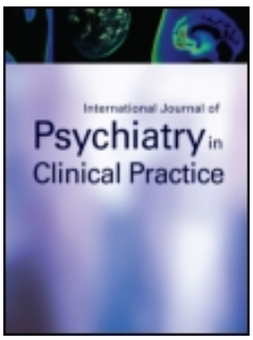

International Journal of Psychiatry in Clinical Practice

ISSN: 1365-1501 (Print) 1471-1788 (Online) Journal homepage: https://www.tandfonline.com/loi/ijpc20

Comorbid personality disorders in subjects with bipolar I disorder

Dr Abdurrahman Altindag, Medaim Yanik & Melike Nebioglu

To cite this article: Dr Abdurrahman Altindag, Medaim Yanik & Melike Nebioglu (2006) Comorbid personality disorders in subjects with bipolar I disorder, International Journal of Psychiatry in Clinical Practice, 10:1, 33-37, DOI: 10.1080/13651500500305481

To link to this article: https://doi.org/10.1080/13651500500305481

Published online: 12 Jul 2009.

International Journal of Psychiatry in Clinical Practice, 2006; 10(1): 33–37

Taylor & Francis
Taylor & Francis Group

ORIGINAL ARTICLE

Comorbid personality disorders in subjects with bipolar I disorder

ABDURRAHMAN ALTINDAG, MEDAIM YANIK & MELIKE NEBIOGLU

Department of Psychiatry, Harran University Faculty of Medicine, Sanliurfa, Turkey

Abstract

Objective. The purpose of this study was to present the frequencies of personality disorders in a sample of bipolar I patients and to investigate whether the presence of comorbid personality disorders affect the course of bipolar illness. *Methods*. Seventy euthymic bipolar I patients were assessed using the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID II). Bipolar patients with comorbid personality disorder were compared with those of without personality disorder comorbidity on demographic and clinical variables. *Results*. Forty bipolar I patients (57%) had at least one comorbid personality disorder. The most common personality disorder cluster was cluster C (36%), followed by cluster B (17%) and cluster A (17%) personality disorders. The most prevalent personality disorder in the whole group was obsessive-compulsive personality disorder (21%). Patients with comorbid personality disorders had an earlier age of onset than those of without comorbidity. *Conclusion*. Although the rates of comorbid personality disorders are high in bipolar I patients, the presence of comorbidity has no relevant impact on the course of bipolar I patients except for earlier age of onset of bipolar I disorder.

Key Words: *Bipolar, comorbidity, personality disorders, prevalence, age of onset*

Introduction

The comorbidity of personality disorders is a common phenomenon among bipolar patients. There have been many studies examining the prevalence of personality disorder in patients with bipolar disorder [1–7]. In these studies, the co-occurrence of personality disorder and bipolar disorder has ranged from 9 to 89% of patients [6,7]. The variability in prevalence rates may be related to methodological differences with regard to population assessed, the measures used and the patients' symptomatic states at the time of personality disorder assessment.

Impact of comorbid personality disorders on the course of bipolar disorder has received considerable attention in recent years [2,3,8–11]. In these studies, personality disorders were associated with noncompliance with treatment, decreased response to lithium treatment, poor treatment outcome, increased rates of alcohol and substance abuse, and increased severity of residual mood symptoms. Bipolar patients with comorbid personality disorders also spend more days in the hospital in a given year [12], are more likely to have suicidal ideation and behavior [4,13], and have more severe mood disorder symptoms and function at a lower level [14] than those without comorbid personality disorders.

The purpose of this study was to present the frequencies of personality disorders in a sample of bipolar I patients and to investigate whether the presence of comorbid personality disorders affect the course of bipolar illness. This study provides a view on personality disorder comorbidity in bipolar I patients in Sanliurfa, Turkey. To avoid potential overlap between the symptoms of acute episodes of bipolar illness and comorbid personality disorders we examined patients in states of clinical remission.

Methods

Participants

All patients presenting at the Bipolar Disorder Outpatients Clinics of the Harran University, located in Sanliurfa, Southeastern Turkey between 2002 and 2004 were considered for inclusion in the present study. Patients diagnosed with bipolar disorder in the psychiatry clinics of Harran University Research Hospital (a tertiary level health institute which receives referrals from the southeastern part of Turkey) were recruited for the study. Among patients enrolled in this unit, the ones who met the following criteria were included in the study: (1) age at least 18 years; (2) DSM-IV diagnosis of bipolar I

Correspondence: Dr Abdurrahman Altindag, Harran Universitesi Tip Fakultesi, Psikiyatri AD Arastirma Hastanesi, 63100 Sanliurfa, Turkey. Tel: +90 414 3128456 2319. Fax: +90 414 3139615. E-mail: aaltindag@yahoo.com

(Received 8 March 2005; accepted 18 July 2005)

ISSN 1365-1501 print/ISSN 1471-1788 online
DOI: 10.1080/13651500500305481

disorder; (3) being clinically in remission for at least 1 month before inclusion in this study as corroborated with routinely administered scales during follow-up visits (17-item Hamilton Rating Scale for Depression score of <7 and Young Mania Rating Scale score of <5 for at least 1 month in two consecutive visits were used as confirmative scores for remission); and (4) written informed consent obtained before participation in the study. The diagnosis of bipolar I disorder was made clinically according to DSM-IV criteria on admission of the patient to the follow-up routine of outpatient clinics and later confirmed by interviews conducted by the first and the second authors. Exclusion criteria were: (1) history of seizure, head injury with loss of consciousness, or other neurological disorder; (2) concurrent active medical disorder; (3) unwillingness to cooperate with investigators; and (4) contact loss.

Among 116 cases who were enrolled in our bipolar disorder outpatient clinic, 70 patients (30 females, and 40 males), aged between 18 and 59 years, fulfilled the inclusion criteria for the study. Out of 116 patients, 17 had other subtypes of bipolar disorder (i.e. bipolar II disorder, bipolar disorder not otherwise specified and schizoaffective disorder, bipolar type), four had a history of seizure, head injury with loss of consciousness, or other neurological disorders, two had concurrent active medical disorders, 19 did not wish to be interviewed, and four were later out of reach. These cases, therefore, were excluded from the study.

Measures

1. Sociodemographic and clinical variables of the subjects including previous hospitalizations, number and type of previous episodes, presence of psychotic features, suicide attempts and age at onset of the disorder were obtained from inpatient and outpatient medical records of the cases, patient interviews, and from first-degree relatives when available.
2. The Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) [15] was used to diagnose comorbidities of personality disorders. All patients were interviewed by the first author, trained in the use of the SCID-II. A complete interview was done for all patients in SCID-II interview. Individuals who were found to present at least one personality disorder were included in the group "with comorbid personality disorder", and those without any comorbid personality disorder, in the group "without comorbid personality disorder".
3. Hamilton Rating Scale for Depression (HAM-D), a 17-item clinician-rated instrument [16,17], was used to determine the level of depression.
4. Young Mania Rating Scale (YMRS) is a clinical rating scale containing 11 items assessing manic symptoms [18]. Reliability ratings have been high in Turkish version [19].

Statistical analysis

The Statistical Package for Social Sciences (SPSS 11.5, SPSS Inc, Chicago, IL) was used for all statistical analyses. Mann–Whitney test, Chi-squared test and Fisher's exact test were used to examine the statistical differences between bipolar patients with an axis II diagnosis ($n=40$) and those without an axis II diagnosis ($n=30$) on demographic, clinical and course of illness variables. The two-tailed significance level was set at 0.05.

Results

Table I shows the personality disorder comorbidity of the sample. Of the 70 bipolar I patients, 40 (57%) had at least one comorbid personality disorder. Fourteen patients (20%) were diagnosed with two comorbid personality disorders, and two (3%) with three personality disorders. The most common personality disorder cluster was cluster C (36%), followed by cluster B (17%) and cluster A (17%) personality disorders. Two (3%) bipolar I patients met criteria for a personality disorder in both cluster A and B, two (3%) for a disorder in cluster B and C, and five (7%) for a disorder in cluster A and C. The most prevalent personality disorder in the whole group was obsessive-compulsive personality disorder (21%). Avoidant (17%), paranoid (17%), and histrionic (10%) followed in decreasing order.

Tables II and III show the comparisons of patients with and without comorbid personality disorder with respect to demographic and clinical variables. Mean age of bipolar I patients with comorbid personality

Table I. Prevalence of comorbid personality disorders in bipolar I patients.

Personality disorder	*n*	%
Any personality disorder	40	57
Cluster A	12	17
Paranoid	12	17
Schizoid	–	–
Schizotypal	–	–
Cluster B	12	17
Histrionic	7	10
Narcissistic	1	1
Borderline	5	7
Antisocial	1	1
Cluster C	25	36
Avoidant	12	17
Dependent	3	4
Obsessive–compulsive	15	21
Cluster A+B	2	3
Cluster B+C	2	3
Cluster A+C	5	7

Table II. Differential quantitative features between bipolar I patients with and without personality disorder comorbidity.

	BD with personality disorder comorbidity ($n=40$)	BD without personality disorder comorbidity ($n=30$)	Analysis	
	Mean (SD)	Mean (SD)	U[a]	*P*
Age	31.8 (8.7)	37.1(10.0)	−2.12	0.03
Age of onset	21.9 (6.6)	25.7 (8.6)	−1.97	0.04
Total number of episodes	7.9 (5.7)	5.7 (15.9)	−1.22	NS
Number of manic episodes	5.4 (6.5)	4.8 (7.1)	−0.72	NS
Number of depressive episodes	4.3 (8.7)	4.0 (9.0)	−0.76	NS
Number of hospitalizations	1.4 (2.1)	1.3 (1.6)	−0.12	NS

BD, bipolar I disorder; SD, standard deviation.
[a]Mann–Whitney test. NS, not significant.

disorders was significantly lower than those of without comorbidity ($P=0.02$). Neither were there significant differences regarding most clinical variables such as psychotic symptoms, rapid cycling, seasonality, familial psychiatric history, suicidal ideation and behavior, and total number of episodes. Patients with comorbid personality disorder had an earlier age of onset than those of without personality disorder comorbidity ($P=0.04$).

Discussion

This study examined the prevalence of comorbid personality disorders in a sample of bipolar I patients. It also examined the clinical correlates of personality disorder comorbidity. It appears that comorbid personality disorder occurs in more than half of the subject with bipolar I disorder (57%). This prevalence rate is comparable with rates found in other studies that used structured interviews

Table III. Differential qualitative features between bipolar I patients with and without personality disorder comorbidity.

	BD with personality disorder comorbidity ($n=40$)	BD without personality disorder comorbidity ($n=30$)			
	n (%)	*n* (%)	df	$\chi 2$	*P*
Sex			1	1.94	NS
Female	20 (50)	10 (33)			
Male	20 (50)	20 (67)			
First episode			1	0.26	NS
Manic	25 (63)	21 (70)			
Depressive	14 (35)	9 (30)			
Rapid cycling			*	*	NS
Present	1 (3)	2 (7)			
Absent	39 (97)	28 (93)			
Seasonal pattern			1	0.13	NS
Present	13 (33)	11 (37)			
Absent	27 (67)	19 (63)			
Psychotic symptoms			1	2.04	NS
Yes	28 (70)	16 (53)			
No	12 (30)	14 (47)			
Suicidal ideation			1	0.32	NS
Yes	16 (40)	10 (33)			
No	24 (60)	20 (67)			
Suicide attempts			1	0.21	NS
Yes	10 (25)	9 (30)			
No	30 (75)	21 (70)			
Family history of suicide			1	0.78	NS
Yes	7 (16)	3 (14)			
No	33 (84)	27 (86)			
Affective disorder in first-degree relatives			1	0.49	NS
Yes	18 (45)	11 (37)			
No	22 (55)	19 (63)			
Treatment			1	3.14	NS
Mood-stabilizer monotherapy	13 (33)	15 (50)			
Polymedicated	24 (60)	11 (37)			

BD, bipolar I disorder; NS, not significant.
*Fisher's exact test.

[4,5,12,20,21]. In two of the recent studies with similar methodology and sample structure, Tamam et al [5] found that 62% of bipolar I patients in remission have at least one comorbid personality disorder, whereas Ucok et al [6] reported a personality disorder comorbidity rate of 48% among euthymic bipolar I patients.

In the present study, we found that the majority of bipolar I patients with axis II comorbidity had cluster C personality disorders. This finding is consistent with results of several recent studies [3–5,21,22]. However, previous studies found that cluster B diagnoses, specifically borderline personality disorder, are the most common comorbid axis II conditions in subjects with bipolar disorder [23,24].

In this study, obsessive-compulsive personality disorder (21%) was the most frequent comorbid personality disorder in bipolar I patients. Similar results have been reported in four studies conducted in Europe [4,5,22,25]. One might speculate that social factors such as cultural differences between different societies (e.g., Turkey or Europe versus North America) from which the result stem may have exerted an influence, but we are not aware of any empirical study testing such a hypothesis adequately.

In our study group, we observed that bipolar patients with personality disorder comorbidity have earlier age of onset of bipolar disorder than those of without comorbidity. It has been suggested that personality disorders could lead patients to be more vulnerable to affective disorders [5,24].

In the present contribution, we found that younger bipolar I patients had more comorbid personality disorders than those of older patients. Brieger et al [25] reported that a longer duration of affective disorders led to a lower frequency of personality disorders. They suggested that a longer duration of an affective illness makes it more difficult to decide whether a patient has a personality disorder or not may be clinically justified: a long-standing affective illness may lead to "residual" personality changes in the form of "persisting alterations" [26] which may be phemonenologically different from the "standard" personality disorder diagnoses, while in first-episode patients such personality disorder diagnoses may be easier to make. This might lead to the seemingly paradoxical consequence that patients with a chronic affective disorder may exhibit more personality pathology than first-episode patients, but at the same time they do not fulfill the DSM-IV criteria for a diagnosis of personality disorder as often as first episode patients.

There is discussion that the mere presence of a personality disorder is not highly relevant for course and outcome, while the presence of specific personality disorders is important. Bieling et al [9] reported that Cluster A personality disorders were the strongest predictor of poor outcome. The Cluster B comorbidity was found to be associated with significantly more lifetime suicide attempts and current depression in bipolar patients [27]. The sample size of this study was too small to test such a hypothesis.

It should be noted that our findings may not be generalizable to all bipolar patients. First, the sample size of this study is relatively small. Second, we screened only a given sample in a tertiary level university hospital. Another limitation of this study lays on the retrospective recall of some variables, which may certainly bias some results.

In summary, personality disorders are prevalent in patients with bipolar I disorder. Besides, the presence of comorbidity has no relevant impact on the course of bipolar I patients except for earlier age of onset of bipolar I disorder. Future studies with larger number of subjects will be needed to identify the relationship between personality disorders and bipolar disorders, and to help develop treatment strategies for subjects who have comorbid bipolar and personality disorders.

Key points

- Comorbid personality disorders are prevalent in patients with bipolar I disorder
- Patients with comorbid personality disorders had an earlier age of onset than those of without comorbidity
- The presence of personality disorder comorbidity has no relevant impact on the course of bipolar I patients except for earlier age of onset of bipolar I disorder

Statement of interest

The authors have no conflict of interest with any commercial or other associations in connection with the submitted article.

References

[1] Vieta E, Colom F, Corbella B, et al. Clinical correlates of psychiatric comorbidity in bipolar I patients. Bipolar Disord 2001;3:253–8.

[2] George EL, Miklowitz DJ, Richards JA, et al. The comorbidity of bipolar disorder and axis II personality disorders: prevalence and clinical correlates. Bipolar Disord 2003;5: 115–22.

[3] Kay JH, Altshuler LL, Ventura J, Mintz J. Impact of axis II comorbidity on the course of bipolar illness in men: A retrospective chart review. Bipolar Disord 2002;4:237–42.

[4] Ucok A, Karaveli D, Kundakci T, Yazici O. Comorbidity of personality disorders with bipolar mood disorders. Compr Psychiatry 1998;39:72–4.

[5] Tamam L, Ozpoyraz N, Karatas G. Personality disorder comorbidity among patients with bipolar I disorder in remission. Acta Neuropsychiatr 2004;16:175–80.

[6] Koenigsberg HW, Kaplan RD, Gilmore MM, Cooper AM. The relationship between syndrome and personality disorder

in DSM-III: experience with 2,462 patients. Am J Psychiatry 1985;142:207–12.
[7] Turley B, Bates GW, Edwards J, Jackson HJ. MCMI-II personality disorders in recent-onset bipolar disorders. J Clin Psychol 1992;48:320–9.
[8] Dunayevich E, Sax KW, Keck PE Jr, et al. Twelve-month outcome in bipolar patients with and without personality disorders. J Clin Psychiatry 2000;61:134–9.
[9] Bieling PJ, MacQueen GM, Marriot MJ, et al. Longitudinal outcome in patients with bipolar disorder assessed by life-charting is influenced by DSM-IV personality disorder symptoms. Bipolar Disord 2003;5:14–21.
[10] Gasperini M, Scherillo P, Manfredonia MG, et al. A study of relapses in subjects with mood disorder on lithium treatment. Eur Neuropsychopharmacol 1993;3:103–10.
[11] Solomon DA, Keitner GI, Miller IW, et al. Course of illness and maintenance treatments for patients with bipolar disorder. J Clin Psychiatry 1995;56:5–13.
[12] Barbato N, Hafner RJ. Comorbidity of bipolar and personality disorder. Aust NZ J Psychiatry 1998;32:276–80.
[13] Vieta E, Colom F, Martinez-Aran A, et al. Bipolar II disorder and comorbidity. Compr Psychiatry 2000;41:339–43.
[14] Carpenter D, Clarkin JF, Glick ID, Wilner PJ. Personality pathology among married adults with bipolar disorder. J Affect Disord 1995;34:269–74.
[15] First MB, Gibbon M, Spitzer RL, et al. User's Guide for the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II). Washington, DC: American Psychiatric Press; 1997.
[16] Hamilton M. A rating scale for depression. J Neurol Neurosurg Psychiatry 1960;23:56–62.
[17] Hamilton M. Development of a rating scale for primary depressive illness. Br J Soc Clin Psychol 1967;6:278–96.
[18] Young RC, Biggs JT, Ziegler VE, Meyer DA. A rating scale for mania: Reliability, validity and sensitivity. Br J Psychiatry 1978;133:429–35.
[19] Karadag F, Oral T, Yalcin FA, Erten E. Reliability and validity of Turkish translation of Young Mania Rating Scale. Turk Psikiyatri Derg 2002;13:107–14.
[20] Pica S, Edwards J, Jackson HJ, et al. Personality disorders in recent-onset bipolar disorder. Compr Psychiatry 1990;31: 499–510.
[21] Kay JH, Altshuler LL, Ventura J, Mintz J. Prevalence of axis II comorbidity in bipolar patients with and without alcohol use disorders. Ann Clin Psychiatry 1999;11:187–95.
[22] Rossi A, Marinangeli MG, Butti G, et al. Personality disorders in bipolar and depressive disorders. J Affect Disord 2001;65:3–8.
[23] Peselow ED, Sanfilipo MP, Fieve RR. Relationship between hypomania and personality disorders before and after successful treatment. Am J Psychiatry 1995;152:232–8.
[24] Dunayevich E, Strakowski SM, Sax KW, et al. Personality disorders in first- and multiple-episode mania. Psychiatry Res 1996;64:69–75.
[25] Brieger P, Ehrt U, Marneros A. Frequency of comorbid personality disorders in bipolar and unipolar affective disorders. Compr Psychiatry 2003;44:28–34.
[26] Marneros A, Rohde A. "Residual states" in affective, schizoaffective and schizophrenic disorders. In: Akiskal HS, Cassano GB, editors. Dysthymia and the spectrum of chronic depression. New York: Guilford; 1997. p 75–86.
[27] Garno JL, Goldberg JF, Ramirez PM, Ritzler BA. Bipolar disorder with comorbid cluster B personality disorder features: impact on suicidality. J Clin Psychiatry 2005;66: 339–45.