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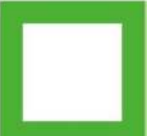

# RATES OF PERSONALITY PATHOLOGY AMONG CLINICAL AND NON-CLINICAL SAMPLES

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## ABSTRACT

### OBJECTIVE
To compare the rates of personality disorders among clinical and non-clinical samples.

### STUDY DESIGN
Cross sectional study

### PLACE AND DURATION OF STUDY
The study was carried out at National Institute of Psychology, Quaid-i-Azam University Islamabad from August 17, 2015 to June 10, 2017.

### SUBJECTS AND METHODS
Employing the technique of convenience sampling, 408 individuals seeking treatment in psychiatric wards and OPDs of Rawalpindi, Islamabad and Lahore were approached. Formal permission was taken from hospital authorities. Informed consent was taken from participants. Similarly data was collected from 360 non-clinical individuals who were not on any psychiatric medicine. The age of the sample ranged from 18-59 years. For the sake of achieving equivalence, both groups were matched on age, gender, marital status, and socio-economic status. The current study utilizes the assessment of DSM-IV Personality Disorder Questionnaire (ADP-IV) to identify particular personality disorder.

### RESULTS
Rate of Personality disorders in Clinical sample was 68.1%, whereas for non-Clinical sample it was 16.3 %. Over all rate of Personality disorders was 43.8 %.

### CONCLUSION
The present research conclude that special consideration needs to be given to personality pathology in designing treatment plans for patients seeking treatment for mental illness.

### KEY WORDS
Personality Co-Morbidity, Personality disorders

## INTRODUCTION

Personality Disorders are referred to as relatively enduring patterns of behaviors that interferes markedly with individuals normal and adaptive functioning.[1] There lies an underlying similarity in general criteria for diagnosing personality disorders in both International Classification of Disease (ICD) and Diagnostic and Statistical Manual (DSM).[2] Broadly personality disorders have been classified into distinct clusters based on descriptive similarities.[2] Cluster A (odd and eccentric disorders) include paranoid, schizoid, and schizotypal personality disorders. Cluster B (dramatic, emotional and erratic disorders) further include anti-social, borderline, histrionic and narcissistic personality disorder. Cluster C (anxious and fearful) include avoidant, dependent and obsessive compulsive personality disorders. Two other unspecified disorders include depressive and passive aggressive personality disorders.[2] Personality disorders have been strongly linked with other mental illness, poor treatment adherence, attempts of suicide and mortality.[3]

Studies conducted in different parts of the world indicated that prevalence of Personality disorders varies in different societies. Researches in Britain recorded an overall prevalence of 4.4% in community sample with obsessive compulsive, avoidant, schizoid and borderline being most prevalent and dependent and schizotypal as least prevalent.[1] Studies in United States indicated that overall prevalence of personality disorders varied between 5 to 10 % in community samples.[4] The overall prevalence of Personality disorders for psychiatric out patients varied between 1.07 % for India to 60 % for Pakistan.[5]

Comorbidity within personality has been well documented by researchers.[6] Individuals who meet the criteria for one Personality disorder are likely to be more vulnerable to other personality disorders as well. It might be from the similar cluster or from different as well.[7] Comorbidity is referred to as conditions that include presence of more than one disorder at either single point of time or across life span.[8] Researchers aimed at studying comorbidity indicated that 54% individuals had only one personality disorder, 22 % had two personality disorders, 11 % had three personality disorders and 14% had four to eight personality disorders.[1]

Taking into account the comorbidity, researchers have devised a five point system of Classifying personality disorders (PD) based on severity and comorbidity ranging from 0 to 5. In this system 0 represent absence of Personality Disorder, 1 representing Personality Difficulty which includes not meeting the full criteria of any PD but having symptoms of Personality disorder, 2 represents either simply one personality disorder or comorbidity within similar cluster, 3 represents complex personality disorders with presence of two or more disorders from different clusters and 4 represents two or more personality disorders resulting in massive societal disturbance.[7]

Personality disorders also show comorbidity with other mental illness which were previously reported on Axis I.[8] Comparative studies indicate that both in patients and out-patients seeking treatment for other mental illnesses are likely to have an underlying comorbid personality disorder as well.[8,9] Furthermore the prevalence of Personality disorders is much higher in clinical samples as compared with the non-clinical samples.[9]

Local literature is scarce on the topic so current research aimed at comparing the rate of Personality disorders in both clinical and non-clinical groups.

## SUBJECTS AND METHODS

### Participants

Employing the technique of Convenience sampling, data was collected from 408 clinical and 306 non-clinical individuals. The age of the sample ranged from 18-59 years. For the sake of equivalence groups were matched on age, education, marital status and Socio-economic status. Clinical data was obtained from Psychiatric units of Pakistan Institute of Medical Sciences Islamabad, Military Hospital Islamabad, Capital Development Authority Hospital Islamabad and Punjab institute of Mental Health Lahore. It was ensured that only those individuals were included from the clinical sample who were identified as stable by psychiatrist and had an orientation of time and place. Employing the technique of non-probability convenience sampling non-clinical sample was also obtained from Rawalpindi, Islamabad and Lahore. It was ensured that participants from non-clinical sample are not on any psychiatric medicine from the past two year. An effort was made to have same age range, gender ratio and education level for both clinical and non-clinical groups to make the comparison valid.

### Instruments

The present research uses the assessment of DSM-IV Personality Disorder Questionnaire (ADP-IV). ADP IV employs diagnostic algorithm, which identify the presence of particular symptom for a disorder. It assess each item on trait and distress associated with it. Trait is rated on a seven point Likert type scale and distress in rated on three point scale. In present study Trait score greater than 5 and distress score greater than 1 has been used to identify the diagnostic criteria according to DSM-IV-TR in light of threshold of symptoms for each PD. 9 It comprises of 94 items. The scale categorizes individuals with Cluster A disorders including Paranoid (7 items), Schizoid (7 items) and Schizotypal personality disorders (9 items), Cluster B including Borderline (10 items), Histrionic (8 items), narcissistic (9 items) and anti-social personality disorder (8 items) and Cluster C including dependent (8 items), Obsessive compulsive (8 items) and avoidant personality disorder (7 items). It also has not otherwise specified Passive aggressive NOS-PA (7 items) and depressive personality disorders NOS DP (7 items). The scale provides scores of each sub-domain and over all cluster level as well. The scale has been translated and validated for Pakistani sample.[9]

### Procedure

After seeking formal permission from hospital administration data was collected from wards and OPDs of hospitals of Islamabad, Rawalpindi and Lahore. Participants were formally briefed about the purpose of the study and informed consent was sought from them. Individuals were assured about the confidentiality of their responses. Afterwards for the clinical sample items were read to the individuals and their responses were marked. For the sake of comparison demographically similar data was collected for non-clinical sample. Both of them were matched on age, education, marital status and Socio-economic status. In cases where individuals were educated questionnaires were given to the respondents. They were instructed to mark any item that they think is either difficult to comprehend or culturally inappropriate. But in cases where individuals were not educated items were read to them and response were marked as for the clinical sample. At the end participants were thanked for their cooperation.

## RESULTS

57.59 % of clinical sample comprised of males and 42.40 % comprised of females. In contrast, for Non-Clinical sample 40.83 % comprised of males and 59.16 % comprised of females. 50 % of the clinical sample was between the age of 18 to 35 where as 50 % was between the age of 36 to 59. Whereas 48.33% from non-clinical sample were between the age of 18-35 and 51.66% were between the ages of 36 to 59. For clinical sample 23.52 % of the sample comprised of individuals who did matric whereas for Non-Clinical 22.25 % comprised of sample who had completed matric. 38% of individuals comprised of clinical sample who were single whereas for non-clinical 34% individuals were single.

Table I indicated that the rate of Personality disorders in clinical sample was 68.1%, whereas in non-clinical sample it was 16.3%. The combined rate of PDs for both clinical and non-clinical sample was 43.8 %. Borderline personality disorder was most prevalent in clinical sample (f = 184) followed by paranoid (f = 123), Schizoid (f = 118) and Obsessive compulsive personality disorder (f = 111). Table 2 indicated significant differences on chi square for all PD's across gender where frequency of all PDs for males was higher as compared with females except for Borderline, Depressive and Passive aggressive PDs for clinical sample. The gender wise comparison was not possible in non clinical group because certain cells in cross table had count less than 5.

**Table 1**
Rate of Personality Pathology among Clinical and Non- Clinical Sample

| Sample | N | Diagnosed *f (%)* | Un-Diagnosed *f(%)* |
|---|---|---|---|
| Clinical | 408 | 278 (68.1%) | 130 (31.8%) |
| Non-Clinical | 360 | 59 (16.3%) | 301 (83.6%) |
| Total | 768 | 337 (43.8%) | 431 (56.1%) |

**Table 2**
Chi Square Analysis of Personality Disorders as per Gender among Clinical Sample

| | | | Clinical(*N = 408*) | | |
|---|---|---|---|---|---|
| PD | | | Male | Female | $\chi 2$, *df* |
| | | | *f(%)* | *f(%)* | |
| 1. | Par | *Dia* | 84(20.59) | 39 ((9.55) | 8.24*, 1 |
| | | *Undiag* | 151(37.01) | 134 (32.84) | |
| 2. | Sch | *Dia* | 83(20.34) | 35 (8.57) | 11.03**,1 |
| | | *Undiag* | 152 (37.25) | 138 (33.82) | |
| 3. | St | *Dia* | 63 (15.44) | 24 (5.88) | 9.93*,1 |
| | | *Undiag* | 172 (42.15) | 149 (36.51) | |
| 4. | AS | *Dia* | 53 (12.99) | 7 (1.72) | 29.20***,1 |
| | | *Undiag* | 182 (44.61) | 166 (40.68) | |
| 5. | BPD | *Dia* | 119 (29.16) | 65 (15.93) | 6.87,1 |
| | | *Undiag* | 116 (28.43) | 108 (26.47) | |
| 6. | His | *Dia* | 30 (7.35) | 5 (1.22) | 12.39***,1 |
| | | *Undiag* | 205 (50.24) | 168 (41.17) | |
| 7. | Nar | *Dia* | 48 (11.76) | 7 (1.71) | 22.92***,1 |
| | | *Undiag* | 187 (45.83) | 168 (40.68) | |
| 8. | Avo | *Dia* | 59 (14.46) | 20 (4.90) | 11.17**,1 |
| | | *Undiag* | 176 (43.13) | 153 (37.5) | |
| 9. | DE | *Dia* | 51 (12.5) | 18 (4.41) | 9.05*,1 |
| | | *Undiag* | 184 (45.09) | 155 (37.99) | |
| 10. | OC | *Dia* | 77 (18.87) | 34 (8.33) | 8.65*,1 |
| | | *Undiag* | 158 (38.72) | 139 (34.06) | |
| 11. | DEP | *Dia* | 48 (11.76) | 29 (7.10) | .87,1 |
| | | *Undiag* | 187 (45.83) | 144 (35.29) | |
| 12. | PA | *Dia* | 70 (17.15) | 38 (9.31) | 3.13,1 |
| | | *Undiag* | 165 (40.44) | 135 (33.08) | |

*Note: PD = Personality Disorder, Par = Paranoid, Sch = Schizoid, St = Schizotypal, AS = Anti-social, BPD = Borderline, His = Histrionic, Nar = Narcissistic, Avo = Avoidant, DE = Dependent, OC = Obsessive Compulsive, DEP = Depressive, PA = Passive Aggressive, Dia = Diagnosed, Undiag = Undiagnosed*

Results indicated that rate of personality pathology among clinical sample was much higher as compared with non-clinical sample. For clinical sample 67 individuals had considerable score on one personality disorder, 69 on two personality disorders, 49 on three personality disorders respectively (see table 3 for details). This co-occurrence of the personality characteristic can be from the same cluster as well as from different clusters. For non-clinical sample 35 individuals had considerable score on one personality disorder, 8 on two personality disorders and 7 on simultaneous four personality disorders (see table 3 for details).

## DISCUSSION

Findings indicated that personality pathology was higher in clinical sample as compared with non-clinical sample. The most frequently occurring personality disorder in clinical sample was borderline personality disorder (f=184) which can be attributed to the fact that among all personality disorders people with Borderline Personality tend to seek more treatment.[5,10] Previous researches indicated that individuals with Borderline line personality disorder in particular and cluster B overall tend to seek more treatment as these conditions are associated with marked degree of functional impairment as well as increased need to seek attention from significant others in society[5,11,12]. They also tend to have greater comorbidity with other disorders as well[5,11].

**Table 3**
Personality Disorders for Clinical and Non- Clinical Sample

| | | | Clinical (*N*=408) | | Non-clinical (*N*=360) | |
|---|---|---|---|---|---|---|
| Personality Disorder Clusters | | | *f* | % | *f* | % |
| 1. | Cluster A | Undiagnosed | 217 | 53.2 | 260 | 72.2 |
| | | Diagnosed on 1 PD | 92 | 22.5 | 77 | 21.4 |
| | | Diagnosed on 2 PD | 61 | 15.0 | 16 | 4.4 |
| | | Diagnosed on 3 PD | 38 | 9.3 | 7 | 1.9 |
| 2. | Cluster B | Undiagnosed | 204 | 50.0 | 336 | 93.3 |
| | | Diagnosed on 1 PD | 132 | 32.4 | 19 | 5.3 |
| | | Diagnosed on 2 PD | 32 | 7.8 | 5 | 1.4 |
| | | Diagnosed on 3 PD | 22 | 5.4 | 0 | 0 |
| | | Diagnosed on 4 PD | 18 | 4.4 | 0 | 0 |
| 3. | Cluster C | Undiagnosed | 256 | 62.74 | 314 | 87.2 |
| | | Diagnosed on 1 PD | 76 | 18.63 | 32 | 8.9 |
| | | Diagnosed on 2 | 45 | 11.03 | 8 | 2.2 |
| | | Diagnosed on 3 | 31 | 7.6 | 6 | 1.7 |
| 4. | Total Clusters | Undiagnosed | 130 | 31.86 | 301 | 83.6 |
| | | Diagnosed on 1 PD | 67 | 16.4 | 35 | 9.7 |
| | | Diagnosed on 2 PD | 69 | 16.9 | 8 | 2.2 |
| | | Diagnosed on 3 PD | 49 | 12.0 | 3 | 0.8 |
| | | Diagnosed on 4 PD | 30 | 7.35 | 7 | 1.9 |
| | | Diagnosed on 5 PD | 17 | 4.17 | 3 | 0.8 |
| | | Diagnosed on 6 PD | 11 | 2.7 | 2 | 0.6 |
| | | Diagnosed on 7 PD | 7 | 1.7 | 1 | 0.3 |
| | | Diagnosed on 8 PD | 9 | 2.2 | 0 | 0 |
| | | Diagnosed on 9 PD | 13 | 3.2 | 0 | 0 |
| | | Diagnosed on 10 PD | 6 | 1.5 | 0 | 0 |

Though low as compared with clinical sample but a substantial number of individuals showed scores on personality pathology in non-clinical sample as well. Past researchers conducted on community sample confirm this finding that prevalence of personality disorder is apparent in non-clinical samples[1].

Personality Pathology was more frequent in males as compared with females across clinical sample except for Borderline Personality Disorder, Depressive and Passive Aggressive Personality Disorder.

Previous literature also supports these findings where cluster A specifically i.e. Paranoid, Schizoid and Schizotypal disorders are found to be more prevalent among males[4, 5]. For Cluster B mixed findings are apparent. BPD has been found to be most prevalent of all PDs and recent literature is suggesting that no gender differences exist in prevalence of BPD though differences might be in symptom severity. Similar trend was apparent for Cluster C where more males had dependent, obsessive compulsive and Avoidant personality disorder.

The presence of co-occurrence in personality pathology has been well documented by previous researchers.[5,8,12,13]. This comorbidity has been attributed to shared etiological factors which might include genetics, biological, environmental, psychological and temperamental factors[8]. Researchers also argued that presence of one personality disorder makes an individual vulnerable for developing another personality disorder.[1] Similarly researches also attributed co-morbidity to complication models which argued that though two disorders represent distinct entities but they are related to one another as one disorder remains in a remitted form and has a scar or complicated effect.[14] Co-occurrence was apparent in both clinical and non-clinical groups with varying degree of complexity and severity. Researches indicated that presence of more than one personality disorder is likely to result in poor treatment outcomes.[7,15,16]

The high rate of personality disorders clearly indicated that these need to be assessed properly at the time of diagnosis and designing of intervention plans. It has been evident that personality disorders are often overlooked and ignored by professionals as they are considered to be manifestation of other mental illness to be rated previously on Axis I[17]. Researchers further argue that as the symptoms of Axis I disorder improve, the level of associated personality pathology decreases[18]. It is critical to assess personality disorders at the initial stage because it has been strongly linked up with shortened life expectancy as well as poor adherence to treatment[19,20]. Awareness about prevalence and comorbidity apparent in personality pathology can be helpful in modification, adaptation and designing of the treatment plans. [16]

## CONCLUSION

It can be concluded that the rate of personality pathology is much higher in clinical sample as compared with non-clinical sample. Further co-occurrence of two or more personality disorder characteristics was also evident. Special consideration needs to be given to the element of co-morbidity of personality pathology in planning treatment for better treatment outcomes.

## LIMITATION AND SUGGESTIONS

For assessment of personality pathology, present study used a self-report measure. Further evidence can be gained by adding informant rated measures. It has been suggested that collateral information should be included when making diagnoses for personality disorders ADP IV is based upon categorical approach which ignores the presence of symptoms that do not fully meet the criteria for a particular disorder. Future studies could take in to account the empirical system of taxonomies for assessment of personality pathology.

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