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See next page for additional authors

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Authors
Elizabeth Ralevski, Bruce Rounsaville, James Poling, Charla Nich, Carolyn Levinson, and Ismene Petrakis

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PERSONALITY DISORDERS AS PREDICTORS OF TREATMENT OUTCOME IN A SAMPLE OF ALCOHOL DEPENDENT VETERANS WITH COMORBID AXIS I DISORDERS

Elizabeth Ralevski PhD, Bruce Rounsaville MD, James Poling PhD, Charla Nich, Carolyn Levinson, Ismene Petrakis MD

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Antisocial personality disorder (ASPD) and Borderline personality disorder (BPD) are most frequently diagnosed Axis II disorders among substance abusers

- Rates vary from 25% to 75%
- Patients with ASPD and BPD have worse treatment outcomes

Several problems with research in this area

- Studies comparing patients with ASPD or BPD are sparse
- The mediating role of ASPD and BPD is poorly understood
- What is the frequency of BPD and ASPD in dually diagnosed (substance abuse and Axis I disorders)?
Hypothesis

Specific Aim 1: To examine the rates of Axis II disorders in dually diagnosed veterans who participated in a clinical trial

• What are the rates of ASPD and BPD among dually diagnosed patients?
• What is the distribution of Axis I disorders in patients with ASPD versus BPD?

Specific Aim 2: To investigate the effect of personality on treatment variables and outcome

• Are patients with ASPD or BPD less likely to respond to treatment than patients with no diagnosis of ASPD or BPD?
• Will patients with ASPD or BPD exhibit more significant alcohol and psychiatric pathology - measured by various scales – than patients with no diagnosis of ASPD or BPD?
SUBJECTS

• 225 veterans

• Inclusion Criteria
  – Age 18-60
  – Axis I Psychiatric Disorder
  – Alcohol Dependence and recent drinking (past 30 days)

• Exclusion Criteria
  – Current opiate dependence or treatment with opioid medication
  – Significant underlying medical issues
  – Psychiatric instability
Study Design

• 12 week outpatient study

• Patients were assigned to 1 of 4 treatment groups (naltexone, placebo, disulfiram & placebo, and disulfiram & naltrexone)

• Axis I and Axis II disorders were assessed at baseline

• Outcome measures were administered at baseline and weekly
Measures

• Structured Clinical Interview for DSM-IV Axis I (SCID I)
• Structured Clinical Interview for DSM-IV Axis II (SCID II) ASPD and BPD diagnoses only
• Primary Treatment Outcomes
  – Alcohol use & craving
    ➢ Time Line Follow Back (TLFB), Obsessive Compulsive Drinking Scale (OCDS)
• Secondary Treatment Outcomes
  – Psychiatric symptoms
    ➢ Brief Symptom Inventory (BSI)
### Demographic Characteristics

<table>
<thead>
<tr>
<th></th>
<th>ASPD+BPD (n=42)</th>
<th>ASPD (n=54)</th>
<th>BPD (n=26)</th>
<th>Neither PD* (n=103)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>43.5 (8.4)</td>
<td>44.3 (5.9)</td>
<td>49.3 (9.3)</td>
<td>49.1 (8.5)</td>
</tr>
<tr>
<td>Gender (male)</td>
<td>40 (95%)</td>
<td>54 (100%)</td>
<td>26 (100%)</td>
<td>99 (96%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>29 (69%)</td>
<td>41 (76%)</td>
<td>19 (73%)</td>
<td>77 (75%)</td>
</tr>
<tr>
<td>Not Married</td>
<td>11 (26%)</td>
<td>19 (35%)</td>
<td>7 (27%)</td>
<td>19 (18%)</td>
</tr>
<tr>
<td>Employed full-time</td>
<td>18 (43%)</td>
<td>32 (59%)</td>
<td>15 (58%)</td>
<td>52 (50%)</td>
</tr>
<tr>
<td>Skilled work</td>
<td>10 (24%)</td>
<td>28 (52%)</td>
<td>5 (19%)</td>
<td>24 (23%)</td>
</tr>
<tr>
<td>Education (years)</td>
<td>12.7 (1.6)</td>
<td>12.6 (1.5)</td>
<td>13.1 (2.1)</td>
<td>13.1 (2.1)</td>
</tr>
</tbody>
</table>

* Personality Disorder (PD)*
### Rates of Axis I disorders in patients with and without personality disorders

<table>
<thead>
<tr>
<th>Axis I diagnoses</th>
<th>ASPD+BPD (n=42)</th>
<th>ASPD (n=54)</th>
<th>BPD (n=26)</th>
<th>Neither PD (n=103)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depression*</td>
<td>27 (64%)</td>
<td>33 (61%)</td>
<td>16 (62%)</td>
<td>52 (50%)</td>
</tr>
<tr>
<td>PTSD</td>
<td>15 (36%)</td>
<td>23 (50%)</td>
<td>13 (50%)</td>
<td>35 (34%)</td>
</tr>
<tr>
<td>Cocaine dependence*</td>
<td>9 (21%)</td>
<td>19 (35%)</td>
<td>6 (23%)</td>
<td>8 (8%)</td>
</tr>
<tr>
<td>Opioid dependence Lifetime*</td>
<td>12 (29%)</td>
<td>7 (13%)</td>
<td>5 (19%)</td>
<td>7 (7%)</td>
</tr>
</tbody>
</table>

*Significantly different, p<0.05
### Alcohol outcome measures for patients with and without personality disorders

<table>
<thead>
<tr>
<th>Measures</th>
<th>ASPD+BPD (n=42)</th>
<th>ASPD (n=54)</th>
<th>BPD (n=26)</th>
<th>Neither PD (n=103)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total heavy drinking days</td>
<td>2.1 (6.1)</td>
<td>3.4 (7.7)</td>
<td>4.0 (10.5)</td>
<td>3.9 (9.8)</td>
</tr>
<tr>
<td>Mean drinking days per week</td>
<td>.21 (.57)</td>
<td>.33 (.77)</td>
<td>.56 (1.1)</td>
<td>.41 (.91)</td>
</tr>
<tr>
<td>% days with any drinks</td>
<td>3%</td>
<td>5%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Mean # drinks per drinking day</td>
<td>13.4 (10.3)</td>
<td>19.7 (17.7)</td>
<td>19.0 (13.0)</td>
<td>13.8 (13.4)</td>
</tr>
<tr>
<td>Consecutive weeks of abstinence</td>
<td>9.9 (3.5)</td>
<td>9.1 (3.9)</td>
<td>6.7 (5.1)*</td>
<td>9.4 (3.7)</td>
</tr>
</tbody>
</table>

* Significantly different, p=0.002
BSI: Hostility scores for patients with and without personality disorders

Significant time x diagnosis interaction p=.0001
BSI: Paranoid ideation scores for patients with and without personality disorders

Significant time x diagnosis interaction p=0.0001
Obsessive compulsive scores for patients with and without personality disorders

Significant time x diagnosis interaction p=0.003
Summary

- Rates of ASPD are higher than rates of BPD among dually diagnosed patients.
- Rates of major depression, lifetime opiate dependence and current cocaine dependence are higher among patients with these Personality Disorder (PD) than patients without.
- BPD patients had fewer weeks of abstinence compared to the other groups.
- Patients with diagnoses of both ASPD and BPD tend to be more hostile, paranoid and have more obsessive thought than patients with neither PD diagnosis or a single PD diagnosis.
Conclusions

• Rates of ASPD and BPD in a dually diagnosed patients are compatible with rates in other studies with alcohol dependent patients

• Patients with ASPD and BPD are at a higher risk for abusing other substances

• Diagnosis of BPD may have implication for alcohol relapse

• Patients with more than one PD exhibit more significant pathology than patients with ASPD alone, BPD alone or neither PD diagnosis
This study was supported by