TOPOGRAPHY OF MOOD SYMPTOMS AND PERSONALITY TRAITS IN MOOD DISORDERS AND CLUSTER B PERSONALITY DISORDERS (PRELIMINARY RESULTS)

Apfelbaum, S[1*]; Regalado, P[2]; Herman, L[1]; Teitelbaum, J[2]; Gagliesi , P[2]; Forteza, C[3]; Salsman , R[3], Gigena, D[3].

[1] Casa de Familia, Córdoba, Argentina; [2] Fundación Foro para la Salud Mental, Buenos Aires, Argentina; [3] Centro de Desórdenes de la Conducta Gigena Parker, Córdoba, Argentina.

Introduction

Currently, the classification of personality disorders has not proved satisfactory to both researchers and clinicians. It discusses the overlap of the elements of Borderline Personality Disorder (BPD) with those of other mood disorders, particularly Bipolar Disorder (BD). Some authors refer to an over-diagnosis of BD in patients with cluster B personality disorders (PD-B, especially BPD). There is a similar problem to differentiate between unipolar and bipolar depressive episodes. The diagnosis of BPD in patients presenting with BD II, and high recurrence of affective episodes with lack of inter-episodic full remission, has been referred to as a contributing factor to over-diagnose of BPD and, therefore, to under-diagnose BD.

Considering that previous research has shown overlap in mood and cluster B personality disorders, it is necessary to assess the distinctive factors that correspond to each disorder. This would not only be useful for differential diagnosis, but also in identifying specific cognitive and affective patterns that bound to each type of disorder.

Objectives

- To evaluate patients with mood disorders and cluster B personality disorders with instruments that highlight cognitive, affective and behavioral elements of mood.
- To identify distinguishing features between the disorders mentioned as a mean to advance in the differential diagnosis.

Materials and Method

A total of 63 outpatients diagnosed with Major Depression (MDD) (n = 19) Bipolar Disorder (BD) (n = 12) Cluster B Personality Disorder (PD-B) (n = 15) and comorbidity of BD and PD-B (n = 17) were assessed with both structured diagnostic interviews (MINI and SCID II) and self-applied instruments. We evaluated demographic and clinical characteristics, personality traits, emotional temperament types, clinical symptoms and mood and bipolar spectrums with the following instruments:

- BI - Bipolarity Index (Sach G.)
- BSDS – Bipolar Spectrum Disorder Scale.
- MOODS-AF - Mood Spectrum Self-Report.
- TEMPS-A-Temperament Evaluation of the Memphis, Pisa, Paris, and San Diego.
- IPDE-International Personality Disorder Examination (screening form).

Results

Preliminary results were obtained with analysis of variance. With Kruskall Wallis test it was possible to detect differences among diagnostic groups in MOODS-AF, TEMPS-A, IPDE and bipolar spectrum scores (BSDS and BI). Post hoc analyses were carried out to identify between which groups the differences lay. It is worth mentioning that no significant differences were found between groups regarding sex (Chi 2=1488, P=0.69) nor level of education (Chi 2=1.418; p=0.70). Age, however, was lower in patients with PD-B (z=-2.552; p=0.010) and Comorbidity (z=-1.936; p=0.052) with respect to MDD groups.

• Mood Spectrum (MOODS–AF) and Bipolarity (BI and BSDS)

We found that people diagnosed with bipolar disorder had more manic-like symptoms than people with MDD (z=-2.617; p=0.008), but no significant difference to people with PD-B (z=-0.650; p=0,54). Patients with PD-B had intermediate scores between the MDD and the BD diagnostic groups (mean: BD=37.5; TP-B=32.9; MDD=22.8). Different elements were detected especially in people with comorbid diagnosis (TB and TP Type B). These showed not only more manic symptoms (z = - 2.445; p = 0.014), but also a higher total score on MOODS-AF scale (z=- 2.510; p=0.011), and a trend in Depression and Rhythmicity domains with respect to persons with MDD. The Bipolar Index clearly distinguished between groups with BD and other groups (PD-B and MDD). With a cut point of 50, it differentiated the BD group with a specificity of 0.88 and sensibility of 0.90

Kruskal Wallis		Diagnostic Groups			
		BD	**MDD**	**PD-B**	**BD & PD-B**
MOODS					
Depression	x^2	1.144			
	mean rank	31.83	28.74	32.63	35.21
- Mood	x^2	0.56			
	mean rank	29.58	31.82	34.73	31.5
- Energy	x^2	0.342			
	mean rank	32.21	30.1	33.53	32.65
- Cognition	x^2	2.919			
	mean rank	33.79	27.05	30.97	97.18
Mania	z	7.483*			
	mean rank	37.42	22.82	32.9	37.65
- Mood	x^2	6.621			
	mean rank	35.04	23.16	34.47	37.56
- Energy	x^2	5.968			
	mean rank	39.67	24.71	30.8	35.79
- Cognition	x^2	4.668			
	mean rank	37.67	25.0	32.03	35.79
Ritmicity	x^2	3.817			
	mean rank	28.17	37.39	31.37	41.68
Total	x^2	6.922			
	mean rank	35.25	23.26	33.03	38.56
BSDS					
	x^2	16.275**			
	mean rank	31.0	22.97	26.4	45.85
Bipolar Index					
	x^2	34.917**			
	mean rank	49.71	17.84	21.83	44.29

* The difference is statistically significant at the level $p < 0.05$
** The difference is statistically significant at the level $p < 0.01$

• Affective Temperamental Traits

Patients with comorbidity presented more cyclothymic temperament than people with PD-B (z=-2.444; p=0.015), Bipolar Disorder (BD)(z=-2.572; p=0.001) or Depression (MDD)(z=-2.344;p=0.019). In addition, people diagnosed with comorbidity (z=-3.478; p=0.001) and those with PD-B (z =-2.900; p= 0.003) had significantly more irritable temperament traits, unlike those with BD alone, thus demonstrating that irritability traits are a distinctive factor of PD-B in this sample. This can be a useful element to assess when making a differential diagnosis between BD and BPD.

Kruskal Wallis		Diagnostic Groups			
		BD	**MDD**	**PD-B**	**BD & PD-B**
TEMPS					
Total	x^2	7.092			
	mean rank	26.38	27.39	31.37	41.68
Dysthymic	x^2	2.322			
	mean rank	25.5	33.95	35.53	31.29
Cyclothymic	x^2	11.997**			
	mean rank	27.38	25.95	28.6	45.03
Hiperthymic	x^2	1.691			
	mean rank	34.08	28.32	30.8	35.71
Irritable	x^2	16.342**			
	mean rank	18.5	25.95	38.2	42.82
Anxious	x^2	0.731			
	mean rank	39.17	32.32	30.08	34.71

* The difference is statistically significant at the level $p < 0.05$
** The difference is statistically significant at the level $p < 0.01$

• Clinical Symptoms and Personality Traits

People with BD and PD-B comorbidity had a higher number of hospitalizations (z=-2.755; p=0.016) and self-harm behaviors (a trend, z=-2.177; p=0.058) than patients diagnosed solely with PD-B. The Comorbidity diagnostic group also presented more suicide attempts (z=-2.348; p=0.038), hospitalizations (z=-2.564; p=0.027) and more self-harm behavior (z=-3.012; p=0.009) than the MDD group, and an earlier age of onset than both MDD (z=-2.756; p=0.005) and BD (z=-2.271; p=0.021) groups. People with comorbidity (BD and PD-B), compared to those with BD alone, had more schizoid, schizotypal, antisocial, narcissistic and borderline traits.

Kruskal Wallis		Diagnostic Groups			
		BD	**MDD**	**PD-B**	**BD & PD-B**
IPDE					
Paranoid	x^2	1.911			
	mean rank	26.21	31.89	30.89	35.29
Schizoid	x^2	5.827			
	mean rank	21.25	33.68	31.07	36.65
Schizotypal	x^2	4.122			
	mean rank	22.42	33.0	32.96	35.03
Histrionic	x^2	8.894*			
	mean rank	25.17	25.37	33.61	41.09
Antisocial	x^2	11.874**			
	mean rank	22.79	25.24	36.18	40.79
Narcissistic	x^2	6.373			
	mean rank	21.75	31.21	39.36	32.24
Borderline	x^2	13.838**			
	media	21.42	25.82	33.0	43.74
Obsessive	x^2	3.182			
	mean rank	26.54	35.08	35.5	27.71
Dependent	x^2	1.237			
	mean rank	27.12	31.08	32.18	34.5
Avoidant	x^2	1.474			
	mean rank	26.46	33.71	30.54	33.38

* The difference is statistically significant at the level $p < 0.05$
** The difference is statistically significant at the level $p < 0.01$

Conclusions

Patients with comorbid Bipolar Disorder (BD) and Cluster B Personality Disorders (PD-B) show an earlier onset and a more severe disorder in terms of symptoms, suicide attempts, hospitalizations and self-harm behavior. They also had more cyclothymic and irritable temperament characteristics. Moreover, they manifested a significantly higher number of cluster A and B personality traits than patients that only had BD. All of the previous implies that the comorbidity group represent a more severe type of affective deregulation than the other groups of this sample, including BD and PD-B alone.

Finally, patients with PD-B obtained intermediate scores on self-reported manic symptoms, that is, higher than patients with MDD and lower than patients with BD. In spite of this, the Bipolar Index clearly distinguished patients with BD alone or with comorbidity (BD and PD-B) from the other diagnostic groups (PD-B and MDD).

References

- ***Bolton S, Gunderson JG***. *Distinguishing borderline personality disorder from bipolar disorder: differential diagnosis and implications.. Am J Psychiatry. 1996 Sep;153(9):1202-7.*
- ***Gunderson JG, Weinberg I, Daversa MT, et al***. *Descriptive and longitudinal observations on the relationship of borderline personality disorder and bipolar disorder. Am J Psychiatry. 2006 Jul;163(7):1173-8.*
- ***MacKinnon Dean F and Pies Ronald.*** *Affective instability as rapid cycling: theoretical and clinical implications for borderline personality and bipolar spectrum disorders. Bipolar Disorders 2006: 8: 1–14.*
- *Paris Joel, Gunderson John, Weinberg Igor. The interface between borderline personality disorder and bipolar spectrum disorders. Comprehensive Psychiatry 48 (2007) 145– 154.*
- *Zimmerman M, Ruggero CJ, Chelminski I, Young D. Is bipolar disorder overdiagnosed? .J Clin Psychiatry. 2008 Jun;69(6):935-40.*
- ***Berrocal C, Ruiz Moreno M, et al***. *Depress Anxiety. 2006;23(4):220-35.*

** Corresponding Author: Sergio Apfelbaum, M.D. sergioap8@gmail.com*