The role of *"sense of self"* in the diagnosis of personality disorder

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Study Aims

- To examine the distribution of disturbances in sense of self and interpersonal functioning among people with PD.

- To examine the distribution of disturbances in sense of self and interpersonal functioning among people with mild, moderate and severe PD.

- To examine the contribution that disturbances in sense of self self and interpersonal functioning play in the diagnosis of PD according to ICD-11.

Methods: Study Design

Secondary analysis of cross-sectional data collected in the development of a screening tool for assessing the severity of personality disorders 'SAS-PD'.

Study sample:

◦ Contact with secondary care health services London and Otego (NZ)

◦ Age >18

◦ Exclude those with organic brain disease and those unwilling to provide written informed consent

Assessments

Demographic and clinical details – age, gender, ethnicity, history of harm

Structured Clinical Interview for DSM Disorders

- 94 items assigned to 'interpersonal' or 'self' pathology according to DSM-5 (alt) criteria

- Independently categorised by two raters, disputed items discussed with a third rater

Diagnosis of PD and severity

- Clinical diagnosis based on the ICD-11 definitions, assigned by members of the ICD-11 advisory group

- Rating for each participant determined by two raters randomly picked from the pool

Severity of personality disorder in ICD-11

Mild personality disorder: **Some relationships are maintained** and/or some roles carried out. Mild personality disorder is typically **not associated with substantial harm** to self or others.

Moderate personality disorder: **All expected occupational and social roles compromised** to some degree. Moderate personality disorder often is associated with a past history and future expectation of harm to self or others, but not to a degree that causes long-term damage or has endangered life.

Severe personality disorder: The individual's general **social dysfunction is profound** and the ability and/or willingness to perform expected occupational and social roles is absent or severely compromised. Severe personality disorder usually is associated with a past history and future expectation of severe harm to self or others that has caused **long-term damage or has endangered life.**

Data Analysis

1. Univariate analysis
   ◦ Descriptive statistics, frequency tables

2. Bivariate analysis
   ◦ Tests for significance and correlation

3. Multivariate analysis
   ◦ Binary logistic regressions predicting the PD diagnosis and severity

Results: Classification of SCID-II items

119 questions in the SCID-II → 102 scored items

- ◦ "Interpersonal" items: 65

  Almost always chooses solitary activities

- ◦ "Self" items: 29

  Chronic feelings of emptiness

- ◦ "Neither" items: 8

  Odd thinking and speech

Proportion SCID-II items in each category

7.8%

28.4%

63.7%

■ Self   ■ Interpersonal   ■ Neither
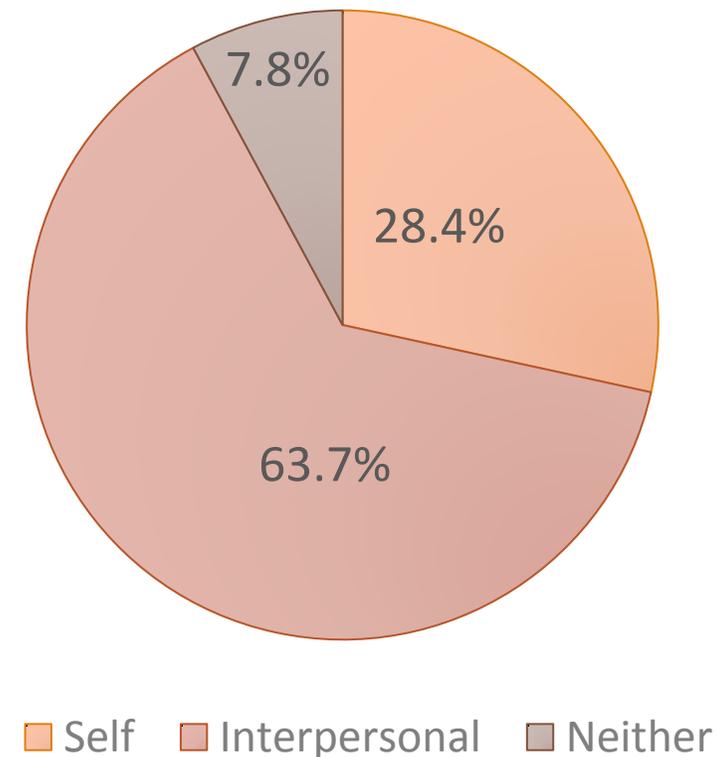
Distribution of self and interpersonal items

33 (32.3%) no PD

32 (31.4%) mild PD

33 (32.3%) moderate

4 (3.9%) severe PD

Moderate and small combined

Demographic and clinical characteristic		Self items Median (%)	Interpersonal items Median
Gender	Male	8 (27.6)	9 (13.8)
	Female	8 (27.6)	9 (13.8)
Ethnicity	Caucasian	8 (27.6)	9 (13.8)
	Black	7.5 (25.9)	8.5 (13.1)
	Asian	5 (17.2)	6 (10.1)
	Other	8 (27.6)	10 (15.4)
Age (quartiles)	Q1: <29	13 (44.8)	8 (12.3)
	Q2: 29-36	6 (20.7)	8 (12.3)
	Q3: 37-46	9 (31.0)	9 (13.8)
	Q4: >47	8 (27.6)	8 (12.3)
ICD-11 severity	No PD	4 (13.8)	3 (6.2)
	Mild PD	9 (31.0)	11 (16.9)
	Mod/severe	12 (41.4)	17 (26.2)

Factor (88 in London and 22 in Wellington)		N	n (%)
Gender	Male	108	49 (45.4%)
	Female		59 (54.6%)
Age	Median (range)	108	37 (18 - 79)
Ethnicity	Caucasian	106	76 (71.7%)
	Black		8 (7.5%)
	Asian		7 (6.6%)
	Other		15 (14.2%)
Employment	Unemployed	110	53 (48.2%)
	Employed		57 (51.8%)
Coexisting	Substance misuse disorder	105	10 (9.5%)
ICD-10	Psychosis		19 (18.1%)
diagnoses	Mood disorders		28 (26.7%)
	Anxiety disorders		23 (21.9%)
	Eating disorders		1 (1.0%)
	Other		7 (6.7%)

Personality disorder type	DSM-IV prototypes		Patients meeting criteria for disorder	
	Total number of self-items (% of total)	Total number of interpersonal items	Mean number of self-items	Mean number of interpersonal items
Avoidant (n = 32)	1 (14.3%)	6 (85.7%)	6.9 (42.3)	9.4 (57.7)
Dependent (n = 2)	3 (37.5%)	5 (62.5%)	8.0 (41.9)	11.1 (58.1)
Obsessive compulsive (n = 24)	7 (87.5%)	1 (12.5%)	6.8 (44.4)	8.5 (55.6)
Passive-Aggressive (n = 9)	0 (-)	7 (100%)	7.6 (44.2)	9.6 (55.8)
Depressive (n = 30)	6 (85.7%)	1 (14.3%)	6.4 (40.5)	9.4 (59.5)
Paranoid (n = 18)	0 (-)	7 (100%)	7.0 (44.6)	8.7 (55.4)
Schizotypal (n = 8)	1 (11.1%)	2 (22.2%)	7.8 (43.1)	10.3 (56.9)
Schizoid (n = 8)	1 (14.3%)	5 (71.4%)	7.7 (42.8)	10.3 (57.2)
Histrionic (n = 1)	0 (-)	8 (88.9%)	8.3 (42.3)	11.3 (57.7)
Narcissistic (n = 5)	3 (33.3%)	6 (66.7%)	8.0 (44.0)	10.5 (56.0)
Borderline (n = 37)	**7 (77.8%)**	**2 (22.2%)**	**5.8 (43.9)**	**7.4 (56.1)**
Antisocial (n = 14)	0 (-)	15 (100%)	7.6 (43.7)	9.8 (56.3)

Median number PDs across severities

MEDIAN NUMBER OF PD PROTOTYPES ACROSS SEVERITIES
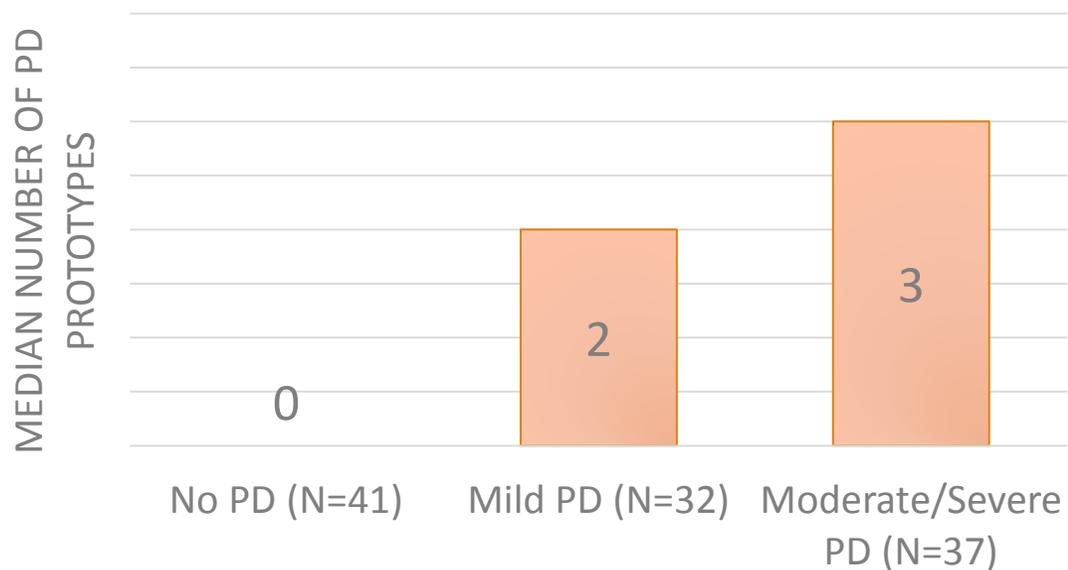
MOST COMMON PD CATEGORIES

No PD (N=41):
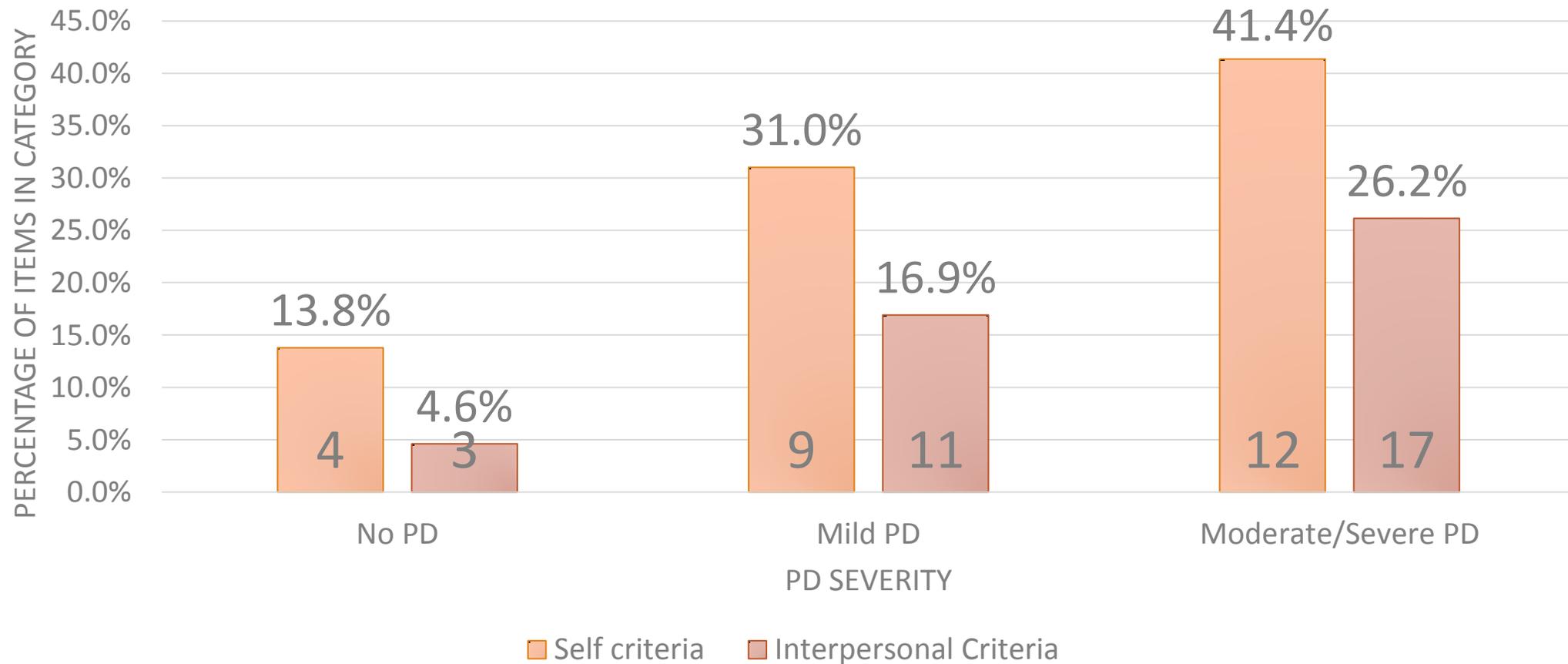- Depressive (9.8%), Avoidant (7.3%)

Mild PD (N=32):
- Avoidant(43.8%) , Borderline (40.6%)

Moderate/Severe PD (N=37):
- Borderline (64.9%), Paranoid (43.2%)

Proportion of self and interpersonal items across severity groups (*N;* percentage of total number of items in each criterion)

Model	Variables	Personality disorder versus no PD		
		Beta	Odds ratio (95% CI)	p value
Model 1	Constant	-2.15	0.12	<0.001
	Interpersonal	0.43	1.53 (1.30, 1.82)	<0.001
Model 2	Constant	-2.90	0.06	<0.001
	Self	0.38	1.46 (1.26, 1.67)	<0.001
Model 3	Constant	-3.47	0.03	<0.001
	Interpersonal	0.37	1.45 (1.21, 1.73)	<0.001
	Self	0.15	1.17 (0.97, 1.40)	0.10

Study Findings

1. While PD prototypes differ in terms of balance of self and interpersonal pathology, people with PD do not

2. Number of PDs is associated with severity

3. Both self and interpersonal items correlate with PD severity

4. Interpersonal pathology is a stronger predictor of PD and PD severity than self pathology

Limitations

Limitations in using the SCID-II to identify core pathology

1. Unequal proportion of self and interpersonal items
   ◦ Assessment favours the detection of interpersonal pathology

2. Distinguishing self from interpersonal pathology
   ◦ Many of the items have elements common to both pathologies

Sample size and characteristics

1. Small sample size
   ◦ Small representation of self pathology
   ◦ Small proportion of severe PD participants

2. Limited generalisability
   ◦ Excludes patients not in contact with secondary care mental health services

Should we focus more on the interpersonal?
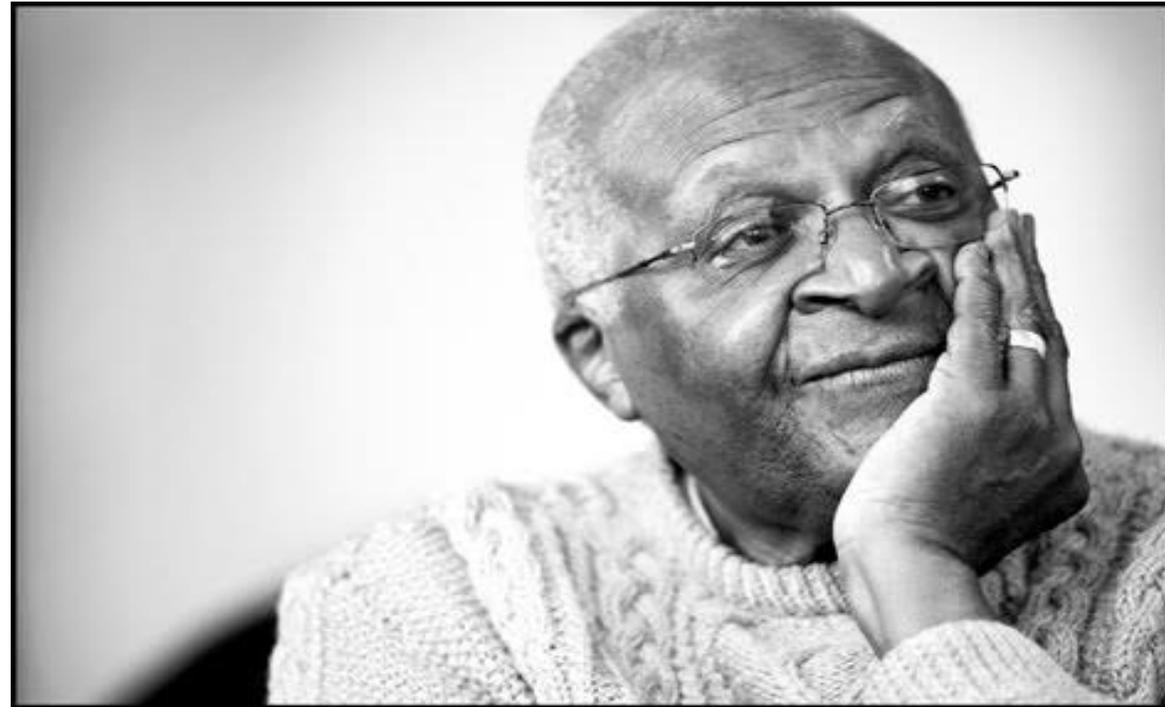
"A person is a person through other persons"

Thank You

QUESTIONS?