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Neither too much, nor too little. The dilemma of identifying personality disorders in adolescents patients with self-reports

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ABSTRACT

The study aimed to compare methods of identification of Personality Disorders (PD) in adolescent patients with psychiatric disorders. A sample of 120 Spanish adolescents with clinical disorders was assessed using the International Personality Disorder Examination (IPDE) interview, its Screening Questionnaires (IPDE-SQ) comprising the ICD-10 and DSM-IV modules, and also the Temperament Character Inventory (TCI) to identify risk of PD. The IPDE-SQ identified a risk of PD around 92–97% of the sample; 61.7% when adjusting the stricter cut-off points. The TCI showed a PD risk of 20%, whereas the prevalence of PD identified by the IPDE clinical interview was around 36–38%. The differences between the IPDE, IPDE-SQ and TCI were significant, and a low agreement among instruments was obtained. Large discrepancy between self-report instruments in identifying PD with regard to the clinical interview raises several questions concerning the use of these instruments in clinical settings on adolescents with psychiatric disorders.

1. Introduction

The identification of pathological personality is a widely studied field, in which increasingly sophisticated assessment instruments are being designed (Clark, 2007). However, many of these instruments show low levels of agreement in the identification of the same construct and so the field is still in development (Egan et al., 2003; Gárriz and Gutiérrez, 2009; Krueger et al., 2011; Nestadt et al., 2012; Schneider et al., 2004; Zimmerman and Coryell, 1990). In clinical practice the assessment of personality pathology is broadly used self-reports or screening questionnaires (Blasco-Fontecilla et al., 2010; Germans et al., 2012; Morse and Pilkonis, 2007; Siefert, 2010). This practice saves consultation time, but the accuracy of the assessments is sometimes insufficient (Huprich et al., 2011; Lenzenweger, 2006; Fernández-Montalvo and Echeburúa, 2006; Slade et al., 1998).

Self-reports and interviews tend to be vulnerable to manipulation by patients. The risk of either simulation (increasing symptoms) or dissimulation (minimizing symptoms) (Fernández-Montalvo and Echeburúa, 2006) must be addressed in the assessment of reliable profiles of personality. However, in clinical interviews there are more chances to elucidate between psychopathological features associated with other Axis I disorders and their distinguishing from those ones that could certainly be considered personality pathological features (Huprich et al., 2011; Chanen et al., 2004; Fernández-Montalvo and Echeburúa, 2006). However, these interviews require prior training, considerable clinical experience and a profound understanding of psychopathology (Lenzenweger, 2006; Siefert, 2010).

The appropriateness of evaluating PD in adolescents is itself contested, because the risk of the stigma effect and the fact that in a considerable proportion of children and adolescents these symptoms may remit over time (Bornovalova et al., 2009; Freeman and Reinecke, 2007; Widiger, 2005). Assessment at an early age poses its own particular problems because the frontiers of psychopathology are very diffuse, and comorbidity is frequent (Chanen et al., 2004; Clark, 2007; Cheng et al., 2011; Feenstra et al., 2011; Magallón-Neri et al., 2012; Shiner and Caspi, 2003). Although, a great amount of empirical research ratifies the existence of pathological personality and personality disorders in adolescence (Chanen et al., 2004; Feenstra et al., 2011; Westen et al., 2003).

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This study aims to compare two self-report instruments, the International Personality Disorder Examination Screening Questionnaire (IPDE-SQ) and the Temperament Character Inventory (TCI), with a semi-structured clinical interview (IPDE) for identifying overall proportions of probable personality disorders in a sample of adolescents treated at a public mental health service.

2. Method

2.1. Participants

The adolescents recruited met the following criteria: age from 15 to 18 years old, referred to the Department of Child and Adolescent Psychiatry and Clinical Psychology at the Hospital Clinic of Barcelona. Patients with acute psychopathology (severe depression, or acute psychotic state) and mental retardation that might preclude the application of the tests were excluded. A total of 184 participants met the inclusion criteria, though 39 refused to participate. The remaining 145 were evaluated; 25 did not complete the assessment. This study presents the results of the subjects ($N=120$) who completed both self-reports, the IPDE-SQ and the TCI, and the IPDE clinical interview.

2.2. Instruments

International Personality Disorder Examination (*IPDE*): a semi-structured clinical interview for personality disorders developed by Loranger et al. (1994) and the World Health Organization. The interview has two modules of assessment, based on the criteria of the International Classification of Diseases Tenth Revision (ICD-10) with 67 semi-structured questions and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) with 99 semi-structured questions. This instrument shows good psychometric properties (Loranger et al., 1997).

IPDE Screening Questionnaire (*IPDE-SQ*): a screening instrument developed for the detection of the risk or probability of personality disorders from the ICD-10 (True/False; 59 items) and DSM-IV (True/False; 77 items) taxonomies. Both versions assess a number of criteria associated with each of the PDs. The standard Spanish guidelines set a cut-off score of three or more positive items for detailed revision of the risk of each PD using the interview IPDE (López-Ibor et al., 1996, p. 73). Initially this cutoff point was considered as this study's baseline. Moreover, due to the absence of adjusted cut-off points for adolescent population, we decided to use another stricter cutoff points coming from Blasco-Fontecilla et al. (2010) study, which was performed with a Spanish adult clinical sample, recruited by emergency services by using the IPDE-SQ module DSM-IV. The adjusted cuttoff points for each PD were: five to Paranoid, five to Schizoid, seven to Schizotypal, five to Antisocial, seven to Borderline, six to Histrionic, seven to Narcissistic, five to Avoidant, six to Dependent and six in Obssessive–Compulsive.

Temperament and Character Inventory (*TCI*): contains 240 items that assesses seven dimensions: four temperament (Novelty Seeking, Harm Avoidance, Reward Dependence and Persistence) and three character (Self-directedness, Cooperation and Self-transcendence) (Cloninger et al., 1994). This model integrates concepts of neurobiology and behavior genetics with features derived from socio-cultural learning (Svrakic et al., 2002). Profiles with low scores (*Percentile* ≤ 33) on the traits of Self-directedness and Cooperation have been studied and validated as indicator traits of possible PD (Cloninger et al., 1994).

2.3. Procedure

Axis I diagnoses were made by the clinical team (psychologists and psychiatrists) in our department in accordance with DSM-IV and ICD-10 criteria. The study was explained in detail to parents and participants who gave written, informed consent before entering the study, and the evaluation protocol was reviewed and approved by the hospital ethics committee. Ethics committee's reference number: 5098.

2.4. Data analysis

Sensitiviy (SEN), specificity (SPE), rate of False Positives (FP) and False Negatives (FN) were calculated. Frequencies, contrast of proportions for qualitative variables, and calculation of kappa indexes were used to assess the agreement of risk proportions for PD between instruments. Statistical analysis of data was performed using SPSS 16.0.

3. Results

The sample consisted of 120 participants. Most participants were female (86.7%). Age ranged between 15 and 18 years old (mean age=15.88, SD=0.90) and most patients had one or two Axis I diagnoses (mean=1.55, SD=0.89). The frequency of Axis I clinical disorders are: four (3.3%) with psychotic disorders, 10 (8.3%) with substance use disorders, 17 (14.2%) anxious disorders, 17 (14.2%) with adjustment disorders, 20 (16.7%) with externalizing disorders, 21 (17.5%) with affective disorders, 88 (72.5%) with eating disorders, and 15 (12.5%) patients with other Axis I disorders. The high percentage of patients with eating disorders; is because the Department of Child and Adolescents Psychiatry and Clinical Psychology of the Hospital Clinic of Barcelona is a national reference center for this type of pathology.

The risk proportions for PD between IPDE-SQ, TCI and the IPDE interview are shown in Table 1. Significant differences neither were found in PD proportions between sexes nor in the global proportion of PDs comparing those participants who had an eating disorder with regard to those who had no eating disorder. The overall recorded proportions varied greatly between instruments: while the IPDE-SQ module ICD-10 identified a risk of PD in 91.7% (95%CI 0.85–0.96) with a SEN (0.98) and SPE (0.12) with a 54% of FP and 1% of FN regarding to IPDE interview ICD-10 module; and the module DSM-IV a risk in 96.7% (95%CI 0.92–0.99) with a SEN (1.00) and SPE (0.05) with a 61% of FP and 0% of FN regarding to IPDE interview DSM-IV module. The TCI identified a risk in only 20% (95%CI 0.13–0.28), with a SEN (0.33) and SPE (0.88) with a 8% of FP and 26% of FN regarding to IPDE interview ICD-10 module and a SEN (0.33) and SPE (0.87) with a 8% of FP and 24% of FN regarding to IPDE interview DSM-IV module. Then, we applied the adjusted cutoff points proposed by Blasco-Fontecilla et al. (2010)

Table 1
Contrasted proportions of personality disorders identified by IPDE-SQ, TCI, and IPDE interview.

Instruments contrasted	% PD	z-score	Agreement n (%)	Kappa	(95% CI) Kappa
IPDE-SQ ICD-10 vs. TCI	91.7 vs. 20.0	10.11***	34 (28.3)	0.04	(0.01–0.07)
IPDE-SQ DSM-IV vs. TCI	96.7 vs. 20.0	11.04***	28 (23.3)	0.02	(0.00–0.03)
IPDE-SQ SBF vs. TCI	61.7 vs. 20.0	5.69***	62 (51.6)	0.15*	(0.04–0.26)
IPDE-I ICD-10 vs. IPDE-SQ ICD-10	38.3 vs. 91.7	−5.97***	54 (45.0)	0.08	(0.01–0.15)
IPDE-I ICD-10 vs. TCI	38.3 vs. 20.0	2.71**	80 (66.7)	0.23**	(0.06–0.39)
IPDE-I DSM-IV vs. IPDE-SQ DSM-IV	35.8 vs. 96.7	−6.82***	47 (39.2)	0.04	(0.00–0.07)
IPDE-I DSM-IV vs. TCI	35.8 vs. 20.0	2.37**	81 (67.5)	0.22**	(0.04–0.39)
IPDE-I DSM-IV vs. IPDE-SQ SBF	35.8 vs. 61.7	−2.96**	83 (69.2)	0.42***	(0.29–0.56)

PD=Personality Disorder; IPDE-I=International Personality Disorder Examination Interview; IPDE-SQ=IPDE Screening Questionnaire; TCI=Temperament Character Inventory; CI=Confidence interval; SBF=Using adjusted cut-off points of Blasco-Fontecilla et al. (2010) study for IPDE-SQ DSM-IV criteria.

* $p<0.050$.
** $p<0.010$.
*** $p<0.001$.