Prevalence, correlates, and disability of personality disorders in the United States: results from the national epidemiologic survey on alcohol and related conditions.

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OBJECTIVE: To present nationally representative data on the prevalence, sociodemographic correlates, and disability of 7 of the 10 DSM-IV personality disorders. METHOD: The data were derived from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (N = 43,093). Diagnoses were made using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version, and associations between personality disorders and sociodemographic correlates were determined. The relationship between personality disorders and 3 emotional disability scores (Short-Form 12, version 2) was also examined. RESULTS: Overall, 14.79% of adult Americans (95% CI = 14.08 to 15.50), or 30.8 million, had at least 1 personality disorder. The most prevalent personality disorder in the general population was obsessive-compulsive personality disorder, 7.88% (95% CI = 7.43 to 8.33), followed by paranoid personality disorder 4.41% (95% CI = 4.12 to 4.70), antisocial personality disorder 3.63% (95% CI = 3.34 to 3.92), schizoid personality disorder 3.13% (95% CI = 2.89 to 3.37), avoidant personality disorder 2.36% (95% CI = 2.14 to 2.58), histrionic personality disorder 1.84% (95% CI = 1.66 to 2.02), and dependent personality disorder 0.49% (95% CI = 0.40 to 0.58). The risk of avoidant, dependent, and paranoid personality disorders was significantly greater among women than men (p <.05); the risk of antisocial personality disorder was greater among men compared with women (p <.05); and no sex differences were observed in the risk of obsessive-compulsive, schizoid, or histrionic personality disorders. In general, risk factors for personality disorders included being Native
American or black, being a young adult, having low socioeconomic status, and being divorced, separated, widowed, or never married. Avoidant, dependent, schizoid, paranoid, and antisocial personality disorders (p < .02 to p < .0001) were each statistically significant predictors of disability. Obsessive-compulsive personality disorder was inconsistently related to disability. In contrast, disability was not significantly different among individuals with histrionic personality disorder compared with those without the disorder. CONCLUSION: Personality disorders are prevalent in the general population and are generally highly associated with disability. This study highlights the need to develop more effective and targeted prevention and intervention initiatives for personality disorders.

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Social phobia and avoidant personality disorder: one spectrum disorder?

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General population data was used to examine if empirically derived subtypes of social phobia with and without avoidant personality disorder (APD) could be differentiated on self-report measures of anxiety severity, level of global functioning and the number of fulfilled diagnostic criteria for other personality disorders. DSM-IV diagnoses of social phobia, APD and indices of other personality disorders were determined by means of a postal survey. The presence of APD was associated with compromised functional status and a higher frequency of fulfilled diagnostic criteria for additional personality disorders. However, APD did not modify the effect of social phobia subtypes on anxiety severity, level of global functioning or number of personality disorder indices. The presence of comorbid APD in social phobics seems to predict a global functioning decrement independent of anxiety severity. The results imply that social phobia and APD may represent different points on a severity continuum rather than easily defined discreet categories, suggesting that social phobia and APD may represent a spectrum of anxiety symptoms related to social anxiety.

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Childhood antecedents of avoidant personality disorder: a retrospective study.

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OBJECTIVE: To explore potential risk factors and early manifestations of avoidant personality disorder (AVPD) by examining retrospective reports of social functioning and adverse childhood experiences. METHOD: Early social functioning and pathological childhood experiences were assessed using the Childhood Experiences Questionnaire-Revised. The responses of 146 adults diagnosed with primary AVPD were compared with a group of 371 patients with other personality disorders as a primary diagnosis and a group of 83 patients with current major depression disorder and no personality disorders, using chi2 analyses. Diagnoses were based on semistructured interviews by trained reliable clinicians. RESULTS: Adults with AVPD reported poorer child and adolescent athletic performance, less involvement in hobbies during adolescence, and less adolescent popularity than the depressed comparison group and the other personality disorder group. Reported rates of physical and emotional abuse were higher than the depressed group, but this result was influenced by comorbid diagnoses. CONCLUSIONS: These results suggest that early manifestations of AVPD are present in childhood but that various forms of abuse are not specific to the disorder.

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Deliberate self-harm in a nonclinical population: prevalence and psychological correlates.

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OBJECTIVE: Research on deliberate self-harm (intentionally injuring oneself without suicidal intent) has focused on clinical and forensic populations. Studying
only these populations, which typically have serious psychopathology, may lead to inflated estimates of the association between self-harm and psychiatric disorder, as well as of the prevalence of deliberate self-harm. The present study investigated the prevalence and correlates of deliberate self-harm in a large group of nonclinical subjects. METHOD: Participants were 1,986 military recruits, 62% of whom were men, who were participating in a study of peer assessment of personality traits and pathology. Individuals who did and did not report a history of self-harm were compared on measures of personality and psychopathology. RESULTS: Approximately 4% of the participants reported a history of deliberate self-harm. Compared with participants without a history of deliberate self-harm, self-harmers scored higher on self- and peer-report measures of borderline, schizotypal, dependent, and avoidant personality disorder symptoms and reported more symptoms of anxiety and depression. Item-level analyses indicated that peers viewed self-harmers as having strange and intense emotions and a heightened sensitivity to interpersonal rejection. CONCLUSIONS: About one of every 25 members of a large group of relatively high-functioning nonclinical subjects reported a history of self-harm. Self-harmers had more symptoms of several personality disorders than non-self-harmers, and their performance across measures suggested that anxiety plays a prominent role in their psychopathology. Future research should investigate whether psychotherapies or psychiatric medications known to reduce symptoms of anxiety can be effective in treating deliberate self-harm.

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Functional impairment in patients with schizotypal, borderline, avoidant, or obsessive-compulsive personality disorder.

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Collaborative Longitudinal Personality Disorders Study.

OBJECTIVE: The purpose of this study was to compare psychosocial functioning in patients with schizotypal, borderline, avoidant, or obsessive-compulsive personality disorder and patients with major depressive disorder and no personality disorder. METHOD: Patients (N=668) were recruited by the four clinical sites of the Collaborative Longitudinal Personality Disorders Study. The carefully diagnosed study groups were compared on an array of domains of psychosocial functioning, as measured by the Longitudinal Interval Follow-Up Evaluation--Baseline Version and the Social Adjustment Scale. RESULTS:
Patients with schizotypal personality disorder and borderline personality disorder were found to have significantly more impairment at work, in social relationships, and at leisure than patients with obsessive-compulsive personality disorder or major depressive disorder; patients with avoidant personality disorder were intermediate. These differences were found across assessment modalities and remained significant after covarying for demographic differences and comorbid axis I psychopathology. CONCLUSIONS: Personality disorders are a significant source of psychiatric morbidity, accounting for more impairment in functioning than major depressive disorder alone.

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Avoidant personality disorder, generalized social phobia, and shyness: putting the personality back into personality disorders.

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With increasing recognition of social phobia as a common and often debilitating disorder, interest is developing in its boundaries with other disorders such as avoidant personality disorder and temperamental constructs such as shyness. Such interest reflects the more general debate concerning Axis I disorders, personality disorders, and what is considered normal personality variance. This review summarizes the available literature comparing avoidant personality disorder (APD), generalized social phobia (GSP), and shyness. In studies comparing APD and GSP, comorbidity rates have varied from approximately 25% to numbers high enough that the ability to diagnose one disorder without the other was questioned. Comparisons of the characteristics of APD and GSP have yielded few qualitative differences, although some studies have shown evidence that APD may represent a more severe form of GSP with respect to levels of symptoms, fear of negative evaluation, anxiety, avoidance, and depression. Personality dimensions including, but not limited to, shyness have been found to be strongly associated with GSP and APD, and there is some evidence that persons who suffer from social anxiety also suffer from fears and avoidance across nonsocial domains. In conclusion, although there is evidence that shyness, GSP, and APD exist along a continuum, the factors that constitute this continuum may need to be revised.

Publication Types:
- Review
- Review, Tutorial
Validity of the distinction between generalized social phobia and avoidant personality disorder.

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Disorders of pervasive social anxiety and inhibition are divided into 2 categories, generalized social phobia (GSP) and avoidant personality disorder (APD). We explored the discriminative validity of this categorization by examining the comorbidity of GSP and APD and by comparing these groups on anxiety level, social skills, dysfunctional cognitions, impairment in functioning, and presence of concurrent disorders. Results from 23 subjects showed high comorbidity of the 2 diagnoses: All subjects who met criteria for APD also met criteria for GSP. APD was associated with greater social anxiety, impairment in functioning, and comorbidity with other psychopathology, but no differences in social skills or performance on an impromptu speech. GSP and APD seem to represent quantitatively different variants of the same spectrum of psychopathology rather than qualitatively distinct disorders. We also investigated a proposed social phobia subtyping scheme.

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