ARTICLE ORIGINAL

PERSONALITY DISORDERS IN A GROUP OF PSYCHIATRIC OUTPATIENTS: GENERAL ASPECTS AND CLUSTER B CHARACTERISTICS

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RÉSUMÉ

Prérequis : Les troubles de la personnalité sont fréquents chez les consultants en psychiatrie et se caractérisent par une comorbidité importante sur l'axe I. Parmi ces troubles, ceux appartenant au cluster B sont le plus fréquemment retrouvés et souvent associés à des facteurs sociodémographiques et cliniques spécifiques.

But : L'objectif de ce travail était de décrire, au sein d'un groupe de consultants en psychiatrie, les caractéristiques des patients présentant un trouble de la personnalité, et de préciser les particularités du cluster B, comparé aux deux autres clusters.

Methodes : cette étude est réalisée aux consultations du service de psychiatrie de Sousse, entre Janvier 2000 et Décembre 2004. 148 cas de troubles de la personnalité ont été rétrospectivement évalués selon les critères du DSM-IV.

Resultats : Les troubles de la personnalité ont été notés chez 6% des consultants. 85,1% d'entre eux avaient un ou plusieurs troubles comorbides sur l'axe I, qui étaient le plus souvent de nature dépressive (42,3 %). Les personnalités du Cluster B étaient les plus fréquentes (54,7%). Les troubles addictifs et somatoformes étaient plus fréquents dans le cluster B, les troubles anxieux dans le cluster C et les troubles psychotiques dans le cluster A.

Conclusion : Ce travail a permis de décrire la fréquence et le profil des troubles de la personnalité dans une population clinique tunisienne, en mettant en exergue les particularités du cluster B. La fréquence des troubles addictifs et somatoformes, dans ce cluster, appuie l'idée de la nécessité de soins psychiatriques adaptés.

SUMMARY

Background : Personality disorders are common among patients seeking psychiatric care and often coexist with axis I disorders. Cluster B types are reported as being the most common in those patients. They are often correlated with specific demographic features, higher rates of axis I comorbidity and impaired outcome.

Aim: This study aimed to describe general and clinical features of personality disorders types in a Tunisian outpatient psychiatric unit and to determine characteristics of cluster B personality types, compared to those of cluster A and C.

Methods : This study was held in Sousse psychiatric outpatient unit, from January 2000 to December 2004. 148 cases were retrospectively recruited and assessed according to axis I and axis II DSM-IV criteria.

Results : Personality disorders prevalence was 6%. 85.1% of patients had at least one current axis I disorder, which mainly consisted of depressive disorder (42.3 %).

Cluster B types were the most frequent (54.7%). Comorbid addictive and somatoform disorders were more frequent in cluster B. Anxiety disorders were more frequent in cluster C and psychotic disorders were more frequent in cluster A.

Conclusion : Our results show prevalence and clinical profile of personality disorders in a Tunisian clinical population. Cluster B types were the most frequent and seem to have specific comorbid disorders. This support the idea that patients with cluster B personality types need adapted psychiatric care.

MOTS-CLÉS

Psychiatrie - Troubles personnalité - Cluster B - Etude comparative

KEY-WORDS

Psychiatry - Personality disorders – Cluster B – Comparative study

Personality disorders are common among patients seeking psychiatric care (1, 2). They often coexist with other mental disorders and worsen their outcome (3, 4). However, they are rarely the main cause of consultation and may be under-diagnosed in case of current axis I disorders (1, 5). Cluster B types are the most frequent personality disorders in psychiatric patients (6). They are often correlated with specific features, higher rates of axis I comorbidity and impaired outcome (7). However, very few studies have examined these findings in Tunisia.

The aim of this study was to describe general and clinical features of patients with personality disorders in an outpatient psychiatric unit and to compare these features in cluster B personality types with those in personality types from cluster A and C.

MATERIAL AND METHODS

It's a descriptive and comparative study, held in the psychiatric outpatient unit of Farhat Hached general university hospital in Sousse. All first time attendances to the unit, from January 2000 to December 2004, were retrospectively examined in order to identify those with diagnosis of personality disorder according to DSM-IV criteria.

148 cases were recruited and then assessed. Collected data consisted of personality disorder types, demographic features (age, gender, marital statute, educational level and vocational functioning), biographic main elements, family and personal medical history and axis I comorbid disorders according to DSM-IV criteria.

Assessment was based on outpatient unit registers and patients medical files. Data analysis and statistical comparisons between cluster B and other clusters were performed with SPSS 10.0.

RESULTS

1. Personality disorders types

Personality disorders were noticed in 6% of patients. Cluster B types were the most frequent (54.7%), followed by Cluster C (21.6%), then Cluster A (9.5%) types. 14,2% of patients had personality disorders not otherwise specified.

2. Biographic and demographic features

Mean age was 32.84 ± 10.87 years, with predominance of female gender 52.7% (n=78) and urban residency: 74.7% (n=109). 40.5% (n=60) of patients were married, 60.2% (n=86) had high school education level 59% (n=59) had a regular job. Other details of biographic and demographic features are shown in Table I.

Patients with cluster B personality disorders were younger than those with cluster A (p=0,001). They had higher education level (p=0.01) and more regular jobs than those with cluster C (p=0.01) (Table II). The remainder biographic and demographic features have shown no statistical differences between cluster B and the other clusters.

3. Medical history

Personal history of alcohol and cannabis use was respectively found in 22.8% (n=33) and 6.2 % (n=9) of patients. Suicide

Table 1: Demographic features and medical history in outpatients with personality disorders

Features		Number	Frequency (%)
Demographic features			
Gender	Female	78	52.7
	Male	70	47.3
Residency type	Urban	110	75
	Rural	38	25
Marital statute	Married	59	40.5
	Separated	17	10.8
	Single	71	48.6
Educational level	High school or more	88	60.2
	Less than High school	60	39.7
Vocational activity	Regular	59	40.3
	Irregular	41	28
	Absent	45	30.3
Medical history			
Personal Antecedents	Alcohol use	33	22.8
	Cannabis use	9	6.2
	Suicide attempts	20	13.5
Family Antecedents	All mental disorders	53	35.8
	Psychosis	23	15.5
	Depression	16	12.8

attempts were noticed in 13.5% (n=20). Family antecedents of mental disorders were found in 35.8% (n=53) (Table I). They mainly consisted of psychotic: 15.5% (n=23) and depressive disorders: 12.8% (n=16).

Statistical comparisons have shown no differences in suicide attempts between the three clusters. However, more personal history of alcohol use (p=0,001) and less family history of depression (p=0,011) were noticed in patients with cluster B, compared to those with cluster C types (Table II).

4. Axis I comorbidity

85.1% (n=126) of patients had at least one current axis I disorder. The most common consisted of depressive disorder: 42.3 % (n=55), addictive disorder: 18.5% (n=27), anxiety disorder: 11.5% (n=15) and somatoform disorder: 4.6% (n=6) (Figure 1).

Figure 1: General and comparative types of Axis I comorbidity in patients with personality disorders
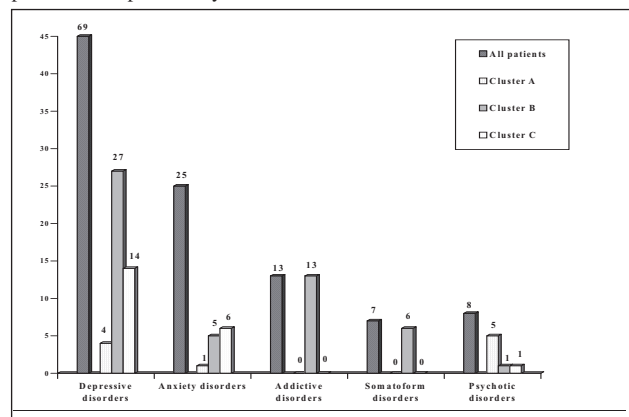
Table 2: Comparison of Sociodemographic features and medical history between cluster B and the two other clusters.

Features	Cluster A	Cluster B	Cluster C	p
Sociodemographic features				
Mean age	40.2 ± 12	30 ± 9.6	33.1±10.2	p1= 0.001 p2:NS
Sex ratio	3.6	0.8	0.6	p1= 0.018 p2:NS
High school or more	7 (50%)	39 (49.3%)	24 (75%)	p1: NS p2=0.011
Regular vocational activity	6 (35.7%)	27 (46.5%)	26 (80%)	p1:NS p2= 0.010
Medical history				
Personal Alcohol use	6 (42.8%)	26 (32.9%)	1 (3.2%)	p1: NS p2=0.001
Family History of Depression 1	(7.1%)	6 (7.4 %)	9 (28.1 %)	p1:NS p2=0.011

p1: Cluster B vs. cluster A
p2: Cluster B vs. cluster C

Patients with cluster B personality types had more addictive disorders and somatoform disorders than those with cluster C (p=0,017) and cluster A types (p=0,001) (Figure 1). Also, cluster B personality disorders were correlated to earlier onset of addictive disorders (p=0,037) and more frequent follow-up withdrawal after the first consultation (p=0,009).

DISCUSSION

1. General Aspects

In this study, we have noticed that 6% of patients seeking psychiatric care had personality disorders, with large predominance of cluster B types. To our knowledge, most of personality disorders prevalence studies have been carried out in general population or primary care settings (8). Fewer studies have assessed personality disorders in clinical samples. Alnaes et al. have reported the highest rate of 81% in an outpatient population (9). They had used DSM-III criteria which were less restrictive. Using DSM-IV criteria, Zimmerman et al. have found 31% of personality disorders in a sample of psychiatric outpatients free from acute axis I disorders (1). They assumed that, beyond measurement tools, personality disorders frequency is influenced by acute psychiatric states and information source (1). Then, our low rate may be explained by only medical files based assessment and high current axis I association.

Also, international data reported varied cluster specific frequencies that depend on clinical setting types. Coid et al. have shown cluster B predominance (6), similarly to our results,

but other authors have not (4, 8, 10, 11).

Single female gender, high educational level and regular vocational activity were the predominant demographic features in our population. A similar profile was reported in Zimmerman's survey, which was held in nearly the same setting as ours (1). In other studies, with different and specific clinical populations, rates were particularly higher among separated and unemployed men (6, 9).

Regarding medical history, the most important aspect is previous suicide attempts which were only noticed in 13.5% of our patients. Rates found in other studies are often higher (12). The lack of standardized suicidal behavior assessment could explain our low rate. Also, religious and cultural prohibition of suicide may have prevented patients from declaring their suicidal ideation and previous attempts.

2. Cluster B characteristics

In this study, cluster B personality disorders were correlated with younger age and female gender when compared to cluster A and with lower educational level and less regular vocational functioning when compared to cluster C personality disorders. Samuels et al. also showed that patients with cluster B personality types had lower educational level than those with cluster C types (13).

Although few studies described comparative demographic features of patients with personality disorders, our results are somehow expected. In fact, as it was noticed by Casillas et al.,

personality traits of cluster B types such us impulsivity, irresponsible behavior and lack of interest may explain the lower rate of vocational activity and the earlier age of seeking psychiatric care (14).

We have noticed in patients with cluster B personality disorders more family history of depressive disorders and more personal history of alcohol use than patients with cluster C personality disorders. Most of studies about cluster B personality types focused on family and personal history of suicidal behavior and addictive disorders. Guzder et al. showed that borderline personality is more common among patients with family history of substance use and personality disorders (15). In a Turkish prevalence study, 86% of patients with antisocial personality had a personal history of substance use disorder (16). Reich et al. noticed an association between antisocial personality and family suicide attempts (17). Pompili et al. found that borderline, antisocial and narcissic personality disorders are at the highest risk of suicidal behavior among psychiatric patients (18). Chioqueta et al. assumed that suicide attempts among patients with personality disorders from clusters A and B are more common and more correlated with the personality traits than in cluster C patients (19).

In this study, axis I Comorbid disorders were very common, with predominance of depressive disorders, then anxiety and addictive disorders. A lot of studies focused on this issue, because functional impairment caused by personality disorders was largely accounted for by Axis I comorbidity (8). According to many authors, about half of the Axis I diagnoses in patients with personality disorders consisted of different subgroups of depression (5, 11). On one hand, this comorbidity is explained by the role of personality disorders in predicting the maintenance or re-emergence of depressive symptoms. On the other hand, some personality disorders traits are associated with depression symptoms and psychological correlates (4). Anxiety disorders are also reported as a common comorbidity with personality disorders (1, 5). Eventually, addictive disorders which came in the third rank in our study are often associated with cluster B personality types, as it was mentioned by Moran et al. (20).

We have found that specific rates of comorbid disorders were significantly different in each cluster. Addictive and somatoform disorders were more frequent in cluster B, anxiety was more frequent in cluster C and psychosis was more frequent in cluster A.
Many studies have reported that cluster B types are more associated with substance use than Cluster A and Cluster C types (14, 21, 22). Although this comorbidity was often explained by personality traits such as impulsivity and aggressive behavior (14), recent data suggested that cluster B personality disorders have an independent risk for developing substance use (23). In a primary care prevalence study, Moran et al. found that cluster B personality types were the most correlated with other mental disorders (7). In a one-year follow-up study, the same authors showed that these comorbid

disorders mainly consisted of anxiety, depression and substance abuse (24). It appears that anxiety, mood disorders and somatoform disorders were rather correlated with borderline personality (25, 16, 26) and addictive disorders were correlated with both borderline and antisocial personalities (1).

CONCLUSION

In this study, we have shown that personality disorders were diagnosed in 6% of general psychiatric care outpatients, which is probably an underestimated rate. Cluster B types were the most frequent. Comorbid axis I disorders were very common and mainly consisted of depressive, anxiety and addictive disorders.

Compared to clusters A and C, patients with personality disorders from cluster B were younger and had lower educational level and less regular vocational activity. They had specific comorbid disorders, such as substance abuse and somatoform disorders.

These findings support the idea that personality disorders are mostly unknown by clinicians, because they are not typically the chief complaint of patients seeking psychiatric care. In order to limit their impact on comorbid disorders outcome, they should be systematically assessed. Furthermore, adapted psychiatric care is needed for patients with cluster B personality types who seem to have specific demographic and clinical characteristics and more impaired functioning.

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