Washington University School of Medicine

Digital Commons@Becker

Posters

2005: Alcoholism and Comorbidity

2005

Personality disorders as predictors of treatment outcome in a sample of alcohol dependent veterans with comorbid axis I disorders

Elizabeth Ralevski

Bruce Rounsaville

James Poling

Charla Nich

Carolyn Levinson

See next page for additional authors

Follow this and additional works at: https://digitalcommons.wustl.edu/guzeposter2005



Part of the Medicine and Health Sciences Commons

Recommended Citation

Ralevski, Elizabeth; Rounsaville, Bruce; Poling, James; Nich, Charla; Levinson, Carolyn; and Petrakis, Ismene, "Personality disorders as predictors of treatment outcome in a sample of alcohol dependent veterans with comorbid axis I disorders" (2005). Posters. Paper 12 Samuel B. Guze Symposium on Alcoholism.

https://digitalcommons.wustl.edu/guzeposter2005/12

This Poster is brought to you for free and open access by the 2005: Alcoholism and Comorbidity at Digital Commons@Becker. It has been accepted for inclusion in Posters by an authorized administrator of Digital Commons@Becker. For more information, please contact vanam@wustl.edu.

Authors Elizabeth Ralevski, Bruce	e Rounsaville, James Poling, Ch	arla Nich, Carolyn Levinson,	and Ismene Petrakis





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

This study was supported by Veterans Affairs VISN I Mental Illness Research Education Clinical Center (MIRECC), VA Merit Review Grant, Stanley Research Foundation Grant

Background

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

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

^{*} Personality Disorder (PD)

Rates of Axis I disorders in patients with and without personality disorders

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

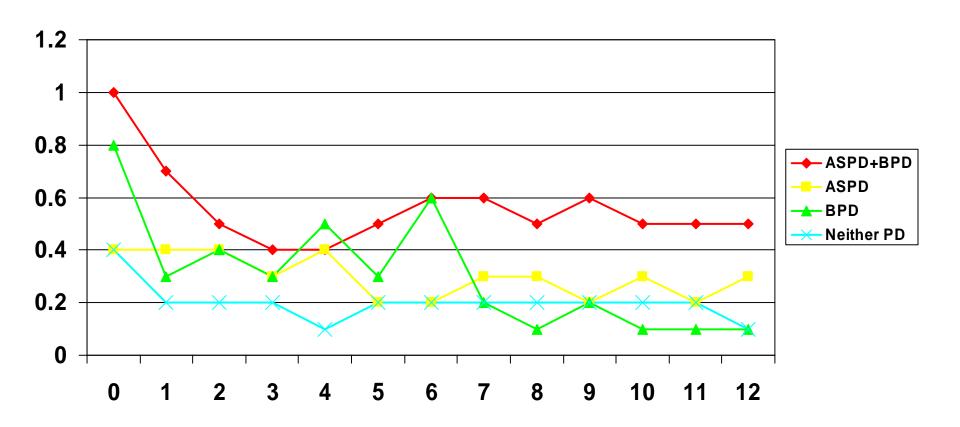
^{*}Significantly different, p<0.05

Alcohol outcome measures for patients with and without personality disorders

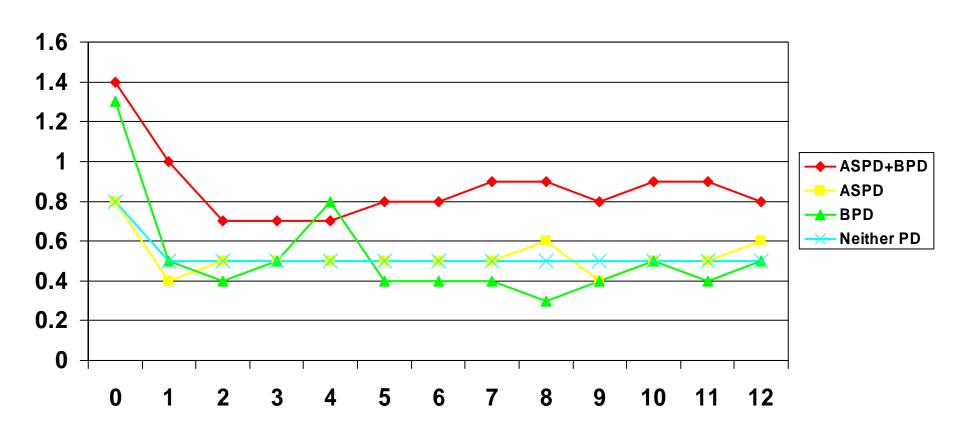
	ASPD+BPD (n=42)	ASPD (n=54)	BPD (n=26)	Neither PD (n=103)
Measures Total heavy drinking days	2.1 (6.1)	3.4 (7.7)	4.0 (10.5)	3.9 (9.8)
Mean drinking days per week	.21 (.57)	.33 (.77)	.56 (1.1)	.41 (.91)
% days with any drinks	3%	5%	8%	5%
Mean # drinks per drinking day	13.4 (10.3)	19.7 (17.7)	19.0 (13.0)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

^{*} Significantly different, p=0.002

BSI: Hostility scores for patients with and without personality disorders

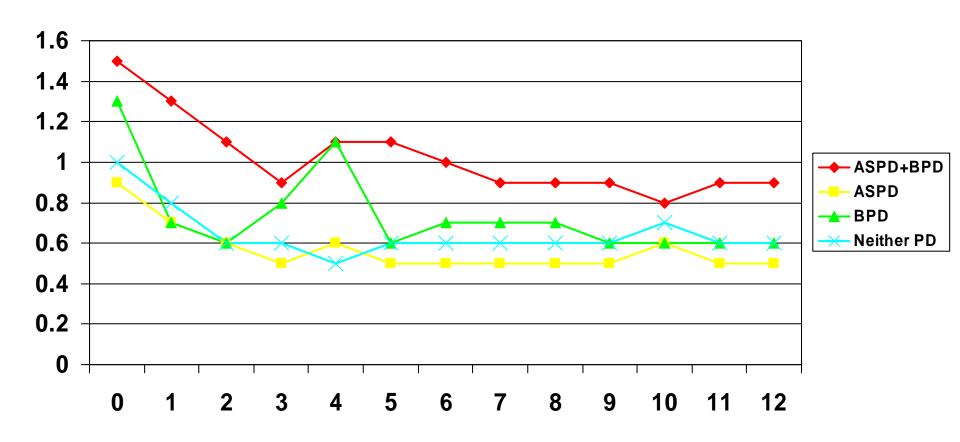


BSI: Paranoid ideation scores for patients with and without personality disorders



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



