

Prevalence of disorders of personality development in an inpatient adolescent psychiatry unit

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Introduction:

Only few studies are available about the prevalence of personality disorders in adolescence. Prevalence data for inpatient units differ between 5% for adolescents and 50% for adults. According to our clinical experience an increasing number of adolescent patients fulfill the DSM IV criteria for personality disorders. Many mental health professionals however avoid this diagnosis and suggest the concept of disorders of personality development instead, because patients have not yet completed their personality development in this developmental phase and diagnostic instruments are still insufficient. Furthermore it could be that the scarce use of the PD diagnosis in child psychiatry is due to the direct confrontation of the therapist/psychiatrist with the stress factors within the families; If you recognize a pathologic family situation you are tempted to attribute abnormal behavior to these family settings. Furthermore, the diagnostic criteria for PD are only partly applicable to adolescents. Our objective is to estimate the prevalence of disorders of personality development in an inpatient population at risk of developing a personality disorder.

Prevalence of Personality Disorders:

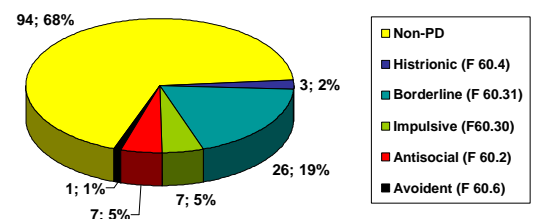
- A among children and adolescents in psychiatric wards shows a 5% point-prevalence (Braun-Scharm 1991).
- Other studies detected a prevalence of 17% in an overall population of adolescents between 13 and 21 years (Bernstein 1993).
- Lenzenweger (1997) found a probable personality disorder in 11% and a manifest PD in 6.7% among college students.
- Among Adults there is a prevalence of PD about 10 % in the overall population (Tress et al. 2002).
- Among inpatients (psychiatric wards) the prevalence is about 40 % for any PD and 14, 9 % for Borderline Personality Disorder (Loranger et al. 1999).
- In retrospective studies the majority of adult BPD patients report the disorder first occurring during adolescence. Jerschke et al. (1998) describe a bimodal distribution of the age by which the BPD first becomes manifest. Some attract attention at an age of 14-15 with self mutilating behavior, eating disorders, suicidal tendencies, affective or conduct disorder and receive in-patient treatment. Others are admitted on a psychiatric ward at a mean age of 24 years.

Methods:

- In a retrospective chart analysis we reviewed the diagnoses at discharge of all 132 inpatients with an age at admission between 14 and 18 (mean age 15.9, SD = 1,3) in the 2 years period from the opening of the inpatient unit in October 2001 until October 2003.
- In a second step we re-assessed the diagnoses at discharge for disorders of personality development by applying the ICD-10 criteria for personality disorders and including the history before admission and the course of inpatient treatment.
- In a third step we examined the history of the patients for traumatic experiences, abuse, neglect, maltreatment and their family situation before admission.

Results 1: In the 2 years period 38 (28 female, 10 male) of the 132 inpatients met the ICD-10 criteria of a personality disorder (DSM-IV: 37 Cluster B- and 1 Cluster C). The estimated prevalence of a manifest disorder of personality development in our inpatient unit is 28.8% (Fig.1).

Fig.1: Prevalence of a manifest disorder of personality development



Results 2: In this group we carried out a biographical assessment searching for various traumatizing situations. We filtered out three main groups being sexual and physical abuse as well as neglect (Fig.2). As we put an interest in the life situation within our patients' family setting we observed the relationship of their biological parents (Fig.3). Furthermore we examined the psychopathological patterns in parents (Fig.4). Although it seems that a lot more parents were mentally challenged, we only included the cases with a strong evidence for a psychiatric diagnosis (e.g.: substance abuse).

Fig.3: Marital status of the parents:

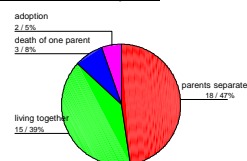


Fig.2: Traumatic life event:

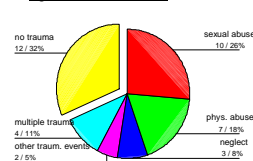
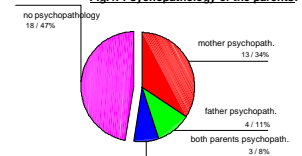


Fig.4: Psychopathology of the parents:



Results 3: We reviewed the diagnosis quoted in the first axis of ICD10 for coexisting mental diseases (Fig.5). In cases offering more than one comorbidity in addition to the development of an personality disorder, we decided for the predominant diagnosis. As all 38 patients suffered from various psychiatric symptoms medication was often necessary. Among the psychopharmacological therapy administered, SSRIs and Atypical Neuroleptics are most often used. The pie chart gives an overview about the drug regimen used in therapy (Fig.6).

Fig.5: Comorbidity:

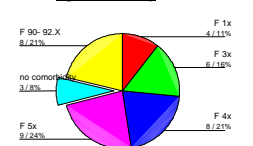
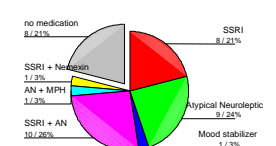


Fig.6: Medication:



Conclusions: The prevalence of disorders of personality development appears to be higher in adolescent inpatient units than published earlier. The possible increase of adolescents with disorders of personality development has to be evaluated in larger referred and non-referred samples. Because of the high amount of personality disorders in child and adolescent psychiatry specific treatment programs for these patients are needed. However those programs have to be evaluated.

References:

- Bernstein D., Cohen P., Velez N., Schwab-Stone M., Siever, L., Shinsato L. (1993): Prevalence and stability of the DSM-III personality disorders in a community-based survey of adolescents. *American J. Psychiatry* 150:1237-1243
- Braun-Scharm H., Räder, K., Martinus, J. (1991): Die stationäre Versorgung kinder- und jugendpsychiatrischer Patienten. Eine Stichtagsuntersuchung. *Zeitschrift für Kinder- und Jugendpsychiatrie*, 19: 70-77.
- Jerschke S., Meinert K., Richter H., & Bohus M. (1998): Zur Behandlungsgeschichte und Versorgungssituation von Patientinnen mit Borderline Persönlichkeitsstörung in der Bundesrepublik Deutschland. *Fortschritte der der Neurologie-Psychiatrie* 66 (12):545-552
- Katz L.Y., Cox B. J., Shiny G., Miller A. L. (2004): Feasibility of Dialectical Behavior Therapie for suicidal Adolescent Inpatients. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43 (3) pp 276-83.
- Lenzenweger M., Loranger A. W., Korfine L. & Nell C. (1997): Detecting personality disorders in a nonclinical population application of a 2-stage procedure for case identification. *Archives of General Psychiatry*, 54, pp 345-351
- Loranger A.W. (1999): IPDE.DSM-IV and ICD-10 modules. Odessa, FL: Psychological Assessment Resources.
- Schmeck, K & Resch F. (2003): Persönlichkeitsstörungen. In: Eggers Ch., Fegert J. M., Resch F. *Psychiatrie und Psychotherapie des Kindes- und Jugendalters*. Heidelberg, Springer.
- Tress W., Wöller W., Hartkamp W., Langenbach M., Ott J. (2002): *Persönlichkeitsstörungen – Leitlinie und Quellentext*. Stuttgart New York, Schattauer