is unknown. We report the relationship between avoidant personality disorder symptoms and neurocognitive

performance in the first-degree relatives of probands with schizophrenia. 367 first-degree relatives of probands with schizophrenia and 245 relatives of community controls were interviewed for the presence of avoidant personality symptoms and symptoms of paranoid and schizotypal personality disorders and administered neurocognitive measures. Relationships between neurocognitive measures and avoidant symptoms were analyzed using linear mixed models. Avoidant dimensional scores predicted performance on the span of apprehension (SPAN), 3-7 Continuous Performance Test (3-7 CPT), and Trail Making Test (TMT-B) in schizophrenia relatives. These relationships remained significant on the SPAN even after adjustment for paranoid or schizotypal dimensional scores and on the TMT-B after adjustment for paranoid dimensional scores. Moreover, in a second set of analyses comparing schizophrenia relatives to controls there were significant or trending differences in the degree of the relationship between avoidant symptoms and each of these neurocognitive measures even after adjustments for paranoid and schizotypal dimensional scores. The substantial correlation between avoidant and schizotypal symptoms suggests that these personality disorders are not independent. Avoidant and in some cases schizotypal dimensional scores are significant predictors of variability in these neurocognitive measures. In all analyses, higher levels of avoidant symptoms were associated with worse performance on the neurocognitive measures in relatives of schizophrenia probands. These results support the hypothesis that avoidant personality disorder may be a schizophrenia spectrum phenotype. Copyright © 2009 Elsevier B.V. All rights reserved.

PMID: 20053537 [PubMed - as supplied by publisher]

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30. Int J Law Psychiatry. 2010 Jan 3. [Epub ahead of print]

[Dangerous and severe personality disorder: An investigation of the construct.](#)

[Ullrich S](#), [Yang M](#), [Coid J](#).

Queen Mary University of London, Barts and the London School of Medicine and Dentistry, Forensic Psychiatry Research Unit, London, UK.

Introduction of the construct "Dangerous and Severe Personality Disorder" (DSPD) by the UK Home Office and Department of Health has provoked strong debate and opposition. Its aims and that of proposed subsequent legislation was to enhance public protection by identifying and detaining a minority of persons with severe personality disorder who pose a high risk of serious sexual/violent offending. The most serious criticism was the ethical implication of allowing indefinite detention of people without criminal convictions. More recently, policy emphasis has shifted towards treatment. 1396 male prisoners serving sentences of 2+years for sexual/violent offenses were prospectively interviewed (personality disorders, psychopathy, and

risk) at a mean follow-up of 2years. The prevalence of DSPD was 15%. Significantly more re-offended. Five DSPD offenders would need treatment to prevent one violent act. Based on an estimate of attributable risk, successful treatment of DSPD could reduce violent re-convictions among DSPD offenders by 71% and violent/sexual re-offenses in the prison population by 27%. DSPD criteria correctly identify high risk prisoners but primarily through risk-related demographic features. DSPD does not accurately identify serious sexual/violent re-offenders. The DSPD programme may reduce major violent re-offending if treatment interventions prove effective.

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PMID: 20051289 [PubMed - as supplied by publisher]

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Items 1 -23 of 23

1. Neuropsychopharmacology. 2009 Dec 30. [Epub ahead of print]

Familial Risk for Mood Disorder and the Personality Risk Factor, Neuroticism, Interact in Their Association with Frontolimbic Serotonin 2A Receptor Binding.

[Frokjaer VG](#), [Vinberg M](#), [Erritzoe D](#), [Baaré W](#), [Holst KK](#), [Mortensen EL](#), [Arfan H](#), [Madsen J](#), [Jernigan TL](#), [Kessing LV](#), [Knudsen GM](#).

Neurobiology Research Unit and Center for Integrated Molecular Brain Imaging, Denmark.

Life stress is a robust risk factor for later development of mood disorders, particularly for individuals at familial risk. Likewise, scoring high on the personality trait neuroticism is associated with an increased risk for mood disorders. Neuroticism partly reflects stress vulnerability and is positively correlated to frontolimbic serotonin 2A (5-HT(2A)) receptor binding. Here, we investigate whether neuroticism interacts with familial risk in relation to frontolimbic 5-HT(2A) receptor binding. Twenty-one healthy twins with a co-twin history of mood disorder and 16 healthy twins without a co-twin history of mood disorder were included. They answered self-report personality questionnaires and underwent [(18)F]altanserin positron emission tomography. We found a significant interaction between neuroticism and familial risk in predicting the frontolimbic 5-HT(2A) receptor binding ($p=0.026$) in an analysis adjusting for age and body mass index. Within the high-risk group only, neuroticism and frontolimbic 5-HT(2A) receptor binding was positively associated ($p=0.0037$). In conclusion, our data indicate that familial risk and neuroticism interact in their relation to frontolimbic 5-HT(2A) receptor binding. These findings point at a plausible neurobiological link between genetic and personality risk factors and vulnerability to developing mood

disorders. It contributes to our understanding of why some people at high risk develop mood disorders while others do not. We speculate that an increased stress reactivity in individuals at high familial risk for mood disorders might enhance the effect of neuroticism in shaping the impact of potential environmental stress and thereby influence serotonergic neurotransmission. *Neuropsychopharmacology* advance online publication, 30 December 2009; doi:10.1038/npp.2009.218.

PMID: 20043006 [PubMed - as supplied by publisher]

[Related articles](#)

2. *Neuropsychopharmacology*. 2009 Dec 30. [Epub ahead of print]

[Risk-Taking Behavior in a Gambling Task Associated with Variations in the Tryptophan Hydroxylase 2 Gene: Relevance to Psychiatric Disorders.](#) **[Juhász G,](#)** **[Downey D,](#)** **[Hinvest N,](#)** **[Thomas E,](#)** **[Chase D,](#)** **[Toth ZG,](#)** **[Lloyd-Williams K,](#)** **[Mekli K,](#)** **[Platt H,](#)** **[Payton A,](#)** **[Bagdy G,](#)** **[Elliott R,](#)** **[Deakin JF,](#)** **[Anderson IM.](#)**

Neuroscience and Psychiatry Unit, School of Community Based Medicine, Faculty of Medical and Human Sciences, The University of Manchester, Manchester, UK.

Decision making, choosing the best option from the possible outcomes, is impaired in many psychiatric conditions including affective disorders. We tested the hypothesis that variations in serotonergic genes (TPH2, TPH1, SLC6A4, HTR1A), which influence serotonin availability, affect choice behavior in a probabilistic gambling task. A population cohort (N=1035) completed a paper-and-pencil gambling task, filled out personality and symptom questionnaires and gave consent for the use of their DNA in a genetic association study. A subgroup of subjects (N=69) also completed a computer version of the task. The gambling task was designed to estimate an individual's tendency to take a risk when choosing between a smaller but more certain 'win' and a larger, less probable one. We genotyped seven haplotype tagging SNPs in the TPH2 gene, and previously reported functional

polymorphisms from the other genes (rs1800532, 5HTTLPR, and rs6295). Carriers of the more prevalent TPH2 haplotype, which was previously associated with less active enzyme variant, showed reduced risk taking on both tasks compared with subjects not carrying the common haplotype. The effect of TPH2 haplotypes on risk-taking was independent of current depression and anxiety symptoms, neuroticism and impulsiveness scores. We did not find an association between functional polymorphisms in the TPH1, SLC6A4, HTR1A genes and risk-taking behavior. In conclusion, our study demonstrates the role of the TPH2 gene and the serotonin system in risk taking and suggests that TPH2 gene may contribute to the expression of psychiatric phenotypes through altered decision making. Neuropsychopharmacology advance online publication, 30 December 2009; doi:10.1038/npp.2009.216.

PMID: 20043001 [PubMed - as supplied by publisher]

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3. Neuropsychopharmacology. 2009 Dec 30. [Epub ahead of print]

[BDNF Val66Met is Associated with Introversion and Interacts with 5-HTTLPR to Influence Neuroticism.](#)

[Terracciano A](#), [Tanaka T](#), [Sutin AR](#), [Deiana B](#), [Balaci L](#), [Sanna S](#), [Olla N](#), [Maschio A](#), [Uda M](#), [Ferrucci L](#), [Schlessinger D](#), [Costa PT Jr](#).

National Institute on Aging, NIH, DHHS, Baltimore, MD, USA.

Brain-derived neurotrophic factor (BDNF) regulates synaptic plasticity and neurotransmission, and has been linked to neuroticism, a major risk factor for psychiatric disorders. A recent genome-wide association (GWA) scan, however, found the BDNF Val66Met polymorphism (rs6265) associated with extraversion but not with neuroticism. In this study, we examine the links between BDNF and personality traits, assessed using the Revised NEO Personality Inventory (NEO-PI-R), in a sample from Sardinia (n=1560) and the Baltimore Longitudinal Study of Aging (BLSA; n=1131). Consistent with GWA results, we found that BDNF Met carriers were more introverted. By contrast, in both samples and in a meta-analysis inclusive of published data (n=15251), we found no evidence for a main effect of BDNF Val66Met on

neuroticism. Finally, on the basis of recent reports of an epistatic effect between BDNF and the serotonin transporter, we explored a Val66Met x 5-HTTLPR interaction in a larger SardinIA sample (n=2333). We found that 5-HTTLPR LL carriers scored lower on neuroticism in the presence of the BDNF Val variant, but scored higher on neuroticism in the presence of the BDNF Met variant. Our findings support the association between the BDNF Met variant and introversion and suggest that BDNF interacts with the serotonin transporter gene to influence neuroticism. *Neuropsychopharmacology* advance online publication, 30 December 2009; doi:10.1038/npp.2009.213.

PMID: 20042999 [PubMed - as supplied by publisher]

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4. Assessment. 2009 Dec 29. [Epub ahead of print]

[Depressive Personality Disorder: A Comparison of Three Self-Report Measures.](#)

[Miller JD](#), [Tant A](#), [Bagby RM](#).

Depressive personality disorder (DPD) was included in the appendix of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) for further study. Questions abound regarding this disorder in terms of its distinctiveness from extant diagnostic constructs and clinical significance. This study examines the interrelations between three assessments of DPD and their relations to pathological personality traits and disorders in a sample of undergraduates (N = 182). The DPD indices evinced adequate convergence with each other (mean $r = .60$) and similar pathological personality profiles. The authors also tested the incremental validity of the DPD scores in relation to psychological functioning, after controlling for depressive symptoms and the DSM-IV personality disorders (PDs). The DPD scores manifested limited incremental validity, mainly in the form of predicting lower levels of positive affectivity. Our results suggest that this is not specific to DPD, however, as the official PDs also manifested limited incremental validity.

PMID: 20040730 [PubMed - as supplied by publisher]

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6. Headache. 2009 Dec 21. [Epub ahead of print]

[Medication-Overuse Headache and Personality: A Controlled Study by Means of the MMPI-2.](#)

[Sances G](#), [Galli F](#), [Anastasi S](#), [Ghiotto N](#), [De Giorgio G](#), [Guidetti V](#), [Firenze C](#), [Pazzi S](#), [Quartesan R](#), [Gallucci M](#), [Nappi G](#).

From the Headache Unit, IRCCS "C. Mondino Institute of Neurology" Foundation, Pavia, Italy (G. Sances, F. Galli, and S. Pazzi); Department of Child and Adolescent Neurology, Psychiatry and Rehabilitation, "Sapienza" University of Rome, Rome, Italy (F. Galli and V. Guidetti); Psychiatry Section, Department of Clinical and Experimental Medicine, University of Perugia, Perugia, Italy (S. Anastasi, G. De Giorgio, C. Firenze, and R. Quartesan); Neurovascular Unit, IRCCS "C. Mondino Institute of Neurology" Foundation, Pavia, Italy (N. Ghiotto); University Center for Adaptive Disorders and Headache (UCADH), Section of Pavia, University Italy, Pavia, Italy (N. Ghiotto and G. Nappi); Laboratory of Neuropsychology, IRCCS "C. Mondino Institute of Neurology" Foundation, Pavia, Italy (S. Pazzi); Department of Psychology, University of Milano-Bicocca, Milano-Bicocca, Italy (M. Gallucci); Department of Neurology and Otorhinolaryngology, "Sapienza" University of Rome, Rome, Italy (G. Nappi).

(Headache 2009;*:**:**) Objective.- The main aim of this study involves comparing the personality profiles of patients with medication-overuse headache (MOH) and episodic headaches, in order to elucidate the role of personality characteristics, according to one of the most widely used and validated personality assessment tool: Minnesota Multiphasic Personality Inventory (MMPI-2). Background.- Many studies have assessed the personality of headache patients by means of MMPI-2 only using clinical and content scales. In this study the supplementary scales were also used as they evaluate different aspects of personality, particularly broad personality characteristics, generalized emotional distress and behavioral dyscontrol. Methods.- We recruited 219 subjects (151 women and 68 men) who were grouped in the following categories: MOH group (n = 82); episodic headache group (n = 82; 58 migraine aura; 6 migraine with aura; 6 frequent episodic tension-type headache; 12 migraine+infrequent episodic tension-type headache) and 1 group of 55 healthy controls. MMPI-2 was employed. Data were computed with one-way anova and post hoc analyses. Results.- Medication-overuse headache and episodic headache patients (EH) showed a very similar pattern, differentiating each other only in the Hypochondriasis (Hs) (P = .007; MOH: mean 14.18 [SD 5.53]; EH: mean 11.93 [SD 5.88] and Health Concerns [HEA]) (P = .005; MOH: mean 14.06 [SD 5.38]; EH: mean 11.81 [SD 5.59]) scales. Surprisingly, no differences were found between the 3 groups in the scales measuring dependence-related behavior such as Addiction Potential Scale (Aps) and Addiction Admission Scale (Aas). MOH and episodic headache patients scored significantly higher in the so-called neurotic scales Hs (P < .0001; MOH: mean 14.18 [SD 5.53]; EH: mean 11.93 [SD 5.88]; Controls: mean 5.91 [SD 3.57]), Depression (D) (P < .0001; MOH: mean 26.44 [SD 7.01]; EH: mean 26.09 [SD 5.85]; Controls: mean 21.47 [SD 4.90]), and Hysteria (Hy) (P < .0001; MOH: mean 27.33 [SD 5.51]; EH: mean 26.81 [SD 5.68]; Controls: mean 21.95 [3.85]) and in many other scales such as Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc) while they scored significantly lower on Ego Strength (Es) and Dominance (Do) scales when compared with controls. Conclusions.- Patients with MOH and episodic headache showed very similar patterns, differentiating only in the Hypochondriasis and Health Concerns scales. Surprisingly, there were no significant differences in the scores of the scales

measuring dependence-related behavior. The clinical role of MMPI-2 in discriminating MOH patients with dependency from drugs is discussed, in order to implement a complete tests' battery for headache patients' assessment.

PMID: 20039955 [PubMed - as supplied by publisher]

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7. Int J Methods Psychiatr Res. 2009 Dec 23. [Epub ahead of print]

The structure of mental disorders re-examined: Is it developmentally stable and robust against additions?

[Wittchen HU](#), [Beesdo-Baum K](#), [Gloster AT](#), [Höfler M](#), [Klotsche J](#), [Lieb R](#), [Beauducel A](#), [Bühner M](#), [Kessler RC](#).

Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany.

Previous research suggests that patterns of comorbidity of a limited number of anxiety, depressive, substance use and antisocial personality (ASP) disorders among adults are best reflected by a hierarchical three-factor structure with two correlated factors ('anxious-misery' and 'fear') that are summarized in a second-order 'internalizing' factor and one 'externalizing' factor. It has not been examined whether this structure is developmentally stable and robust against additions of more diagnoses. Using data from a prospective-longitudinal community study of adolescents and young adults we re-evaluate the three-factor model originally proposed by Krueger (Archives of General Psychiatry, 1999; 56, 921-926). Using confirmatory factor analysis with identical conventions as in Krueger's original work we found that the three factor model did not fit robustly across age or a wider range of diagnoses. Using explanatory factor analysis we examined alternative structures. We found various clinically meaningful patterns with good fit that go substantially beyond the original three-factor structure. However, again, there is little consistency in findings when different age groups or different diagnoses are considered. Our findings suggest that psychopathology cannot be reduced to any simple structure. Copyright (c) 2009 American Psychiatric Association. This article is being copublished by the International Journal of Methods in Psychiatric Research and the American Psychiatric Association. Correction made here after initial publication..

PMID: 20033884 [PubMed - as supplied by publisher]

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8. J Clin Exp Neuropsychol. 2009 Dec 21:1-12. [Epub ahead of print]

Profiles of emotional and behavioral sequelae following acquired brain injury: Cluster analysis of the Personality Assessment Inventory.

[Velikonja D](#), [Warriner E](#), [Brum C](#).

McMaster University, DeGroote School of Medicine, Hamilton Health Sciences, Hamilton, Ontario, Canada.

Due to the multidimensional nature of symptom complaints within the acquired brain injury (ABI) population, emotional and behavioral profiles obtained from using comprehensive validated measures often yield more relevant information than tools that assess for symptoms of a single diagnostic disorder. The current study used the Personality Assessment Inventory (PAI) to detect emotional and behavioral profiles in a sample of 440 adult ABI patients. Using a rigorous three-step cluster analytic approach, seven clusters were identified, indicating that half of the sample (50%) showed clinically significant affective and behavioral symptoms typified by multiple Diagnostic and Statistical Manual of Mental Disorders (DSM) Axis I and/or II features. Two of the subtypes showed severe and diverse affective symptoms but were distinguished from each other by antisocial features and substance use. Two other subtypes, with predominantly internalized presentations, were characterized by mainly depressive and somatic features, and the second by mild anxiety and cognitive disturbance. One group, predominantly externalized presentation, showed high substance use and antisocial features. The other part of the sample (50%) had no significant affective or behavioral complaints but were characterized by two profile types classified as essentially normal, but distinguishable by one having an increased tendency to minimize symptoms. Sex, age, marital status, education/preinjury, and vocation typified various subtypes. The identified profiles taken in the context of important demographic information can provide descriptive insight into the nature of postinjury affective and behavioral symptoms, facilitating more comprehensive conceptualization of the client's needs that can be addressed through more tailored interventions.

PMID: 20029697 [PubMed - as supplied by publisher]

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9. Mol Psychiatry. 2009 Dec 22. [Epub ahead of print]

Sex differences in orbitofrontal gray as a partial explanation for sex differences in antisocial personality.

[Raine A](#), [Yang Y](#), [Narr KL](#), [Toga AW](#).

Departments of Criminology, Psychiatry, and Psychology, University of Pennsylvania, Philadelphia, PA, USA.

Attention is increasingly being given to understanding sex difference in psychopathology to better understand the etiology of disorders. This study tests the hypothesis that sex differences in ventral and middle frontal gray volume contribute to sex differences in antisocial personality disorder (APD) and crime. Participants were recruited from temporary employment agencies, consisting of normal controls, substance/alcohol-dependent controls, axis I/II psychiatric controls and individuals with APD. An independent sample of female volunteers was also recruited. Magnetic resonance imaging volumes of superior frontal, middle frontal, inferior frontal, orbital frontal and rectal gyral frontal gray matter, and dimensional scores of APD and criminal behavior were assessed. APD males when compared with male controls showed an 8.7% reduction in orbitofrontal gray volume, a 17.3% reduction in middle frontal gray and a 16.1% reduction in right rectal gray. Reduced middle and orbitofrontal volumes were significantly associated with increased APD symptoms and criminal offending in both males and females. Males as a whole had reduced orbitofrontal and middle frontal gray volume when compared with females, and controlling for these brain differences reduced the gender difference in the antisocial personality/behavior by 77.3%. Findings were not a function of psychiatric comorbidity, psychosocial risk factors, head injury or trauma exposure. Findings implicate structural differences in the ventral and middle frontal gray as both a risk factor for APD and as a partial explanation for sex differences in APD. *Molecular Psychiatry* advance online publication, 22 December 2009; doi:10.1038/mp.2009.136. PMID: 20029391 [PubMed - as supplied by publisher]

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12. *Drug Alcohol Depend.* 2009 Dec 16. [Epub ahead of print]

[Empirically defined subtypes of alcohol dependence in an Irish family sample.](#)

[Sintov ND](#), [Kendler KS](#), [Young-Wolff KC](#), [Walsh D](#), [Patterson DG](#), [Prescott CA](#).

Department of Psychology, University of Southern California, Los Angeles, CA 90089, USA.

Alcohol dependence (AD) is clinically and etiologically heterogeneous. The goal of this study was to explore AD subtypes among a sample of 1221 participants in the

Irish Affected Sib Pair Study of Alcohol Dependence, all of whom met DSM-IV criteria for AD. Variables used to identify the subtypes included major depressive disorder, antisocial personality disorder, illicit drug dependence (cannabis, sedatives, stimulants, cocaine, opioids, and hallucinogens), nicotine dependence, the personality traits of neuroticism and novelty seeking, and early alcohol use. Using latent class analysis, a 3-class solution was identified as the most parsimonious description of the data. Individuals in a Mild class were least likely to have comorbid psychopathology, whereas a severe class had highest probabilities of all comorbid psychopathology. The third class was characterized by high probabilities of major depression and higher neuroticism scores, but lower likelihood of other comorbid disorders than seen in the severe class. Overall, sibling pair resemblance for class was stronger within than between classes, and was greatest for siblings within the severe class, suggesting a stronger familial etiology for this class. These findings are consistent with the affective regulation and behavioral disinhibition subtypes of alcoholism, and are in line with prior work suggesting familial influences on subtype etiology. Copyright © 2009 Elsevier Ireland Ltd. All rights reserved.

PMID: 20022183 [PubMed - as supplied by publisher]

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13. Psychol Med. 2009 Dec 17:1-8. [Epub ahead of print]

[Temperamental and acute symptoms of borderline personality disorder: associations with normal personality traits and dynamic relations over time.](#)

[Hopwood CJ](#), [Donnellan MB](#), [Zanarini MC](#).

Michigan State University, East Lansing, MI, USA.

BACKGROUND: Recent research suggests the utility of distinguishing temperamental and acute symptoms of borderline personality disorder (BPD). Temperamental symptoms, such as chronic anger and odd thinking, remit relatively slowly and have been hypothesized to reflect a hyperbolic predisposition to emotional pain and negativistic cognitions, whereas acute symptoms, such as substance abuse and chaotic relationships, remit relatively quickly and have been hypothesized to represent the consequences of maladaptations to triggering environmental events. **Method**The relationships of temperamental and acute BPD symptoms with normal personality traits and stability and dynamic associations over time across these symptom sets were tested in a 10-year longitudinal study of 362 patients with personality disorders. **RESULTS:** Temperamental symptoms were associated with high neuroticism, whereas acute symptoms were associated with low agreeableness. These symptoms had similar rank-order stabilities and relative changes in symptom sets were reciprocally linked in a cross-lagged path model suggesting dynamic

associations between temperamental and acute symptoms over time.

CONCLUSIONS: The distinction between temperamental and acute BPD symptoms is supported by differential relations of these symptom sets to normal personality traits. Moreover, these symptoms appear to be linked in a mutually reinforcing dynamic over time. This distinction should be kept in mind in future studies of the aetiology of BPD and in diagnostic and treatment considerations.

PMID: 20018125 [PubMed - as supplied by publisher]

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15. Arch Clin Neuropsychol. 2009 Dec 16. [Epub ahead of print]

[Neuropsychological Features of Indigent Murder Defendants and Death Row Inmates in Relation to Homicidal Aspects of Their Crimes.](#)

[Hanlon RE](#), [Rubin LH](#), [Jensen M](#), [Daoust S](#).

Northwestern University, Feinberg School of Medicine, Chicago, IL, USA.

Neuropsychological features of 77 indigent murder defendants and death row inmates were examined in relation to criminal variables underlying their homicidal acts. Clinically, the sample was characterized by elevated rates of developmental disorders (49%), personality disorders (54%), Axis I psychiatric disorders (45%), substance abuse (86%), and history of violence (43%). By statute, killing more than one person is an aggravating factor in many jurisdictions that renders a murder defendant eligible for the death penalty. Individuals who committed a single murder were characterized by executive dysfunction, lower intelligence, slower speed of information processing, and a higher frequency of developmental disorders (58%), relative to those charged and/or convicted of killing two or more people, who were characterized by a significantly higher rate of personality disorders (79%) and a lower rate of developmental disorders (34%). Additionally, using the FBI criminal classification system for categorizing homicide by motive, a significant difference in the frequency of psychosis was found among subgroups associated with the following motives: Criminal enterprise; personal cause; and sex. The collective neuropsychological profile of the sample revealed that executive functions were significantly decreased, relative to memory functions, with over half of the sample (55%) demonstrating executive dysfunction.

PMID: 20015966 [PubMed - as supplied by publisher]

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16. J Pers Assess. 2010 Jan;92(1):35-44.

Structured Interview of Personality Organization (STIPO): preliminary psychometrics in a clinical sample.

[Stern BL](#), [Caligor E](#), [Clarkin JF](#), [Critchfield KL](#), [Horz S](#), [MacCornack V](#), [Lenzenweger MF](#), [Kernberg OF](#).

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In this article, we describe the development and preliminary psychometric properties of the Structured Interview of Personality Organization (STIPO), a semistructured interview designed for the dimensional assessment of identity, primitive defenses, and reality testing, the three primary content domains in the model of personality health and disorder elaborated by Kernberg (1984; Kernberg & Caligor, 2005). Results of this investigation, conducted in a clinical sample representing a broad range of personality pathology, indicate that identity and primitive defenses as operationalized in the STIPO are internally consistent and that interrater reliability for all 3 content domains is adequate. Validity findings suggest that the assessment of one's sense of self and significant others (Identity) is predictive of measures of positive and negative affect, whereas the maladaptive ways in which the subject uses his or her objects for purposes of regulating one's self experience (Primitive Defenses) is predictive of measures of aggression and personality disorder traits associated with cluster B personality disorders. We discuss implications of these findings in terms of the theory-driven and trait-based assessment of personality pathology.

PMID: 20013454 [PubMed - in process]

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Publication Types:

- Research Support, Non-U.S. Gov't

17. Soc Cogn Affect Neurosci.. [Epub ahead of print]

Adult attachment insecurity and hippocampal cell density.

[Quirin M](#), [Gillath O](#), [Pruessner JC](#), [Eggert LD](#).

Department of Psychology, University of Osnabrueck, Germany and Institute of Psychology, Individual Differences and Personality Research. mquirin@uos.de.

Recent findings associate attachment insecurity (assessed as levels of attachment anxiety and avoidance) with poor emotion regulation. In turn, emotion regulation has

been shown to be associated with hippocampus (HC) functioning and structure. Clinical disorders such as depression and PTSD, which have been previously associated with attachment insecurity, are also known to be linked with reduced hippocampal cell density. This suggests that attachment insecurity may also be associated with reduced hippocampal cell density. We examined this hypothesis using T1 images of 22 healthy young adults. In line with our hypothesis, attachment avoidance was associated with bilateral HC reduction, whereas attachment anxiety was significantly related to reduced cell concentration in the left HC. The findings are compatible with a neurotoxic model of stress-induced cell reduction in the HC, providing further information on emotion regulation abilities among insecurely attached individuals.

PMID: 20007241 [PubMed - as supplied by publisher]

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18.J Psychiatr Res.. [Epub ahead of print]

[Correlation of a set of gene variants, life events and personality features on adult ADHD severity.](#)

[Müller DJ](#), [Chiesa A](#), [Mandelli L](#), [Luca VD](#), [Ronchi DD](#), [Jain U](#), [Serretti A](#), [Kennedy JL](#).

Neurogenetics Section, Centre for Addiction and Mental Health (CAMH), University of Toronto, Canada; Department of Psychiatry, Charité University Medicine Berlin, Campus Charité Mitte, Berlin, Germany.

Increasing evidence suggests that symptoms of attention deficit hyperactivity disorder (ADHD) could persist into adult life in a substantial proportion of cases. The aim of the present study was to investigate the impact of (1) adverse events, (2) personality traits and (3) genetic variants chosen on the basis of previous findings and (4) their possible interactions on adult ADHD severity. One hundred and ten individuals diagnosed with adult ADHD were evaluated for occurrence of adverse events in childhood and adulthood, and personality traits by the Temperament and Character Inventory (TCI). Common polymorphisms within a set of nine important candidate genes (SLC6A3, DBH, DRD4, DRD5, HTR2A, CHRNA7, BDNF, PRKG1 and TAAR9) were genotyped for each subject. Life events, personality traits and genetic variations were analyzed in relationship to severity of current symptoms, according to the Brown Attention Deficit Disorder Scale (BADDS). Genetic variations were not significantly associated with severity of ADHD symptoms. Life stressors displayed only a minor effect as compared to personality traits. Indeed, symptoms' severity was significantly correlated with the temperamental trait of Harm avoidance and the character trait of Self directedness. The results of the present work are in line with previous evidence of a significant correlation between some personality traits and

adult ADHD. However, several limitations such as the small sample size and the exclusion of patients with other severe comorbid psychiatric disorders could have influenced the significance of present findings. Copyright © 2009 Elsevier Ltd. All rights reserved.

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19. Pharmacol Ther. 2009 Dec 18. [Epub ahead of print]

[Inter-individual differences in neurobiology as vulnerability factors for affective disorders: Implications for psychopharmacology.](#)

[Harro J.](#)

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Susceptibility to affective disorders is individually different, and determined both by genetic variance and life events that cause significant differences in the CNS structure and function between individual subjects. Therefore it is plausible that search for the inter-individual differences in endophenotypes that mediate the effects of causal factors, both genetic and environmental, will reveal the substrates for vulnerability, help to clarify pathogenetic mechanisms, and possibly aid in developing strategies to discover better, more personalized treatments. This review first examines comparatively a number of animal models of human affect and affect-related disorders that rely on persistent inter-individual differences, and then highlights some of the neurobiological findings in these models that are compatible with much of research in human behavioural and personality traits. Many behaviours occur in specific combinations in several models, but often remarkable dissociations are observed, providing a variety of constellations of traits. It is concluded that more systematic comparative experimentation on behaviour and neurobiology in different models is warranted to reveal possible "building blocks" of affect-related personality common in animals and humans. Looking into the perspectives in psychopharmacology the focus is placed on probable associations of inter-individual differences with brain structure and function, personality and coping strategies, and psychiatric vulnerability, highlighting some unexpected interactions between vulnerability endophenotypes, adverse life events, and behavioural traits. It is argued that further studies on inter-individual differences in affect and underlying neurobiology should include formal modeling of their epistatic, hierarchical and dynamic nature. Copyright © 2009. Published by Elsevier Inc.

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20. Neuroimage.. [Epub ahead of print]

[Association between striatal and extrastriatal dopamine D2-receptor binding and social desirability.](#)

[Cervenka S](#), [Gustavsson JP](#), [Halldin C](#), [Farde L](#).

Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.

Research on the biological underpinnings of personality can provide leads to the pathophysiology of psychiatric disorders. In particular, interpersonal aspects of behavior are a common problem during the course of psychiatric illness. Animal research has demonstrated a role for the dopamine system in social behaviour, and recent molecular imaging studies have shown a negative correlation between dopamine D2-receptor binding in the striatum and social desirability. The emotional and cognitive aspects of social behavior suggest involvement of brain regions outside of the striatum, such as limbic structures. The aim of the present study was to explore associations between the personality trait social desirability and dopamine D2-receptor binding in both striatal and extrastriatal brain regions. We examined 16 control subjects with Positron Emission Tomography and the radioligands [(11)C]raclopride and [(11)C]FLB 457, in relation to social desirability in the inventory Swedish universities Scales of Personality. [(11)C]raclopride D2-receptor binding in the striatum showed negative correlations to social desirability scores, corroborating previous findings. Furthermore, a correlation of a higher statistical significance was demonstrated for [(11)C]FLB 457 binding in the hippocampal-amygdala complex. A separate analysis of social desirability items in relation to a model of interpersonal behaviour revealed that the associations were driven by items reflecting high submissiveness and high affiliation. Taken together with previous evidence on D2-receptor binding and social behaviour, a role for dopaminergic neurotransmission in regulating displays of dominance vs. submissive behaviour is proposed.

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21. Annu Rev Clin Psychol.. [Epub ahead of print]

[Pathological Narcissism and Narcissistic Personality](#)

[Disorder.](#)

[Pincus AL](#), [Lukowitsky MR](#).

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We review the literature on pathological narcissism and narcissistic personality disorder (NPD) and describe a significant criterion problem related to four inconsistencies in phenotypic descriptions and taxonomic models across clinical theory, research, and practice; psychiatric diagnosis; and social/personality psychology. This impedes scientific synthesis, weakens narcissism's nomological net, and contributes to a discrepancy between low prevalence rates of NPD and higher rates of practitioner-diagnosed pathological narcissism, along with an enormous clinical literature on narcissistic disturbances. Criterion issues must be resolved, including clarification of the nature of normal and pathological narcissism, incorporation of the two broad phenotypic themes of narcissistic grandiosity and narcissistic vulnerability into revised diagnostic criteria and assessment instruments, elimination of references to overt and covert narcissism that reify these modes of expression as distinct narcissistic types, and determination of the appropriate structure for pathological narcissism. Implications for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders and the science of personality disorders are presented. Expected final online publication date for the Annual Review of Clinical Psychology Volume 6 is March 27, 2010. Please see <http://www.annualreviews.org/catalog/pubdates.aspx> for revised estimates.

PMID: 20001728 [PubMed - as supplied by publisher]

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22. Eat Behav. 2010 Jan;11(1):1-5. Epub 2009 Jul 16.

[Emotion recognition and alexithymia in females with non-clinical disordered eating.](#)

[Ridout N](#), [Thom C](#), [Wallis DJ](#).

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OBJECTIVES: The aims were to determine if emotion recognition deficits observed in eating disorders generalize to non-clinical disordered eating and to establish if other psychopathological and personality factors contributed to, or accounted for, these deficits. **DESIGN:** Females with high (n=23) and low (n=22) scores on the Eating Disorder Inventory (EDI) were assessed on their ability to recognise emotion from

videotaped social interactions. Participants also completed a face memory task, a Stroop task, and self-report measures of alexithymia, depression and anxiety. RESULTS: Relative to the low EDI group, high EDI participants exhibited a general deficit in recognition of emotion, which was related to their scores on the alexithymia measure and the bulimia subscale of the EDI. They also exhibited a specific deficit in the recognition of anger, which was related to their scores on the body dissatisfaction subscale of the EDI. CONCLUSIONS: In line with clinical eating disorders, non-clinical disordered eating is associated with emotion recognition deficits. However, the nature of these deficits appears to be dependent upon the type of eating psychopathology and the degree of co-morbid alexithymia.

PMID: 19962113 [PubMed - in process]

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23. Acta Obstet Gynecol Scand. 2010;89(1):27-34.

[Personality traits associated with depressive and anxiety disorders in infertile women and men undergoing in vitro fertilization treatment.](#)

[Volgsten H](#), [Ekselius L](#), [Poromaa IS](#), [Svanberg AS](#).

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OBJECTIVE: To assess which personality traits are associated with depressive and/or anxiety disorders in infertile women and men undergoing in vitro fertilization (IVF). DESIGN: Prospective study. SETTING: A university hospital in Sweden. POPULATION: A total of 856 eligible women and men, 428 couples, were approached to participate. Overall 643 (75.1%) subjects filled out the Swedish Universities Scales of Personality (SSP) questionnaire. The response rates were 323 women (75.5%) and 320 men (74.8%). METHODS: The SSP, a self-rating personality trait questionnaire, was used for evaluation. Main outcome measures. Personality traits associated with depression and/or anxiety disorders. RESULTS: Higher mean scores on all neuroticism-related personality traits were found in women and men with depressive and/or anxiety disorders compared to women and men with no diagnosis. High scores of neuroticism and a negative pregnancy test after IVF were associated with depressive and/or anxiety disorders among women. Among men, high scores of neuroticism and unexplained or male infertility factor were associated with depressive and/or anxiety disorders. High neuroticism scores were negatively associated with live birth ($p < 0.05$). CONCLUSION: High scores on neuroticism-related personality traits were associated with depressive and/or anxiety disorders in women and men undergoing IVF.

PMID: 19947903 [PubMed - in process]

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1. Am J Addict. 2009 Nov-Dec;18(6):470-80.

Psychiatric comorbidity reduces quality of life in chronic methadone maintained patients.

[Carpentier PJ](#), [Krabbe PF](#), [van Gogh MT](#), [Knapen LJ](#), [Buitelaar JK](#), [de Jong CA](#).

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Despite the efficacy of methadone maintenance treatment (MMT), opioid dependence still involves severe impairment of functioning and low quality of life. This study examines the influence of the psychiatric comorbidity of MMT patients on their quality of life. A total of 193 middle-aged patients in long-term MMT were assessed for current and lifetime Axis I psychiatric disorders, substance use disorders, and personality disorders using the MINI, the CIDI-SAM, and the SIDP-IV. Quality of life (Qol) was assessed using the EQ-5D. Psychiatric comorbidity was documented in 78% of the patients. Mood disorders (60%) and anxiety disorders (46%) were the most common diagnoses. Additional substance use disorders were diagnosed in 70% of the MMT patients. While a probable personality disorder was documented for 65% of the patients, 66 of these patients actually showed an antisocial personality disorder. Qol was severely diminished to a level comparable to that for patients with chronic psychiatric and/or somatic disorders. Multivariate analyses showed the occurrence of comorbid psychiatric disorders to explain about 32% of the variance in Qol. The quality of life for MMT patients is generally low. The present results showed a high rate of psychiatric comorbidity for this patient group with mood disorders, additional substance use disorders, and personality disorders occurring in particular. Such comorbid psychopathology substantially affects quality of life. The negative influence of comorbid psychopathology on quality of life is an important reason to provide additional mental health services for MMT patients.

PMID: 19874168 [PubMed - in process]

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6. Child Adolesc Psychiatry Ment Health. 2009 Oct 24;3(1):35. [Epub ahead of print]

Irritable mood and the Diagnostic and Statistical Manual of

Mental Disorders.

[Safer DJ.](#)

ABSTRACT: BACKGROUND: The terms 'irritable mood' and 'irritability' have been applied to describe and define a variety of different categories in the Diagnostic and Statistical Manual of Mental Disorders (DSM). More precise diagnostic terms and concepts are needed. **METHOD:** A concise critical historical review of DSM categories characterized by irritability, anger, and aggression is presented followed by recommendations. **RESULTS:** This analysis describes the broad ranging and imprecise use of the term irritability since the first DSM in 1952. A more age-appropriate and functional realignment of psychiatric categories linked to dysfunctional anger is suggested. Among other recommendations, this realignment would remove irritability as a problematic definer in the present DSM mood categories: expand oppositional defiant disorder to include adults; link the callous unemotional subtype of conduct disorder in adolescents to antisocial personality disorder; move intermittent explosive disorder to an appropriate category; and expand the term 'mood' to apply also to dysfunctional anger and anxiety. **CONCLUSION:** The non-specific term 'irritability' commonly used in the DSM has had an adverse effect on diagnostic specificity and thereby on treatment. Dysfunctional anger is a major mood disorder which merits a more prominent and better defined representation in psychiatric nomenclature.

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Publication Types:

- EDITORIAL

7. Schizophr Bull. 2009 Oct 22. [Epub ahead of print]

Social Anhedonia and Schizotypy in a Community Sample: The Maryland Longitudinal Study of Schizotypy.

[Blanchard JJ](#), [Collins LM](#), [Aghevli M](#), [Leung WW](#), [Cohen AS](#).

2Department of Psychology, University of Maryland at College Park, College Park, MD 20742.

Social anhedonia has been employed in psychometric high-risk studies to identify putative schizotypes. To date, this research has focused almost exclusively on college samples. The current study sought to examine the validity of social anhedonia as an indicator of risk for schizophrenia-spectrum disorders within a community sample. Furthermore, we evaluated the role of other individual difference variables in accounting for variable clinical severity within the social anhedonia group including

trait affectivity, social support, and family environment. Following the mailed questionnaire screening of 2434 eighteen-year olds, laboratory assessments were conducted with individuals identified as being high in social anhedonia (n = 86) and a comparison sample (n = 89). Compared with the control group, individuals in the social anhedonia group were found to have higher rates of mood disorders, elevated schizophrenia-spectrum personality disorder characteristics, greater negative symptom characteristics, and lower global functioning. Individuals within the social anhedonia group also reported greater trait negative affectivity, lower positive affectivity, less social support, and more family conflict. Low social support and problematic family environment were found to be related to elevations in spectrum personality disorder characteristics and poorer functioning within the social anhedonia group. These cross-sectional findings from a community sample provide further support for social anhedonia as a possible indicator of schizotypy.

PMID: 19850669 [PubMed - as supplied by publisher]

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8. Clin Gastroenterol Hepatol. 2009 Oct 19. [Epub ahead of print]

Personality Traits and Impaired Health-Related Quality of Life in Patients with Functional Gastrointestinal Disorders.

[Hansel SL](#), [Umar SB](#), [Lunsford TN](#), [Harris LA](#), [Dibaise JK](#), [Crowell MD](#).

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BACKGROUND & AIMS:: Negative affectivity and social isolation (Type D personality) are personality traits associated with poor health related quality of life (HRQoL). We hypothesized these traits would be associated with impaired HRQoL and increased GI symptom severity in functional gastrointestinal disorders.

METHODS:: Data were collected from patients undergoing breath testing. Patients completed the Type D Scale 14, Gastrointestinal Symptoms Severity Index (GISSI) and Short-Form Health Survey 12 (SF-12v2). **RESULTS::** 230 patients were evaluated and 37% met criteria for Type D personality. Type D was associated with a decreased Mental Component score on the SF-12 (mean diff = -8.29; 95% CI, 5.2 - 11.4; $p < 0.001$). On the GISSI, severity of symptoms was significantly higher in Type D patients compared to non-Type D patients ($p < 0.001$). **CONCLUSIONS::** Type D personality was associated with decreased perceived HRQoL and reporting of more severe GI symptoms. Type D personality construct may be an important consideration when assessing HRQoL outcomes. Consideration of personality traits could improve risk stratification in research and clinical practice in this patient group.

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Lack of leadership confidence relates to problem drinking in women: gender identity, heavy episodic drinking and alcohol use disorders in Swedish women.

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AIM: The aim of this study was to analyse in women the association between four dimensions of gender identity, heavy episodic drinking (HED) and alcohol use disorders (AUD), taking into account age, personality, psychiatric co-morbidity and level of education. **METHODS:** An initial screening of alcohol consumption was followed by a structured psychiatric interview in a sample of women drawn from the Gothenburg population and women attending primary care, maternity and hospital services (n = 930). Gender identity was assessed using the Masculinity-Femininity Questionnaire (M/F-Q) (items grouped into four dimensions: leadership, caring, self-assertiveness and emotionality). The Karolinska Scale of Personality was administered. Clinical psychiatric diagnoses according to DSM were made in face-to-face interviews. HED was defined as consumption of at least 60 g of ethanol on a single day at least once a month. **RESULTS:** Women who scored low on the leadership dimension were twice as likely to have AUD [age-adjusted odds 1.98 (95% confidence interval 1.30-3.01)] compared to those with medium scores. These odds ratios were significant after adjustment for personality [2.21 (1.35-3.63)], psychiatric disorders [2.09 (1.25-3.47)] and level of education [1.95 (1.17-3.26)]. Low scores on the leadership dimension were associated with HED [1.55 (0.98-2.44)] after adjustment for age, personality, psychiatric disorders and level of education. High scores on leadership were not significantly associated with AUD or HED after these adjustments. The odds ratios for those who scored low on caring were non-significant throughout the analyses of associations with both AUD and HED. A similar pattern was found for the self-assertiveness dimension. Low emotionality was associated with decreased odds for AUD [0.42 (0.25-0.70)] and HED [0.66 (0.44-0.99)], and increased odds for AUD [2.14 (1.38-3.31)] and HED [2.33 (1.58-3.44)], after adjusting for age. These associations became non-significant after adjustment for personality and remained so after psychiatric disorders and level of education were added to the models. **CONCLUSION:** Of the four gender identity dimensions, only low scores on leadership remained significantly associated with AUD and HED after adjustment for age and personality. Clinical work could focus on the development of leadership abilities in women scoring low on these items to improve the ability.

PMID: 19846586 [PubMed - in process]

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12. Compr Psychiatry. 2009 Nov-Dec;50(6):533-41. Epub 2009 Mar 12.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, paranoid personality disorder diagnosis: a unitary or a two-dimensional construct?

[Falkum E](#), [Pedersen G](#), [Karterud S](#).

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OBJECTIVE: This article examines reliability and validity aspects of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) paranoid personality disorder (PPD) diagnosis. **METHOD:** Patients with personality disorders (n = 930) from the Norwegian network of psychotherapeutic day hospitals, of which 114 had PPD, were included in the study. Frequency distribution, chi(2), correlations, reliability statistics, exploratory, and confirmatory factor analyses were performed. **RESULTS:** The distribution of PPD criteria revealed no distinct boundary between patients with and without PPD. Diagnostic category membership was obtained in 37 of 64 theoretically possible ways. The PPD criteria formed a separate factor in a principal component analysis, whereas a confirmatory factor analysis indicated that the DSM-IV PPD construct consists of 2 separate dimensions as follows: suspiciousness and hostility. The reliability of the unitary PPD scale was only 0.70, probably partly due to the apparent 2-dimensionality of the construct. Persistent unwarranted doubts about the loyalty of friends had the highest diagnostic efficiency, whereas unwarranted accusations of infidelity of partner had particularly poor indicator properties. **CONCLUSIONS:** The reliability and validity of the unitary PPD construct may be questioned. The 2-dimensional PPD model should be further explored.

PMID: 19840591 [PubMed - in process]

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13. Compr Psychiatry. 2009 Nov-Dec;50(6):526-32. Epub 2009 Mar 12.

Population-based prevalence of smoking in psychiatric inpatients: a focus on acute suicide risk and major diagnostic groups.

[Lineberry TW](#), [Allen JD](#), [Nash J](#), [Galaridy CW](#).

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OBJECTIVE: The aim of the study was to define the extent of current and lifetime smoking by diagnostic groups and suicide risk as reason for admission in a geographically defined psychiatric inpatient cohort. **DESIGN:** The study used a population-based retrospective chart review. **METHODS:** Smoking status and discharge diagnoses for Olmsted County, Minnesota, inpatients aged 18 to 65 admitted for psychiatric hospitalization in 2004 and 2005 were abstracted from the electronic medical record. Diagnostic groups were compared to each other using chi(2) tests and Fisher exact test to analyze smoking status within the inpatient sample with significance defined as $P \leq .05$. **RESULTS:** Eighty percent (80.41) of our sample of 776 patients was hospitalized due to acute suicide risk. Discharge diagnostic group composition included affective disorders (80.3%), substance abuse disorders (36.1%), anxiety disorders (19%), psychotic disorders (16.4%), and personality disorders (10.3%). Of the sample, 72.2% had at least one comorbid disorder. Of the 776 patients, 356 (45.9%) were current smokers. Substance abuse and psychotic disorder diagnoses were significantly correlated with current smoking status ($<.0001$, $.02$) with 77.1% and 55.9%, respectively, being current smokers compared to other psychiatric inpatient groups. All diagnostic groups smoked at higher rates and had less success stopping than the US general population. **CONCLUSION:** Our findings clearly demonstrate stratification of current smoking and quit rates in psychiatric inpatient' diagnostic groups vs the US general population and Minnesota. Further research into the association between suicide risk, smoking, and mortality in the seriously mentally ill is necessary. Recognizing and addressing smoking in psychiatric patients in both hospital and outpatient settings is critical to addressing survival differences compared to the general population.

PMID: 19840590 [PubMed - in process]

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15. Compr Psychiatry. 2009 Nov-Dec;50(6):491-5. Epub 2009 Mar 10.

Does personality disorder decrease the likelihood of remission in early-onset chronic depression?

[Agosti V](#), [Hellerstein DJ](#), [Stewart JW](#).

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BACKGROUND: The impact of personality disorders (PD) on the course of

depression has been gaining interest among clinical researchers over the past decade. Recent observational studies have found that PD was associated with impaired social functioning and reduced likelihood of depression recovery. Elevated rates of PD have been noted in early-onset and chronic forms subtypes of depression. However, scant data exist regarding the link between PD and outcome for this depression subtype.

METHODS: The National Epidemiological Survey on Alcohol and Related Conditions database was analyzed. This survey included 43 093 respondents, 18 years and older, conducted in 2001 through 2002. Logistic regression was used to identify demographic and clinical predictors of remission in early-onset chronic depression.

RESULTS: The absence of PD, having more years of education, and being married considerably improved the likelihood of remission. Paranoid personality disorder and obsessive-compulsive disorder were the only specific PD found to be associated with a reduced probability of remission. **LIMITATIONS:** Depression remission status may have biased the recollection of PD symptoms. Borderline personality disorder, narcissistic personality disorder, and schizotypal personality disorder were not assessed. **CONCLUSIONS:** This study suggests that PD are significant predictors of remission in early-onset chronic depression.

PMID: 19840585 [PubMed - in process]

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16. Psychiatr Q. 2009 Oct 17. [Epub ahead of print]

Prevalence of Axis II Disorders in a Sample of Clients Undertaking Psychiatric Evaluation for Sex Reassignment Surgery.

[Madeddu F](#), [Prunas A](#), [Hartmann D](#).

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The aim of the present study is to assess the prevalence of Axis II disorders (DSM-IV-TR) in a sample of clients requesting sex reassignment surgery (SRS), consecutively admitted to a Gender Identity Disorder (GID) psychiatric unit. Fifty clients self-referred as transsexuals (34 biological males and 16 biological females; mean age = 31.74 +/- 7.06 years) were assessed through the SCID-II after a preliminary evaluation to exclude current major psychiatric disorders. Prevalence of any Axis II disorder was 52% (N = 26), with no significant differences related to biological sex. The most frequent personality disorders were Cluster B PDs (22% of total sample), followed by Cluster C (12%) and Cluster A PDs (2%). A significant prevalence of NOS PD (16%) was also found. Our data offers prevalence estimates slightly higher than those found in previous studies and does not provide evidence for any differences in the psychopathological profile and severity between MtF and FtM

transsexuals.

PMID: 19838802 [PubMed - as supplied by publisher]

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17. Rev Bras Psiquiatr. 2009 Oct 16. pii: S1516-44462009005000009. [Epub ahead of print]

Wives of pathological gamblers: personality traits, depressive symptoms and social adjustment.

[Mazzoleni MH](#), [Gorenstein C](#), [Fuentes D](#), [Tavares H](#).

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Objective: Wives of pathological gamblers tend to endure long marriages despite financial and emotional burden. Difficulties in social adjustment, personality psychopathology, and comorbidity with psychiatric disorders are pointed as reasons for remaining on such overwhelming relationships. The goal was to examine the social adjustment, personality and negative emotionality of wives of pathological gamblers. Method: The sample consisted of 25 wives of pathological gamblers, mean age 40.6, SD = 9.1 from a Gambling Outpatient Unit and at GAM-ANON, and 25 wives of non-gamblers, mean age 40.8, SD = 9.1, who answered advertisements placed at the Universidade de São Paulo hospital and medical school complex. They were selected in order to approximately match demographic characteristics of the wives of pathological gamblers. Subjects were assessed by the Social Adjustment Scale, Temperament and Character Inventory, Beck Depression Inventory and State-Trait Anxiety Inventory. Results: Three variables remained in the final Multiple Logistic Regression model, wives of pathological gamblers presented greater dissatisfaction with their marital bond, and higher scores on Reward Dependence and Persistence temperament factors. Both, Wives of pathological gamblers and wives of non-gamblers presented well-structured character factors excluding personality disorders. Conclusion: This personality profile may explain wives of pathological gamblers emotional resilience and their marriage longevity. Co-dependence and other labels previously used to describe them may work as a double edged sword, legitimating wives of pathological gamblers problems, while stigmatizing them as inapt and needy.

PMID: 19838595 [PubMed - as supplied by publisher]

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18. Psychoneuroendocrinology. 2009 Oct 16. [Epub ahead of print]

Borderline personality disorder: Hypothalamus pituitary adrenal axis and findings from neuroimaging studies.

[Wingenfeld K](#), [Spitzer C](#), [Rullkötter N](#), [Löwe B](#).

Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Hamburg-Eppendorf & Schön Klinik Hamburg-Eilbek, Germany.

Borderline personality disorder (BPD) is a complex and serious mental disorder that is commonly seen psychiatric practice. Although stress, especially early life stress, seems to be associated with the development of the disorder, there has been far less research on the function of the hypothalamic-pituitary-adrenal (HPA) axis in BPD, compared to other psychiatric disorders, such as major depressive disorder and post-traumatic stress disorder. Stress has been suggested to exert damaging effects on the brain, particularly the hippocampus; therefore, neuroimaging studies yield important insight into the neurobiology of BPD. This article reviews research on the HPA axis and neuroimaging studies in BPD and aims to integrate these findings.

PMID: 19837517 [PubMed - as supplied by publisher]

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19. Schizophr Res. 2009 Oct 10. [Epub ahead of print]

An examination of neuroticism as a moderating factor in the association of positive and negative schizotypy with psychopathology in a nonclinical sample.

[Barrantes-Vidal N](#), [Ros-Morente A](#), [Kwapil TR](#).

Departament de Psicologia Clínica i de la Salut, Facultat de Psicologia, Universitat Autònoma de Barcelona, 08193-Bellaterra, Barcelona, Spain; CIBERSAM, Spanish Ministry of Health, Instituto de Salud Carlos III-RETIC RD06/0011/0007, Red de Enfermedades Mentales (REM-TAP Network), Spain.

Personality traits such as neuroticism are associated with schizophrenia and schizotypy. However, studies thus far have not clarified the differential association of neuroticism with individual schizotypy dimensions and the role it plays in the expression of schizophrenia-spectrum psychopathology. 204 nonclinically ascertained participants completed self-report questionnaires assessing neuroticism and the positive and negative schizotypy dimensions, and underwent structured interviews assessing schizophrenia-spectrum psychopathology (psychotic-like experiences, negative symptoms, cluster A personality disorders and traits), mood episodes, substance abuse, and global functioning. Results indicated that neuroticism predicted

positive symptoms of schizophrenia and depression, over-and-above the effects of both schizotypy dimensions. Also, neuroticism moderated the association of positive schizotypy with interview measures of psychopathology and functioning. The results of this study are consistent with other research indicating that neuroticism is etiologically relevant for schizophrenia-spectrum psychopathology and that it cannot be considered solely a 'secondary effect' of spectrum disorders. Current psychological models of psychosis can accommodate the finding of neuroticism being a shared vulnerability factor for affective and psychotic disorders.

PMID: 19822406 [PubMed - as supplied by publisher]

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20. Curr Opin Psychiatry. 2009 Nov;22(6):631-5.

Mental health quality and outcome measurement and improvement in Norway.

[Ruud T.](#)

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PURPOSE OF REVIEW: To describe and discuss results from scientific articles in 2008-2009 on outcome and quality and improvement of these in the mental health services in Norway. **RECENT FINDINGS:** Good outcome is documented for several types of interventions and patient groups such as information campaigns to reduce duration of untreated psychosis, dynamic psychotherapy with transference interpretations for patients with less mature object relations, group and individual therapy for patients with personality disorders, parent training to reduce conduct problems in small children and opioid maintenance treatment to reduce deaths from overdose. At the same time, there is a lack of adherence in clinicians' prescriptions of antipsychotic medication, in patients' use of medication and of integrated treatment for psychiatric disorders and substance abuse. General practitioners' rating of mental health services may be a more valid quality indicator than patients' satisfaction. There is a lack of studies on quality, treatment fidelity, service improvements and implementation of best practice. **SUMMARY:** In spite of some documented treatments with good outcome, we know too little about the quality and outcome of the mental health services. Strategies for implementation of evidence-based treatment accompanied by research studies need to be the norm, not the exception.

PMID: 19820648 [PubMed - in process]

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21. BMC Psychiatry. 2009 Oct 9;9:67.

Factors associated with dropout from treatment for eating disorders: a comprehensive literature review.

[Fassino S](#), [Pierò A](#), [Tomba E](#), [Abbate-Daga G](#).

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BACKGROUND: Dropout (DO) is common in the treatment of eating disorders (EDs), but the reasons for this phenomenon remain unclear. This study is an extensive review of the literature regarding DO predictors in EDs. **METHODS:** All papers in PubMed, PsycINFO and Cochrane Library (1980-2009) were considered. Methodological issues and detailed results were analysed for each paper. After selection according to inclusion criteria, 26 studies were reviewed. **RESULTS:** The dropout rates ranged from 20.2% to 51% (inpatient) and from 29% to 73% (outpatient). Predictors of dropout were inconsistent due to methodological flaws and limited sample sizes. There is no evidence that baseline ED clinical severity, psychiatric comorbidity or treatment issues affect dropout. The most consistent predictor is the binge-purging subtype of anorexia nervosa. Good evidence exists that two psychological traits (high maturity fear and impulsivity) and two personality dimensions (low self-directedness, low cooperativeness) are related to dropout. **CONCLUSION:** Implications for clinical practice and areas for further research are discussed. Particularly, these results highlight the need for a shared definition of dropout in the treatment of eating disorders for both inpatient and outpatient settings. Moreover, the assessment of personality dimensions (impulse control, self-efficacy, maturity fear and others) as liability factors for dropout seems an important issue for creating specific strategies to reduce the dropout phenomenon in eating disorders.

PMCID: 2765944

PMID: 19818137 [PubMed - in process]

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25. Psychol Med. 2009 Oct 8:1-10. [Epub ahead of print]

Genetic contribution to the relationship between personality and depressive symptoms among older women.

[Pakkala I](#), [Read S](#), [Kaprio J](#), [Koskenvuo M](#), [Kauppinen M](#), [Rantanen T](#).

Finnish Centre for Interdisciplinary Gerontology, University of Jyväskylä, Finland.

BACKGROUND: Prior studies suggest that certain types of personality are at higher risk for developing depressive disorders. This study examined the relationship between old age depressive symptoms and two middle-age personality dimensions, neuroticism and extraversion. **Method** The present study is part of the Finnish Twin Study on Aging, where altogether 409 female twins who had completed the Eysenck Personality Inventory at the age of 38-51 years were studied for depressive symptoms 28 years later using Center for the Epidemiologic Studies Depression Scale. Logistic regression analysis suitable for dependent data and univariate and Cholesky models for decomposing the genetic and environmental factor were used. **RESULTS:** Middle age extraversion protected from later depressive symptoms while neuroticism increased the risk. Twin modeling indicated that the association between neuroticism and depressive symptoms resulted from shared genetic risk factors common to both traits. However, a substantial proportion of the genetic vulnerability was specific to old age depressive symptoms and was not shared with neuroticism. Middle age extraversion had no genetic relationship with old age depressive symptoms. **CONCLUSIONS:** The relationship between middle age neuroticism and old age depressive symptoms is strong but only partly the result of genetic factors that predispose to both neuroticism and depressive symptoms. Extraversion, by contrast, has no genetic relationship with depressive symptoms experienced in old age. PMID: 19811701 [PubMed - as supplied by publisher]

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26. Br J Psychol. 2009 Oct 5. [Epub ahead of print]

Individual differences and reasoning: A study on personality traits.

[Bensi L](#), [Giusberti F](#), [Nori R](#), [Gambetti E](#).

Personality can play a crucial role in how people reason and decide. Identifying individual differences related to how we actively gather information and use evidence could lead to a better comprehension and predictability of human reasoning. Recent findings have shown that some personality traits are related to similar decision-making patterns showed by people with mental disorders. We performed research with the aim to investigate delusion-proneness, obsessive-like personality, anxiety (trait and state), and reasoning styles in individuals from the general population. We introduced personality trait and state anxiety scores in a regression model to explore specific associations with: (1) amount of data-gathered prior to making a decision; and (2) the use of confirmatory and disconfirmatory evidence. Results showed that all our independent variables were positively or negatively associated with the amount of data collected in order to make simple probabilistic decisions. Anxiety and

obsessiveness were the only predictors of the weight attributed to evidence in favour or against a hypothesis. Findings were discussed in relation to theoretical assumptions, predictions, and clinical implications. Personality traits can predict peculiar ways to reason and decide that, in turn, could be involved to some extent in the formation and/or maintenance of psychological disorders.

PMID: 19807943 [PubMed - as supplied by publisher]

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27. BMC Psychiatry. 2009 Oct 6;9:64.

Implementation of outpatient schema therapy for borderline personality disorder: study design.

[Nadort M](#), [Arntz A](#), [Smit JH](#), [Giesen-Bloo J](#), [Eikelenboom M](#), [Spinhoven P](#), [van Asselt T](#), [Wensing M](#), [van Dyck R](#).

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BACKGROUND: Schema Therapy (ST) is an integrative psychotherapy based upon a cognitive schema model which aims at identifying and changing dysfunctional schemas and modes through cognitive, experiential and behavioral pathways. It is specifically developed for patients with personality disorders. Its effectiveness and efficiency have been demonstrated in a few randomized controlled trials, but ST has not been evaluated in regular mental healthcare settings. This paper describes the study protocol of a multisite randomized 2-group design, aimed at evaluating the implementation of outpatient schema therapy for patients with borderline personality disorder (BPD) in regular mental healthcare and at determining the added value of therapist telephone availability outside office hours in case of crisis.

METHODS/DESIGN: Patient outcome measures will be assessed with a semi-structured interview and self-report measures on BPD, therapeutic alliance, quality of life, costs and general psychopathology at baseline, 6, 12, 18 and 36 months. Intention-to-treat analyses will be executed with survival analysis for dichotomous variables, and one-sample t-tests and ANCOVAs for continuous variables with baseline as covariate and condition as between group factor. All tests will be two-tailed with a significance level of 5%. **DISCUSSION:** The study will provide an answer to the question whether ST can be effectively implemented and whether phone support by the therapist has an additional value. **TRIAL REGISTRATION:** The Dutch Cochrane Center, NTR (TC = 1781).

PMCID: 2762959

PMID: 19807925 [PubMed - in process]

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2. Schizophr Res. 2009 Nov 26. [Epub ahead of print]

Developmental instability in social anhedonia: An examination of minor physical anomalies and clinical characteristics.

[Blanchard JJ](#), [Aghevli M](#), [Wilson A](#), [Sargeant M](#).

University of Maryland at College Park, United States.

Developmental instability (DI) refers to the inability of the developing brain to buffer the effects of genetic and environmental insults. This concept has been invoked to better understand how fetal brain development goes awry in schizophrenia and related spectrum disorders. This study examined one marker of DI, minor physical anomalies (MPAs), and its association with a putative indicator of schizotypy, the trait of social anhedonia. MPAs and clinical symptoms were assessed within a community sample of psychometrically identified individuals high in social anhedonia and a matched group of healthy controls. Results indicated that, compared to the controls, MPAs were elevated in the social anhedonia group. Additionally, within the social anhedonia group, MPAs were significantly correlated with clinical ratings of schizoid personality disorder characteristics and also showed strong associations with schizotypal personality disorder ratings. These findings indicate a relationship between developmental anomalies and negative schizotypy and suggest that, when combined with psychometrically identified risk, the presence of MPAs may further elevate the probability of clinical manifestations of schizophrenia-spectrum characteristics.

PMID: 19944570 [PubMed - as supplied by publisher]

3. Neuropsychopharmacology. 2009 Nov 25. [Epub ahead of print]

Probing Compulsive and Impulsive Behaviors, from Animal Models to Endophenotypes: A Narrative Review.

[Fineberg NA](#), [Potenza MN](#), [Chamberlain SR](#), [Berlin HA](#), [Menzies L](#), [Bechara A](#), [Sahakian BJ](#), [Robbins TW](#), [Bullmore ET](#), [Hollander E](#).

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Partnership NHS Foundation Trust, Queen Elizabeth II Hospital, Welwyn Garden City, Hertfordshire, UK [2] Postgraduate Medical School, University of Hertfordshire, College Lane, Hatfield, UK [3] Department of Psychiatry and Behavioural and Clinical Neurosciences Institute, University of Cambridge, Cambridge, UK.

Failures in cortical control of fronto-striatal neural circuits may underpin impulsive and compulsive acts. In this narrative review, we explore these behaviors from the perspective of neural processes and consider how these behaviors and neural processes contribute to mental disorders such as obsessive-compulsive disorder (OCD), obsessive-compulsive personality disorder, and impulse-control disorders such as trichotillomania and pathological gambling. We present findings from a broad range of data, comprising translational and human endophenotypes research and clinical treatment trials, focussing on the parallel, functionally segregated, cortico-striatal neural projections, from orbitofrontal cortex (OFC) to medial striatum (caudate nucleus), proposed to drive compulsive activity, and from the anterior cingulate/ventromedial prefrontal cortex to the ventral striatum (nucleus accumbens shell), proposed to drive impulsive activity, and the interaction between them. We suggest that impulsivity and compulsivity each seem to be multidimensional. Impulsive or compulsive behaviors are mediated by overlapping as well as distinct neural substrates. Trichotillomania may stand apart as a disorder of motor-impulse control, whereas pathological gambling involves abnormal ventral reward circuitry that identifies it more closely with substance addiction. OCD shows motor impulsivity and compulsivity, probably mediated through disruption of OFC-caudate circuitry, as well as other frontal, cingulate, and parietal connections. Serotonin and dopamine interact across these circuits to modulate aspects of both impulsive and compulsive responding and as yet unidentified brain-based systems may also have important functions. Targeted application of neurocognitive tasks, receptor-specific neurochemical probes, and brain systems neuroimaging techniques have potential for future research in this field. *Neuropsychopharmacology* advance online publication, 25 November 2009; doi:10.1038/npp.2009.185.

PMID: 19940844 [PubMed - as supplied by publisher]



7. *Eur Psychiatry*. 2009 Nov 20. [Epub ahead of print]

The influence of temperament on symptoms and functional outcome in people with psychosis in the Northern Finland 1966 Birth Cohort.

[Poustka L](#), [Murray GK](#), [Jääskeläinen E](#), [Veijola J](#), [Jones P](#), [Isohanni M](#), [Miettunen J](#).

Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of

Mental Health, J5, 68159 Mannheim, Germany.

OBJECTIVE: To describe symptom expression and functional outcome in psychotic disorders in relation with temperament traits assessed with the Temperament and Character Inventory (TCI) in a population-based sample. **METHOD:** As part of the 31-year follow-up survey of the Northern Finland 1966 Birth Cohort, TCI temperament items were filled in by 4349 members of the cohort. In individuals with psychotic disorders, also positive and negative symptoms and outcome variables were assessed in a 35-year follow-up. Information of TCI and outcomes were available for altogether 41 individuals with psychosis. **RESULT:** Reward dependence (RD) ($\rho=-0.45$) and Persistence (P) ($\rho=-0.52$) were significantly correlated with Positive and Negative Syndrome Scale (PANSS) negative symptoms. Higher P scores predicted higher social and occupational functioning (as measured by Social and Occupational Functioning Assessment Scale [SOFAS]), and higher Harm avoidance (HA) predicted a higher likelihood of being on a disability pension. **CONCLUSION:** Results indicate that understanding of personality dimensions support better understanding of outcome and symptom expressions in psychotic disorders.

PMID: 19932601 [PubMed - as supplied by publisher]



8. Res Dev Disabil. 2009 Nov 20. [Epub ahead of print]

Mental ill-health and care pathways in adults with intellectual disability across different residential types.

[Chaplin E](#), [Paschos D](#), [O'Hara J](#), [McCarthy J](#), [Holt G](#), [Bouras N](#), [Tsakanikos E](#).

King's College London, Institute of Psychiatry, Estia Center, 66 Snowfields, London SE1 3SS, UK; South London and Maudsley NHS Foundation Trust, UK.

The aim of this study was to investigate co-morbid psychopathology and clinical characteristics of adults with ID living across different types of residential settings. All participants were first time referrals to specialist services in South-East London who lived either with their family (N=375) or in supported residence (N=280) or independently (N=95). Psychiatric diagnoses were based on ICD 10 criteria following clinical interviews with key informants and patients. Logistic regression analyses showed that personality disorders were more likely to be diagnosed in people who lived independently or in supported residence, while anxiety disorders were more likely in those living with their family. Overall, those who lived in independent residence had higher rates of co-morbid psychopathology. These effects were independent of ID level and age differences. Younger adults were more likely to live with their families while those with higher ID level were about 17 times more likely to live independently. The largest proportion of referrals to outpatients lived in independent residence although there were no significant differences in other care pathways. The findings are discussed in terms of implications for service planning and development.

PMID: 19932596 [PubMed - as supplied by publisher]



9. Scand J Psychol. 2009 Dec;50(6):624-32.

The nature (and nurture) of personality disorders.

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Personality disorders have a long history in the literature but a short scientific history. The point prevalence of personality disorders is 10%, but the lifetime prevalence is probably 30-40%. Genetic factors contribute to around 40-50% of the variation in the development of personality disorders. The effect of shared environment is very small or non-existent. Some researchers have tried to promote gene-environment interaction. However, in reality, the studies investigated gene-situation interaction, as the "environment" may in reality be partly of a genetic nature. Thus, we are dealing with an unknown part of gene-gene interaction. Gene-experience (not gene-environment) correlations are the rule in human life. Personality disorders co-occur (are comorbid) with symptom disorders (Axis I) and correlate with common personality dimensions. Possibly, the concept of personality disorder could merge with dysfunctional personality types. But it is likely that the concept will survive on its own.

PMID: 19930262 [PubMed - in process]



12. Psychol Med. 2009 Nov 17:1-10. [Epub ahead of print]

Major depression and dimensional representations of DSM-IV personality disorders: a population-based twin study.

[Reichborn-Kjennerud T](#), [Czajkowski N](#), [Røysamb E](#), [Orstavik RE](#), [Neale MC](#), [Torgersen S](#), [Kendler KS](#).

Division of Mental Health, Norwegian Institute of Public Health, Oslo, Norway.

BACKGROUND: Major depressive disorder (MDD) co-occurs frequently with personality disorders (PDs). The extent to which this results from shared genetic or environmental risk factors remains uncertain. **Method** Young adult twins (n=2801)

from the population-based Norwegian Institute of Public Health Twin Panel were assessed at personal interview for DSM-IV lifetime MDD and the 10 Axis II PDs. The relationship between MDD and dimensional representations of all PDs was explored by stepwise logistic regression. Multivariate Cholesky twin models were fitted using the Mx program, and genetic and environmental correlations were estimated. RESULTS: Dimensional representations of borderline (BPD), avoidant (AVPD) and paranoid personality disorder (PPD) were independently and significantly associated with increased risk for MDD. Multivariate twin modeling indicated that one latent factor accounted for the genetic covariance between MDD and the three PDs. The genetic correlations between MDD and dimensional representations of BPD, AVPD and PPD were +0.56, +0.22 and +0.40 respectively. No sex differences or shared environmental effects were found. The structure of the individual-specific environmental factors influencing MDD and the three PDs were similar to the genetic factors but the environmental correlations were lower: +0.39, +0.23 and +0.27 respectively. CONCLUSIONS: There is substantial overlap between liability factors for MDD and BPD from cluster B, PPD from cluster A and AVPD from cluster C. The vulnerability to general PD pathology and MDD seem to be closely related. The patterns of co-morbidity observed between diverse psychiatric disorders might result from just a few liability factors. PMID: 19917148 [PubMed - as supplied by publisher]

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13. Psychol Med. 2009 Nov 17:1-9. [Epub ahead of print]

Schizotypy and brain structure: a voxel-based morphometry study.

[Modinos G](#), [Mechelli A](#), [Ormel J](#), [Groenewold NA](#), [Aleman A](#), [McGuire PK](#).

Department of Neuroscience, University Medical Center Groningen, and BCN Neuroimaging Center, University of Groningen, Groningen, The Netherlands.

BACKGROUND: Schizotypy is conceptualized as a subclinical manifestation of the same underlying biological factors that give rise to schizophrenia and other schizophrenia spectrum disorders. Individuals with psychometric schizotypy (PS) experience subthreshold psychotic signs and can be psychometrically identified among the general population. Previous research using magnetic resonance imaging (MRI) has shown gray-matter volume (GMV) abnormalities in chronic schizophrenia, in subjects with an at-risk mental state (ARMS) and in individuals with schizotypal personality disorder (SPD). However, to date, no studies have investigated the neuroanatomical correlates of PS. Method Six hundred first- and second-year university students completed the Community Assessment of Psychic Experiences (CAPE), a self-report instrument on psychosis proneness measuring attenuated positive psychotic experiences. A total of 38 subjects with high and low PS were

identified and subsequently scanned with MRI. Voxel-based morphometry (VBM) was applied to examine GMV differences between subjects with high and low positive PS. RESULTS: Subjects with high positive PS showed larger global volumes compared to subjects with low PS, and larger regional volumes in the medial posterior cingulate cortex (PCC) and the precuneus. There were no regions where GMV was greater in low than in high positive PS subjects. CONCLUSIONS: These regions, the PCC and precuneus, have also been sites of volumetric differences in MRI studies of ARMS subjects and schizophrenia, suggesting that psychotic or psychotic-like experiences may have common neuroanatomical correlates across schizophrenia spectrum disorders.

PMID: 19917146 [PubMed - as supplied by publisher]

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14. Epidemiology. 2009 Nov 10. [Epub ahead of print]

Intelligence in Early Adulthood and Subsequent Hospitalization for Mental Disorders.

[Gale CR](#), [Batty GD](#), [Tynelius P](#), [Deary IJ](#), [Rasmussen F](#).

From the aMRC Epidemiology Resource Centre, University of Southampton, Southampton, United Kingdom; bMRC Social & Public Health Sciences Unit, University of Glasgow, Glasgow, United Kingdom; cDepartment of Psychology, Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, Edinburgh, United Kingdom; and dDepartment of Public Health Sciences, Karolinska Institute, Stockholm, Sweden.

BACKGROUND:: Lower intelligence is a risk factor for several specific mental disorders. It is unclear whether it is a risk factor for all mental disorders, and whether it might be associated with illness severity. We examined the relation of premorbid intelligence with risk of hospital admission and with total admission rates, for the whole range of mental disorders. **METHODS::** Participants were 1,049,663 Swedish men who took tests of intelligence on conscription into military service and were followed up with regard to hospital admissions for mental disorder, for a mean of 22.6 years. International Classification of Diseases diagnoses were recorded at discharge from the hospital. **RESULTS::** Risk of hospital admission for all categories of mental disorder rose with each point decrease in the 9-point IQ score. For a standard deviation decrease in IQ, age-adjusted hazard ratios (95% confidence interval) were 1.60 for schizophrenia (1.55-1.65), 1.49 for other nonaffective psychoses (1.45-1.53), 1.50 for mood disorders (1.47-1.51), 1.51 for neurotic disorders (1.48-1.54), 1.60 for adjustment disorders (1.56-1.64), 1.75 for personality disorders (1.70-1.80), 1.75 for alcohol-related (1.73-1.77), and 1.85 for other substance-use disorders (1.82-1.88). Lower intelligence was also associated with greater comorbidity. Associations changed little on adjustment for potential confounders. Men with lower intelligence

had higher total admission rates for mental disorders, a possible marker of clinical severity. CONCLUSIONS:: Lower intelligence is a risk factor for the whole range of mental disorders and for illness severity.

PMID: 19907333 [PubMed - as supplied by publisher]

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15. Int J Soc Psychiatry. 2009 Nov 11. [Epub ahead of print]

Clinical characteristics of self-mutilating behavior in Turkish male subjects with antisocial personality disorder: relationship to psychopathy.

[Alpay Ates M](#), [Algul A](#), [Semiz UB](#), [Gecici O](#), [Basoglu C](#), [Ebrinc S](#), [Cetin M](#).

GATA Haydarpasa Training Hospital, Department of Psychiatry, Istanbul, Turkey.

AIMS: The aims of this study were to determine the characteristics of self-mutilation (SM) and examine the relationship between SM and psychopathy in male subjects with antisocial personality disorder (APD). METHODS: APD diagnosis was established by the Structured Clinical Interview for DSM-III-R Axis II Disorders. Subjects (N = 116) were assessed using the Psychopathy Checklist-Revised and a semi-structured self-mutilation question-naire form. RESULTS: In males with APD, the percentages of psychopathy and SM were 48.3% (N =56) and 96.6% (N = 112), respectively. There were positive correlations between severity of psychopathy and severity, number, and frequency of SM. CONCLUSION: Considerably high rates of SM and psychopathy were found in Turkish males with APD. The features of SM were associated with comorbidity of psychopathy. These results showed the importance of exploring the self-injurious behavior and psychopathy when diagnosed with APD.

PMID: 19906770 [PubMed - as supplied by publisher]

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16. Psychol Med. 2009 Nov 11:1-12. [Epub ahead of print]

Neuroticism as a common dimension in the internalizing disorders.

[Griffith JW](#), [Zinbarg RE](#), [Craske MG](#), [Mineka S](#), [Rose RD](#), [Waters AM](#), [Sutton JM](#).

Department of Psychology, Northwestern University, Chicago, IL, USA.

BACKGROUND: Several theories have posited a common internalizing factor to help account for the relationship between mood and anxiety disorders. These disorders are often co-morbid and strongly covary. Other theories and data suggest that personality traits may account, at least in part, for co-morbidity between depression and anxiety. The present study examined the relationship between neuroticism and an internalizing dimension common to mood and anxiety disorders. **Method** A sample of ethnically diverse adolescents (n=621) completed self-report and peer-report measures of neuroticism. Participants also completed the Structured Clinical Interview for DSM-IV (SCID). **RESULTS:** Structural equation modeling showed that a single internalizing factor was common to lifetime diagnosis of mood and anxiety disorders, and this internalizing factor was strongly correlated with neuroticism. Neuroticism had a stronger correlation with an internalizing factor ($r=0.98$) than with a substance use factor ($r=0.29$). Therefore, neuroticism showed both convergent and discriminant validity. **CONCLUSIONS:** These results provide further evidence that neuroticism is a necessary factor in structural theories of mood and anxiety disorders. In this study, the correlation between internalizing psychopathology and neuroticism approached 1.0, suggesting that neuroticism may be the core of internalizing psychopathology. Future studies are needed to examine this possibility in other populations, and to replicate our findings.

PMID: 19903363 [PubMed - as supplied by publisher]

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17. Psychiatry Res. 2009 Dec 30;170(2-3):282-5. Epub 2009 Nov 8.

Indices of orbitofrontal and prefrontal function in Cluster B and Cluster C personality disorders.

[Ruocco AC](#), [McCloskey MS](#), [Lee R](#), [Coccaro EF](#).

Department of Psychiatry, University of Chicago Medical Center, Chicago, IL, USA.

Neuropsychological studies implicate disruption of frontal systems in personality disorders. Few studies have examined the performance of Cluster B and Cluster C personality disorder patients on tests of orbitofrontal (OFC) and prefrontal (PFC) cortex function. Patients carrying diagnoses of either Cluster B (n=56) or Cluster C (n=19) personality disorders were compared with healthy control subjects (n=61) on the Iowa Gambling Task and University of Pennsylvania Smell Identification Test. They also completed the Wechsler Abbreviated Scale of Intelligence as a control for general intellectual ability. On the gambling task, Cluster B and Cluster C patients made more disadvantageous decisions during certain portions of the task but overall did not differ from healthy controls. Whereas no appreciable differences in olfactory identification performances were detected between patient and healthy control groups, IQ was higher for controls and was related to Cluster B patients' lower educational levels. Overall, there was limited evidence for neurocognitive inefficiency for

personality disorder groups on tests sensitive to OFC and PFC function. The present study is among the first to report neurocognitive findings for the full range of Cluster B personality disorders and any Cluster C personality disorder.

PMID: 19900716 [PubMed - in process]

[Related articles](#)



19. Cogn Affect Behav Neurosci. 2009 Dec;9(4):427-33.

The effect of trial-to-trial feedback on the error-related negativity and its relationship with anxiety.

[Olvet DM](#), [Hajcak G](#).

Stony Brook University, New York 11794-2500, USA.

Individuals with anxiety disorders and related personality traits are characterized by increased error-related brain activity, as measured by the error-related negativity (ERN) in simple speeded response tasks. An absent, or opposite, relation between anxiety and the ERN has been reported in studies that employed reinforcement learning paradigms with trial-to-trial feedback. Understanding the effect of trial-to-trial feedback on the ERN may help clarify these results and can further elucidate the impact of feedback on performance monitoring. In the present study, 30 undergraduate participants performed two versions of the arrowhead version of the flanker task in counterbalanced order: one with trial-to-trial feedback and one without. The participants were slower and more accurate in the task with trial-to-trial feedback; however, the ERN was equivalent between the two tasks. Larger ERNs were related to higher trait anxiety, but only in the version without trial-to-trial feedback. These findings show that although trial-to-trial performance feedback impacts behavioral measures, it does not affect the ERN; moreover, the presence of trial-to-trial feedback moderates the relationship between the ERN and anxiety.

PMID: 19897795 [PubMed - in process]

[Related articles](#)



21. Acta Psychiatr Scand. 2009 Nov 5. [Epub ahead of print]

Personality disorders improve in patients treated for major depression.

[Mulder RT](#), [Joyce PR](#), [Frampton CM](#).

Department of Psychological Medicine, University of Otago, Christchurch, Christchurch, New Zealand.

Mulder RT, Joyce PR, Frampton CMA. Personality disorders improve in patients treated for major depression. Objective: To examine the stability of personality disorders and their change in response to the treatment of major depression. Method: 149 depressed out-patients taking part in a treatment study were systematically assessed for personality disorders at baseline and after 18 months of treatment using the SCID-II. Results: Personality disorder diagnoses and symptoms demonstrated low-to-moderate stability (overall kappa = 0.41). In general, personality disorder diagnoses and symptoms significantly reduced over the 18 months of treatment. There was a trend for the patients who had a better response to treatment to lose more personality disorder symptoms, but even those who never recovered from their depression over the 18 months of treatment lost, on average, nearly three personality disorder symptoms. Conclusion: Personality disorders are neither particularly stable nor treatment resistant. In depressed out-patients, personality disorder symptoms in general improve significantly even in patients whose response to their treatment for depressive symptoms is modest or poor.

PMID: 19895619 [PubMed - as supplied by publisher]

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22. Eur Arch Psychiatry Clin Neurosci. 2009 Nov 6. [Epub ahead of print]

A gene-environment investigation on personality traits in two independent clinical sets of adult patients with personality disorder and attention deficit/hyperactive disorder.

[Jacob CP](#), [Nguyen TT](#), [Dempfle A](#), [Heine M](#), [Windemuth-Kieselbach C](#), [Baumann K](#), [Jacob F](#), [Prechtel J](#), [Wittlich M](#), [Herrmann MJ](#), [Gross-Lesch S](#), [Lesch KP](#), [Reif A](#).

Department of Psychiatry and Psychotherapy, Clinical and Molecular Psychobiology, University of Würzburg, Fuchsleinstrasse 15, 97080, Würzburg, Germany, psychpol@mail.uni-wuerzburg.de.

While an interactive effect of genes with adverse life events is increasingly appreciated in current concepts of depression etiology, no data are presently available on interactions between genetic and environmental (G x E) factors with respect to personality and related disorders. The present study therefore aimed to detect main effects as well as interactions of serotonergic candidate genes (coding for the serotonin transporter, 5-HTT; the serotonin autoreceptor, HTR1A; and the enzyme which synthesizes serotonin in the brain, TPH2) with the burden of life events (#LE)

in two independent samples consisting of 183 patients suffering from personality disorders and 123 patients suffering from adult attention deficit/hyperactivity disorder (aADHD). Simple analyses ignoring possible G x E interactions revealed no evidence for associations of either #LE or of the considered polymorphisms in 5-HTT and TPH2. Only the G allele of HTR1A rs6295 seemed to increase the risk of emotional-dramatic cluster B personality disorders ($p = 0.019$, in the personality disorder sample) and to decrease the risk of anxious-fearful cluster C personality disorders ($p = 0.016$, in the aADHD sample). We extended the initial simple model by taking a G x E interaction term into account, since this approach may better fit the data indicating that the effect of a gene is modified by stressful life events or, vice versa, that stressful life events only have an effect in the presence of a susceptibility genotype. By doing so, we observed nominal evidence for G x E effects as well as main effects of 5-HTT-LPR and the TPH2 SNP rs4570625 on the occurrence of personality disorders. Further replication studies, however, are necessary to validate the apparent complexity of G x E interactions in disorders of human personality.

PMID: 19894072 [PubMed - as supplied by publisher]

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23. Psychopathology. 2009 Nov 6;43(1):33-40. [Epub ahead of print]

Childhood Trauma and Dissociation in Schizophrenia.

[Sar V](#), [Taycan O](#), [Bolat N](#), [Ozmen M](#), [Duran A](#), [Oztürk E](#), [Ertem-Vehid H](#).

Clinical Psychotherapy Unit and Dissociative Disorders Program, Department of Psychiatry, Istanbul Faculty of Medicine, Istanbul University, Istanbul, Turkey.

Background: This study is concerned with relationships between childhood trauma history, dissociative experiences, and the clinical phenomenology of chronic schizophrenia. **Sampling and Methods:** Seventy patients with a schizophrenic disorder were evaluated using the Structured Clinical Interview for DSM-IV, Dissociative Experiences Scale, Dissociative Disorders Interview Schedule, Positive and Negative Symptoms Scales, and Childhood Trauma Questionnaire. **Results:** Childhood trauma scores were correlated with dissociation scale scores and dissociative symptom clusters, but not with core symptoms of the schizophrenic disorder. Cluster analysis identified a subgroup of patients with high dissociation and childhood trauma history. The dissociative subgroup was characterized by higher numbers of general psychiatric comorbidities, secondary features of dissociative identity disorder, Schneiderian symptoms, somatic complaints, and extrasensory perceptions. A significant majority of the dissociative subgroup fit the diagnostic criteria of DSM-IV borderline personality disorder concurrently. Among childhood trauma types, only physical abuse and physical neglect predicted dissociation. **Conclusions:** A trauma-related dissociative subtype of schizophrenia is supported. Childhood trauma is related to concurrent dissociation among patients with schizophrenic disorder. A duality model

based on the interaction of 2 qualitatively distinct psychopathologies and a dimensional approach are proposed as possible explanations for the complex relationship between these 2 psychopathologies and childhood trauma. Copyright © 2009 S. Karger AG, Basel.

PMID: 19893342 [PubMed - as supplied by publisher]

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KARGER Full Text

25. Anxiety Stress Coping. 2009 Nov 2:1-19. [Epub ahead of print]

The role of neuroticism and extraversion in the stress-anxiety and stress-depression relationships.

[Uliaszek AA](#), [Zinbarg RE](#), [Mineka S](#), [Craske MG](#), [Sutton JM](#), [Griffith JW](#), [Rose R](#), [Waters A](#), [Hammen C](#).

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Though there is a considerable amount of research supporting the association between stressful life events and major depression, there is a paucity of research concerning a range of other life stress constructs, non-depressive disorders, the role of stable personality traits, and gender differences. This study addresses these deficits by: (a) focusing on the association between interpersonal and non-interpersonal chronic life stress (CLS) and both depressive and anxiety disorders; (b) examining the roles of neuroticism and low extraversion in these associations; and (c) assessing gender differences. Participants were 603 adolescents from a study examining risk factors for emotional disorders. Depression and social phobia were associated with interpersonal CLS (IP-CLS), with neuroticism partially accounting for these associations. Low extraversion partially accounted for the association between social phobia and IP-CLS. Depression was also associated with non-interpersonal CLS (NI-CLS), but only in females. This study provides preliminary evidence for the importance of personality variables in explaining shared associations between stress and depression. Additionally, the stress-social phobia relationship is highlighted with no evidence supporting an association between other anxiety disorders and CLS.

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26. Curr Opin Psychiatry. 2009 Nov 3. [Epub ahead of print]

Personality and psychopathology of university students.

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PURPOSE OF REVIEW: University students represent the national capital and investment for the future, with an implicit mission both for their families and for society as a whole. However, they face multiple stressors such as academic overload, constant pressure to succeed, competition with peers and in some countries financial burden and concerns about the future. As all this may lead to psychopathology, the health of university students has been the subject of increasing focus in recent years. **RECENT FINDINGS:** Multiple protective and risk factors are involved in the psychological well being and distress of university students. Specific risk factors for the development of psychopathology are high test anxiety, lower self-efficacy, as well as certain personality traits. Moreover, some students arrive at college with already existing mental health problems. The most frequent mental disorders among students are substance abuse, depression, self-harm and suicide, eating and anxiety disorders. **SUMMARY:** Acquiring and improving knowledge about the student population is a crucial factor in the development of mental health promotion programs in order to meet their needs and to help them cope with various problems. Better understanding and care of the personality profile of university students can be helpful in academic and career choice and prevention of future mental health problems.

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27. J Psychiatr Res. 2009 Nov 2. [Epub ahead of print]

Borderline personality disorder and the misdiagnosis of bipolar disorder.

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Recent reports suggest bipolar disorder is not only under-diagnosed but may at times be over-diagnosed. Little is known about factors that increase the odds of such mistakes. The present work explores whether symptoms of borderline personality disorder increase the odds of a bipolar misdiagnosis. Psychiatric outpatients (n=610) presenting for treatment were administered the Structured Clinical Interview for DSM-IV (SCID) and the Structured Interview for DSM-IV Personality for DSM-IV axis II disorders (SIDP-IV), as well as a questionnaire asking if they had ever been diagnosed with bipolar disorder by a mental health care professional. Eighty-two patients who reported having been previously diagnosed with bipolar disorder but who did not have it according to the SCID were compared to 528 patients who had

never been diagnosed with bipolar disorder. Patients with borderline personality disorder had significantly greater odds of a previous bipolar misdiagnosis, but no specific borderline criterion was unique in predicting this outcome. Patients with borderline personality disorder, regardless of how they meet criteria, may be at increased risk of being misdiagnosed with bipolar disorder.

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28. Psychother Psychosom. 2009 Nov 4;79(1):20-30. [Epub ahead of print]

Effectiveness of Different Modalities of Psychotherapeutic Treatment for Patients with Cluster C Personality Disorders: Results of a Large Prospective Multicentre Study.

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Background: No previous studies have compared the effectiveness of different modalities of psychotherapeutic treatment, as defined by different settings and durations, for patients with cluster C personality disorders. The aim of this multicentre study was to compare the effectiveness of 5 treatment modalities for patients with cluster C personality disorders in terms of psychiatric symptoms, psychosocial functioning, and quality of life. The following treatment modalities were compared: long-term outpatient (more than 6 months), short-term day hospital (up to 6 months), long-term day hospital, short-term inpatient, and long-term inpatient psychotherapy. **Methods:** The study was conducted between March 2003 and June 2008 in 6 mental health care centres in the Netherlands, with a sample of 371 patients with a DSM-IV-TR axis-II cluster C diagnosis. Patients were assigned to 5 different modalities of psychotherapeutic treatment, and effectiveness was assessed at 12 months after baseline. An intention-to-treat analysis was conducted for psychiatric symptoms (Brief Symptom Inventory), psychosocial functioning (Outcome Questionnaire-45), and quality of life (EQ-5D), using multilevel statistical modelling. As the study was non-randomised, the propensity score method was used to control for initial differences. **Results:** Patients in all treatment groups had improved on all outcomes 12 months after baseline. Patients receiving short-term inpatient treatment showed more improvement than patients receiving other treatment modalities. **Conclusions:** Psychotherapeutic treatment, especially in the short-term inpatient modality, is an effective treatment for patients with cluster C personality disorders. Copyright © 2009

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